

Application Form

Introduction

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

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

To see the rubric by which your organization's application will be scored, [click here](#).

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

Priority Funding Areas*

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

Food
Behavioral Health

Reimbursement*

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

Will your organization be applying for this cost reimbursement?

Yes

Future Programming*

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

Yes

Project Name*

Supporting our Girls at Pace Pinellas

EIN*

59-2414492

DUNS Number*

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

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

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

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

189083801

Mission Statement*

Pace provides girls and young women an opportunity for better future through education, counseling, training, and advocacy.

Total Operating Expenditure*

What are your total annual operating expenses?

\$1,576,276.00

Amount Requested*

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

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

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

\$89,857.72

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

Priority Populations*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- Communities of color
- Children and/or the elderly
- People experiencing homelessness
- Low-income families

Guiding Principles*

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

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

At Pace Center for Girls, Pinellas, we serve young ladies throughout Pinellas county regardless of race, sex, religion, sexual orientation, ethnicity, income level, or political belief. We believe in the futures of girls who have backgrounds of trauma and are specifically working towards turning their tomorrows into lives of empowerment and impact. The risk factors of our girls include, but are not limited to, low academic achievement, family instability, victimization, mental health concerns and maladaptive behaviors. Over 70% of the girls we served in fiscal year 2018- 2019 families' income level ranged from low to extremely low. Because we serve girls throughout Pinellas county, our girls could be experiencing homelessness, live in communities of color, or live with or be cared for by an elderly person or family member (not necessarily a parent).

Length of time operating program/project*

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

We provide breakfast, lunch, and secure counseling sessions daily for each girl enrolled in the program. When COVID-19 hit our organization in of March 2020, it became a challenge to continue these two necessities on a consistent and secure basis.

Service Area*

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

- Mid-County (locations such as Clearwater, Largo, Safety Harbor)
- South County (locations such as St. Petersburg, Lealman, Kenneth City)

Impact on Organization*

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

COVID-19 has impacted Pace Pinellas by disrupting in-person counseling sessions between our girls and their counselors. This has forced us to utilize the online platform Doxy.me. Doxy.me is a Department of Juvenile Justice, HIPPA complaint platform. Unfortunately, our girls did not have the ability to use cameras or often, microphones, to have the secure conversations needed with their counselors. The need arose to purchase efficient computers with up-to-date technology for the girls in the program. We also allowed girls direct access to counselors in case of emergency by providing disposable cellular phones to each counselor. COVID-19 also interrupted our ability to serve breakfast and lunch to our girls daily; nutrition that they may not otherwise get in their home environments. Pace Pinellas does not receive NSLP reimbursement for food unless the girls login each day, yet we are still providing food for the entire week to girls in need. To fill the gap, we began to deliver weekly boxed meals to our girls learning from home, while also creating a food pantry in the Center to allow disadvantaged girls to take food home as needed. Providing appropriate nutrition is a responsibility that we have to our young ladies at Pace. Because of the additional requirements due to COVID-19, we also found it necessary to advance our part-time Administrative Assistant into a staff member full-time to serve the needs of our girls.

Fiscal Accountability

Federal Fund Disclosure*

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

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

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

Audited Financial Statements*

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

Yes

Most Recently Filed IRS Form 990*

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

PACE Inc 990 2018.pdf

Board-Approved Budget*

Please upload your most recently board-approved budget for this fiscal year in PDF format.

Pace Pinellas FY 21 Budget_.pdf

Audited Financial Statements

Most Recent Audited Financial Statements*

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

Pace Center for Girls, Inc. Audited Financials FY2019.pdf
The Pace Center for Girls audited financials are attached here.

Management Letter*

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

If there is no management letter, please explain why.

NA

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

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

Nothing has been funded because we are applying for food that is not covered and we have not yet purchased the entirety laptops required for expansion. The laptops and disposable cell phones that have already been purchased were not budgeted for.

Reimbursement of COVID-19 Related Expenses

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

Attestation*

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

Yes, I affirm the above is accurate and true.

Amount of Reimbursement Requested*

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

\$59,709.40

Documentation of Expenses*

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

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

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

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

CARES-Reimbursement-of-Past-Expenses-Template.pdf

Number Served by Funding Area*

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

Example

Food: 1250 people**Behavioral Health: 250 people**

Food: 20 girls per week

Behavioral Health (Telehealth): 60 girls per month

Program services: 1

Funding and Usage

Client Service Delivery*

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

Our desire is to provide daily breakfast and lunch to all ILE girls enrolled at Pace Pinellas throughout the duration of COVID-19 and until all girls return to full-time learning at our Center. While girls are learning remotely from home, breakfasts and lunches are packaged in boxes and delivered to girls' homes each Monday for the entire week. Sisters residing in the same home each receive a box of food to last throughout the week.

In addition and for the girls attending the Center in person, we will start a food pantry so that girls who do not have sufficient nutrition at home may take nonperishables without charge.

In counseling sessions, we have upgraded telehealth capacities to better serve girls in ILE using Doxy.me. This platform is a HIPAA compliant software that streamlines the delivery of telemedicine for over 200,000 providers, including our girls at Pace Pinellas. The virtual waiting room, scheduling capabilities for session appointments, and text and email abilities all allow our counselors to provide therapy in a safe and secure manner to the girls who feel safer learning from home during the challenges of COVID-19. We also provided girls direct access to counselors by purchasing disposable cell phones and monthly airtime minutes for counselors.

Because of the increase in hours from part-time to full-time, our Administrative Assistant is able to make necessary attendance calls to families and submit documentation to Pinellas County Schools, is the face of the Pace Pinellas organization (on the phone, greeting families, assisting with various needs throughout the Center), sets up breakfast and lunch distribution and manages coverage, and ensures that after school dismissal is seamless, safe, and orderly.

Zip codes served through COVID relief are below:

Food distribution: 337- 02, 11, 05, 71, 12, 56, 13, 14, 07, 09, 85, 10, 72, 74, 81, 16, 81, 70, 73, 82, 77, 55, 08, 35, 64 & 34698

Upgraded laptops: 337- 02, 11, 05, 71, 12, 56, 13, 10, 09, 07, 73

Communication/Outreach and Community Engagement Efforts*

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

Although COVID-19 has challenged us to re-think our Pace protocols and get creative about providing program necessities to our girls, we're reminded that we still have a responsibility to serve at-risk young ladies throughout Pinellas county no matter the climate in our world; and, because our staff is trained and prepared to serve such an audience, we've been making every effort to reach girls in need during this time. We have been recruiting and promoting our services to girls via all social media channels (Facebook, Instagram, and Twitter) and engaging with audiences there. We have also reached community partners

through our email database and distribution to our board of directors. We have also been fortunate to rely on our partnership with Pinellas County Schools to utilize their email database to share information directly with parents and families of middle and high schoolers throughout the entire county to reach our target girl audience. We regularly host virtual Lunch & Learns to ensure that our local resource agencies are aware that we have the capacity to serve more girls in the Pace program. Should we reach capacity, we will begin a wait list so that we can still follow up and engage with girls and their families who might be a good fit for our unique girl-focused services.

Hurricane Preparedness*

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

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

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

COOP Emergency Plans Combined-Centers-2020-21 Final.pdf
Our organization's COOP plan has been attached here.

Evidence of Insurance Coverage*

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

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

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

2020-21 Pace Liability - includes SAM.pdf
Our Certificate of Insurance is attached here.

Insurance Requirement*

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

Here is the information for your carrier:

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

Please check the box below to indicate that you understand and will be able to comply with this requirement.

Yes, I understand this requirement.

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

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

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

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

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

Budget Summary*

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

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

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

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary-Grant.pdf

Budget Narrative*

Please download the budget narrative template **HERE** and complete it.

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

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

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

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

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative-Grant.pdf

Capital Requests

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

Please upload in PDF format.

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

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

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

Are you going to use LPOs in this programming?*

No

Food

This grant will require weekly reporting on the following measures:

- **Number of Pinellas County residents** accepting food by zip code of participant or distribution point (participant zip code is preferred)

Affirmation of Reporting*

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

Yes

Number of Pinellas County Residents Served During Grant Period - Food*

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

20

September 2020 Projections - Food*

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

20

October 2020 Projections - Food*

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

20

November 2020 Projections - Food*

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

20

December Projections - Food*

Please estimate the number of individuals to be served **food** by this funding in **December 2020**.

20

Behavioral Health

This grant will require weekly reporting on the following measures:

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

This grant will require monthly reporting on the following measures:

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

Affirmation of Reporting*

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

Yes

Measurement - Behavioral Health*

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

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

To measure the results of our success at Pace Pinellas, we will be using the CFARS (Children's Functional Rating Scale) reporting system that our social services counselors will conduct monthly with each girl in the program.

Methodology*

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

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

We plan to use the CFRAS, which measures functional assessment information in 17 domains relevant to evaluating children and teens. Social services counselors will perform CFARS assessments monthly to evaluate girls' behavioral progress. We estimate that we will see at least an 80% reduction of presenting problems for all girls enrolled in the program.

Number of Clients Served During Grant Period - Behavioral Health*

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

60

Estimated Percentage of Progress - Grant Period*

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

80%

September Projections - Number Served - Behavioral Health*

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

58

September Projections - Progress Rate - Behavioral Health*

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

0

October Projections - Number Served - Behavioral Health*

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

58

October Projections - Progress Rate - Behavioral Health*

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

10

November Projections - Number Served - Behavioral Health*

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

58

November Projections - Progress Rate - Behavioral Health*

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

70

December Projections - Number Served - Behavioral Health*

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

58

December Projections - Progress Rate - Behavioral Health*

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

70

Funder Involvement

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

Foundation for a Healthy St. Petersburg
Juvenile Welfare Board of Pinellas County
Pinellas Community Foundation
Pinellas County Government
Wells-Fargo

Other Funding Sources

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

NA

Corrective Action*

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

No.

Confirmation

Signature and Affirmation*

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

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

Chantell Miles

File Attachment Summary

Applicant File Uploads

- PACE Inc 990 2018.pdf
- Pace Pinellas FY 21 Budget_.pdf
- Pace Center for Girls, Inc. Audited Financials FY2019.pdf
- CARES-Reimbursement-of-Past-Expenses-Template.pdf
- COOP Emergency Plans Combined-Centers-2020-21 Final.pdf
- 2020-21 Pace Liability - includes SAM.pdf
- CARES-Partnership-Fund-Budget-Summary-Grant.pdf
- CARES-Partnership-Fund-Budget-Narrative-Grant.pdf

EXTENDED TO MAY 15, 2020

Form **990**

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)

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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

C Name of organization: **PACE CENTER FOR GIRLS, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **6745 PHILIPS INDUSTRIAL BLVD.**
 City or town, state or province, country, and ZIP or foreign postal code: **JACKSONVILLE, FL 32256**

D Employer identification number: **59-2414492**

E Telephone number: **(904) 253-6219**

G Gross receipts \$: **46,950,939.**

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)

F Name and address of principal officer: **THRESA GILES
 SAME AS C ABOVE**

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

J Website: **WWW.PACECENTER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1984** **M** State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AT-RISK GIRLS AND YOUNG WOMEN AN OPPORTUNITY FOR A BETTER FUTURE	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 636
	6 Total number of volunteers (estimate if necessary) 6 408
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 38 7b 103,399.
	8 Contributions and grants (Part VIII, line 1h) 12,514,748. 14,045,010.
9 Program service revenue (Part VIII, line 2g) 27,200,250. 29,393,950.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 289,677. 376,972.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,167,961. -344,517.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 41,172,636. 43,471,415.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 26,905,288. 29,516,487.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,937,382.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,867,363. 14,008,969.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 38,772,651. 43,525,456.
19 Revenue less expenses. Subtract line 18 from line 12 2,399,985. -54,041.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 24,327,499. End of Year 26,383,311.
	21 Total liabilities (Part X, line 26) 6,278,119. 8,533,658.
	22 Net assets or fund balances. Subtract line 21 from line 20 18,049,380. 17,849,653.

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: *[Signature]* Date: **12/17/19**
THRESA GILES, CBO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **MICHELLE M. SANCHEZ, CPA** Preparer's signature: *[Signature]* Date: **12/17/19** Check if self-employed: PTIN: **P00848115**
 Firm's name: **WARREN AVERETT, LLC** Firm's EIN: **45-4084437**
 Firm's address: **400 NORTH ASHLEY DRIVE, SUITE 700 TAMPA, FL 33602** Phone no. **813-229-2321**

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: NONE

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

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 [X] No

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

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

4a (Code:) (Expenses \$ 34,435,082. including grants of \$) (Revenue \$ 29,760,971.)

PACE CENTER FOR GIRLS, INC. IS A NON-PROFIT, GENDER-SPECIFIC PROGRAM, PROVIDING COMPREHENSIVE ACADEMIC AND THERAPEUTIC PREVENTION AND INTERVENTION TO AT-RISK GIRLS AGES 11-17 AT COMMUNITY BASED CENTERS THROUGHOUT THE STATE OF FLORIDA. PACE WAS ESTABLISHED AS AN ALTERNATIVE TO INSTITUTIONALIZATION OR INCARCERATION FOR ADOLESCENT GIRLS AT-RISK OF HIGH SCHOOL DROPOUT AND INVOLVEMENT IN THE JUSTICE SYSTEM. OPERATING IN FLORIDA SINCE 1985, PACE HAS BEEN RECOGNIZED BY LOCAL, STATE AND NATIONAL GOVERNMENTS AS THE LEADER IN PROVIDING EDUCATIONAL PROGRAMS AND COUNSELING TO AT-RISK GIRLS. ONE YEAR AFTER COMPLETING THE DAY PROGRAM, 95% OF THE GIRLS REMAIN CRIME FREE. ONE YEAR AFTER COMPLETING THE REACH PROGRAM, 97% OF THE GIRLS REMAIN CRIME FREE. PACE SERVED 3,253 GIRLS IN THE YEAR ENDED JUNE 30, 2019 AND 90% OF THE GIRLS

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

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

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 34,435,082.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. 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	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		636
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16													
1b Enter the number of voting members included in line 1a, above, who are independent		16												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
8a The governing body?										X				
8b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
THRESA GILES - 904-253-6219
6745 PHILIPS INDUSTRIAL BLVD., JACKSONVILLE, FL 32256

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) BILLIE RAWOT CHAIR/ACTING TREASURER	1.00	X		X				0.	0.	0.
(2) JANE WEXTON VICE CHAIR	1.00	X		X				0.	0.	0.
(3) ROBIN WAHBY SECRETARY	1.00	X		X				0.	0.	0.
(4) MARK SNEAD IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(5) GORDON BAILEY DIRECTOR	1.00	X						0.	0.	0.
(6) KEITH BELL DIRECTOR	1.00	X						0.	0.	0.
(7) DENISE COBB DIRECTOR	1.00	X						0.	0.	0.
(8) NICOLE DECKER DIRECTOR	1.00	X						0.	0.	0.
(9) GRETA DUPUY DIRECTOR	1.00	X						0.	0.	0.
(10) LOUIS FREEMAN DIRECTOR	1.00	X						0.	0.	0.
(11) NADINE GRAMLING DIRECTOR	1.00	X						0.	0.	0.
(12) JAMES SEALS DIRECTOR	1.00	X						0.	0.	0.
(13) NEIL SKENE DIRECTOR	1.00	X						0.	0.	0.
(14) KERRIE SLATTERY DIRECTOR	1.00	X						0.	0.	0.
(15) IRENE SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(16) DEBBIE TOLER DIRECTOR	1.00	X						0.	0.	0.
(17) MARY MARX PRESIDENT/CEO	40.00			X					0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) THERESA GILES CHIEF BUSINESS OFFICER	40.00			X				0.		
(19) YESSICA CANCEL CHIEF OPERATING OFFICER	40.00			X				0.		
(20) TEDDY THOMPSEN CHIEF ADV OFFICER	40.00			X				0.		
(21) CAROLE C. SAVAGE REGIONAL EXECUTIVE DIRECTOR	40.00				X			0.		
(22) SYLVIA ARMSTRONG EXECUTIVE DIRECTOR	40.00				X			0.		
(23) RENEE MCQEEN SR DIR OF SOCIAL SERVICES	40.00				X			0.		
(24) TANYA HOLLINS REGIONAL EXECUTIVE DIRECTOR	40.00				X			0.		
(25) AGATHA PAPPAS REGIONAL EXECUTIVE DIRECTOR	40.00				X			0.		
1b Sub-total								0.		
c Total from continuation sheets to Part VII, Section A								0.		
d Total (add lines 1b and 1c)								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 10

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
NONE		

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 284,193.					
	b Membership dues	1b					
	c Fundraising events	1c 1,659,744.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 2,626,492.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,474,581.					
	g Noncash contributions included in lines 1a-1f: \$	203,849.					
	h Total. Add lines 1a-1f		14,045,010.				
Program Service Revenue	2 a DEPARTMENT OF JUVENILE JUSTICE	Business Code 611600	21,364,314.	21,364,314.			
	b SCHOOL BOARD	611600	8,020,036.	8,020,036.			
	c DEFERRED PROSECUTION	611600	9,600.	9,600.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		29,393,950.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		298,623.			298,623.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,983,536.					
		b Less: cost or other basis and sales expenses		2,905,187.			
		c Gain or (loss)		78,349.			
	d Net gain or (loss)			78,349.		78,349.	
	8 a Gross income from fundraising events (not including \$ 1,659,744. of contributions reported on line 1c). See Part IV, line 18	a	161,422.				
		b Less: direct expenses	b	574,337.			
		c Net income or (loss) from fundraising events			-412,915.		-412,915.
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue							
11 a MISCELLANEOUS INCOME	Business Code	900099	68,398.	68,398.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			68,398.			
12 Total revenue. See instructions			43,471,415.	29,462,348.	0.	-35,943.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,052,593.	620,162.	159,167.	273,264.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,228,886.	18,902,301.	3,344,515.	982,070.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	322,656.	246,214.	62,933.	13,509.
9 Other employee benefits	3,143,791.	2,539,186.	453,591.	151,014.
10 Payroll taxes	1,768,561.	1,425,749.	250,219.	92,593.
11 Fees for services (non-employees):				
a Management				
b Legal	146,867.	146,867.		
c Accounting	93,420.	22,421.	56,986.	14,013.
d Lobbying	155,673.	155,673.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	757,325.	328,346.	341,755.	87,224.
12 Advertising and promotion	351,446.	265,077.	62,296.	24,073.
13 Office expenses	1,627,497.	1,139,446.	424,579.	63,472.
14 Information technology	1,276,595.	505,007.	733,589.	37,999.
15 Royalties				
16 Occupancy	3,633,969.	3,383,941.	249,618.	410.
17 Travel	716,775.	666,498.	7,491.	42,786.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	71,426.	71,426.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	765,471.	648,879.	116,592.	
23 Insurance	286,141.	133,212.	152,929.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STUDENT COSTS	1,787,401.	1,671,124.	75,582.	40,695.
b EQUIPMENT	727,848.	554,616.	172,977.	255.
c VEHICLE EXPENSE	409,560.	354,456.	54,897.	207.
d STAFF TRAINING	309,969.	116,728.	172,609.	20,632.
e All other expenses	891,586.	537,753.	260,667.	93,166.
25 Total functional expenses. Add lines 1 through 24e	43,525,456.	34,435,082.	7,152,992.	1,937,382.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	6,460,238.	1	5,910,343.
	2	Savings and temporary cash investments	135,404.	2	869,373.
	3	Pledges and grants receivable, net	5,825,562.	3	4,289,034.
	4	Accounts receivable, net		4	222,063.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	459,477.	9	557,410.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,545,571.		
	b	Less: accumulated depreciation	10b 3,377,250.	10c	7,168,321.
	11	Investments - publicly traded securities	7,627,630.	11	6,951,633.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,546,043.	15	415,134.
16	Total assets. Add lines 1 through 15 (must equal line 34)	24,327,499.	16	26,383,311.	
Liabilities	17	Accounts payable and accrued expenses	4,691,979.	17	5,105,768.
	18	Grants payable		18	
	19	Deferred revenue	279,782.	19	259,760.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	836,494.	23	3,168,130.
	24	Unsecured notes and loans payable to unrelated third parties	461,231.	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,633.	25	0.
	26	Total liabilities. Add lines 17 through 25	6,278,119.	26	8,533,658.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	12,690,057.	27	12,754,191.
	28	Temporarily restricted net assets	5,359,323.	28	5,095,462.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	18,049,380.	33	17,849,653.	
34	Total liabilities and net assets/fund balances	24,327,499.	34	26,383,311.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,471,415.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,525,456.
3	Revenue less expenses. Subtract line 2 from line 1	3	-54,041.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,049,380.
5	Net unrealized gains (losses) on investments	5	-145,686.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,849,653.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number

59-2414492

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

g Provide the following information about the supported organization(s).

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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 Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described 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>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount.	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number

59-2414492

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

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

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

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).

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **PACE CENTER FOR GIRLS, INC.** Employer identification number **59-2414492**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		155,673.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		155,673.													
d Other exempt purpose expenditures		34,279,409.													
e Total exempt purpose expenditures (add lines 1c and 1d)		34,435,082.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	119,147.	84,135.	91,369.	155,673.	450,324.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	119,147.	84,135.	91,369.	155,673.	450,324.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization **PACE CENTER FOR GIRLS, INC.** Employer identification number **59-2414492**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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 are a 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 programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		444,465.		444,465.
b Buildings		5,976,307.	1,079,463.	4,896,844.
c Leasehold improvements		135,755.	4,525.	131,230.
d Equipment		3,676,018.	2,293,262.	1,382,756.
e Other		313,026.		313,026.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,168,321.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

PACE IS A PRIVATE NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. PACE-THC, PACE BROWARD-THC, PACE COLLIER AT IMMOKALEE-THC, AND PACE ALACHUA-THC ARE PRIVATE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE. AS SUCH, ALL WILL BE EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES, RESPECTIVELY.

THE ORGANIZATION EVALUATES ITS TAX POSITIONS FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITIONS TAKEN IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE. THE ORGANIZATION RECOGNIZES THE TAX BENEFIT FROM

Part XIII Supplemental Information (continued)

AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHOLD UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2019 AND 2018, THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

PART X, LINE 2

PACE IS A PRIVATE NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, IT WILL BE EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 401(A) OF THE INTERNAL REVENUE CODE AND CHAPTER 220.13 OF THE FLORIDA STATUTES, RESPECTIVELY.

THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS ARE 2015 AND FORWARD. THE ORGANIZATION HAS NO EXAMINATIONS IN PROGRESS AND IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX LIABILITIES WILL SIGNIFICANTLY CHANGE IN THE NEXT TWELVE MONTHS.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number

59-2414492

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-60, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) 2018

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

SCHEDULE E, PART I, LINE 3

IN PRINTED AND ELECTRONIC MEDIA AND ALL OF OUR SPECIFIC STUDENT
RECRUITMENT LITERATURE, WE PUBLICIZE THAT WE MAINTAIN AN OPEN INTAKE
POLICY AND THAT ALL GIRLS ARE ELIGIBLE REGARDLESS OF THEIR BACKGROUNDS,
ABILITY TO PAY, RACE, RELIGION, OR CREED.

SCHEDULE E, PART I, LINE 6

THE STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE AND THE RESPECTIVE
LOCAL COUNTY SCHOOL BOARDS FUND EACH PACE CENTER. SOME OF THE CENTERS
ALSO HAVE GRANTS FROM VARIOUS GOVERNMENT AGENCIES, SUCH AS THE CITY AND
COUNTY. SOME FEDERAL DOLLARS ARE ALSO RECEIVED AS PASS THROUGH AMOUNTS
FROM THE SCHOOL BOARD OR THE STATE.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ASK EVENTS (event type)	LOVE THAT DRESS (event type)	26 (total number)	(add col. (a) through col. (c))
Revenue	1	581,144.	371,723.	868,299.	1,821,166.
	2	532,410.	345,313.	782,021.	1,659,744.
	3	48,734.	26,410.	86,278.	161,422.
Direct Expenses	4				
	5	22,153.	50,796.	2,693.	75,642.
	6	1,994.	28,941.	46,147.	77,082.
	7	95,000.	8,868.	100,124.	203,992.
	8	14,195.	1,700.	33,592.	49,487.
	9	21,390.	16,877.	129,867.	168,134.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			574,337.
11	Net income summary. Subtract line 10 from line 3, column (d)			-412,915.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number
59-2414492

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 X X X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	 X X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	 X X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **PACE CENTER FOR GIRLS, INC.** Employer identification number **59-2414492**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		124,138.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>EVENT ITEMS</u>)	X	312	79,711.	FAIR MARKET VALUE
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number
59-2414492

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

THE MISSION OF PACE IS TO PROVIDE GIRLS AND YOUNG WOMEN AN OPPORTUNITY FOR A BETTER FUTURE THROUGH EDUCATION, COUNSELING, TRAINING, AND ADVOCACY. PACE PROGRAMS SERVE GIRLS BETWEEN THE AGES OF 11 AND 17 WITH THREE OR MORE ADVERSE CHILDHOOD EXPERIENCES AND WHO ARE AT HIGH-RISK FOR DELINQUENT BEHAVIOR AND VICTIMIZATION. PACE EMPLOYS GENDER-RESPONSIVE, TRAUMA-INFORMED, AND STRENGTH-BASED PREVENTION AND EARLY INTERVENTION PROGRAMS AND SERVICES FOR GIRLS WITH MULTIPLE RISK FACTORS. TODAY, THROUGH A STATEWIDE NETWORK OF 21 PACE CENTERS THAT PROVIDE THE FULL ACADEMIC SCHOOL DAY AND COMPREHENSIVE WRAP AROUND SERVICES, PACE ANNUALLY HELPS MORE THAN 3,000 GIRLS GET BACK ON TRACK TO GRADUATE FROM HIGH SCHOOL.

PACE ALSO PARTNERS WITH SCHOOL DISTRICTS AND COMMUNITY HEALTHCARE PARTNERS TO BRING MUCH NEEDED MENTAL HEALTH SERVICES TO YOUNG WOMEN THROUGH ITS PACE REACH PROGRAM.

PACE CURRENTLY OPERATES IN THE COUNTIES OF ALACHUA, BROWARD, CITRUS, CLAY, COLLIER, DUVAL, ESCAMBIA, SANTA ROSA, HERNANDO, HILLSBOROUGH, LEE, LEON, MANATEE, MARION, MIAMI-DADE, ORANGE, PALM BEACH, PASCO, PINELLAS, POLK, ST. LUCIE, AND VOLUSIA-FLAGLER, FLORIDA.

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

ENROLLED IMPROVED ACADEMICALLY THAT YEAR. PACE ALSO ADVOCATES FOR GIRLS ON A NATIONAL AND STATE LEVEL, PROVIDING TRAINING AND CONSULTING TO GIRLS-SERVING AGENCIES VIA PARTNERSHIPS WITH GROUPS SUCH AS THE FLORIDA JUVENILE JUSTICE ASSOCIATION.

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number
59-2414492PACE REACH

PACE REACH IS A COUNSELING PROGRAM DESIGNED TO RESPOND TO THE SPECIFIC NEEDS OF GIRLS AND YOUNG WOMEN IN FLORIDA COMMUNITIES (BROWARD, ESCAMBIA, HERNANDO, JACKSONVILLE, PALM BEACH, PASCO, CITRUS, LEE, PINELLAS AND TAMPA BAY). THE REACH PROGRAM IS BASED ON A SUCCESSFUL MODEL WHICH HAS BEEN RUNNING IN BROWARD COUNTY FOR THE PAST 10 YEARS. THIS MODEL INCORPORATES THERAPEUTIC SERVICES WITH A STRENGTH-BASED AND GENDER-RESPONSIVE APPROACH. THE OVERALL GOAL OF THESE PREVENTION SERVICES IS TO DIVERT GIRLS THAT POSE NO REAL THREAT TO PUBLIC SAFETY AWAY FROM THE JUVENILE JUSTICE SYSTEM THROUGH PROGRAMMING THAT SUPPORTS A SAFE GENDER-RESPONSIVE ENVIRONMENT AND PROVIDES GIRLS AND THEIR FAMILIES POSITIVE ALTERNATIVES FOR DELINQUENT BEHAVIOR.

IN ADDITION, SPECIFIC GOALS FOR THE PROGRAM INCLUDE:

1. REDUCE RISK FACTORS RELATED TO VIOLENCE AND DELINQUENCY,
 2. PREVENT OR REDUCE SUBSTANCE ABUSE USAGE;
 3. DEVELOP POSITIVE BEHAVIORAL CHANGES, AND DECISION MAKING SKILLS;
 4. ASSIST IN DEVELOPING POSITIVE SELF-IMAGE AND INCREASE SELF-ESTEEM;
- AND
5. IMPROVE ACADEMIC FUNCTIONING.

THE ABOVE GOALS ARE ATTAINED BY APPLYING THE FOLLOWING STRATEGIES:

1. IDENTIFICATION OF DEVELOPMENTAL NEEDS SPECIFIC TO GIRLS AND YOUNG WOMEN.
2. GENDER-RESPONSIVE, EVIDENCE-BASED TREATMENT.
3. FAMILY INTERVENTION.
4. COLLABORATION WITH AND EDUCATION OF COMMUNITY AGENCIES.
5. NURTURING POSITIVE ROLE MODELS.
6. ADVOCACY FOR GIRLS AND YOUNG WOMEN BY LEADING THE COMMUNITY IN

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number

59-2414492

OVERCOMING OBSTACLES THAT THEY FACE. PACE REACH ALSO PROVIDES CASE
MANAGEMENT AND COUNSELING/THERAPY FOR GIRLS AND THEIR FAMILIES, BASED
ON THE INDIVIDUAL PSYCHO-SOCIAL ASSESSMENT.

SERVICES INCLUDE BUT ARE NOT LIMITED TO:

1. CASE MANAGEMENT
2. PSYCHO-SOCIAL ASSESSMENT
3. FAMILY COUNSELING/THERAPY BASED ON THE ASSESSED NEEDS OF THE FAMILY
4. GROUP THERAPY
5. PSYCHO EDUCATION
6. INDIVIDUAL COUNSELING/THERAPY
7. INDIVIDUAL COUNSELING/MENTORING/SKILLS BUILDING

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

THE FINAL FORM 990 DOCUMENTS ARE MADE AVAILABLE TO THE ORGANIZATION'S AUDIT
COMMITTEE AND EXECUTIVE BOARD FOR REVIEW AND QUESTIONS/COMMENTS PRIOR TO
FILING WITH THE IRS. ADDITIONALLY, THE FINAL FORM IS MADE AVAILABLE TO ALL
VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING WITH THE IRS.

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

ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SIGN ANNUALLY A
CONFLICT OF INTEREST DISCLOSURE FORM AND ARE ADDITIONALLY REQUIRED TO
DISCLOSE TO THE BOARD CHAIR ANY ISSUES THAT ARISE DURING THE INTERIM
PERIOD. ADDITIONALLY, THERE ARE PROCEDURES FOR OTHER INDIVIDUALS TO
DISCLOSE SUCH ACTS TO THE BOARD CHAIR OR, IF THE MATTER RELATES TO
EMPLOYEES, TO A MEMBER OF SENIOR MANAGEMENT. PERIODICALLY, INTERNAL AUDITS
OF COMPLIANCE ARE CONDUCTED.

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

Name of the organization

PACE CENTER FOR GIRLS, INC.

Employer identification number

59-2414492

IT IS THE POLICY OF THE AGENCY TO PAY SALARIES WHICH REWARD EACH EMPLOYEE IN PROPORTION TO THE VALUE OF THE EMPLOYEE'S SERVICES, ACCORDING TO ESTABLISHED SALARY LEVELS WHICH, WITHIN THE MEANS OF THE AGENCY, COMPARE FAVORABLY WITH RATES PAID BY OTHER SIMILIAR ORGANIZATIONS IN THE AREA WHERE EACH INDIVIDUAL SITE IS LOCATED. SALARIES ARE BASED ON THE JOB POSITION AND DESCRIPTION LEVEL OF RESPONSIBILITY, EMPLOYEE'S EXPERIENCE AND EDUCATIONAL LEVEL, LOCAL COST OF LIVING, AND PERFORMANCE RATINGS. SALARIES ARE REEVALUATED EVERY TWO YEARS TO REFLECT CURRENT ECONOMIC CONDITIONS.

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

THE PACE CENTER FOR GIRLS, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

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

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)		X
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PACE - THC INC	K	73,996.	CASH
(2)	PACE - THC INC	D	1,177,769.	LOAN VALUE
(3)	PACE ALACHUA - THC INC	D	333,614.	LOAN VALUE
(4)				
(5)				
(6)				

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART II, LINE 1, SECTION B

HOLDS TITLE TO ASSETS FOR AND RECEIVES RENT FROM PACE CENTER FOR GIRLS
INC.

FORM 990, SCHEDULE R, PART II, LINE 2, SECTION B

HOLDS TITLE TO ASSETS FOR AND RECEIVES RENT FROM PACE CENTER FOR GIRLS
INC.

FORM 990, SCHEDULE R, PART II, LINE 3, SECTION B

HOLDS TITLE TO ASSETS FOR AND RECEIVES RENT FROM PACE CENTER FOR GIRLS
INC.

FORM 990, SCHEDULE R, PART II, LINE 4, SECTION B

HOLDS TITLE TO ASSETS FOR AND RECEIVES RENT FROM PACE CENTER FOR GIRLS
INC.

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2018 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	
c	2019 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	10,020.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	12/16/19	03/16/20	06/15/20
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	2,505.	2,505.	2,505.
13	2018 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14	2,505.	2,505.	2,505.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2019)

ESTIMATED TAX	10,020.
AMOUNT PAID	2,505.
AMOUNT DUE	7,515.

**PACE Center for Girls, Inc. - Pinellas
FY 21 Budget**



	<u>FY 21</u>	
REVENUE		
Federal Grant	\$ 23,000	
DJJ	781,293	
School Board	315,000	
Civic	160,000	
Unrestricted Contributions	169,600	
Private Temporary Restricted		
Private Temporary Restricted Fdn	169,000	
Special Events		
Miscellaneous Income		
Total REVENUE	<u>\$ 1,617,893</u>	
EXPENSES		
Salaries and Wages	794,813	
Taxes and Benefits	216,413	
Training and Travel	8,725	
Contract Personnel	-	
Occupancy Costs	143,553	
Telecom Costs	33,379	
Equipment Costs	18,890	
Vehicle Expenses	7,266	
Insurance Costs	8,067	
Professional Fees	-	
Materials & Supplies	10,350	
Board Expenses	-	
Outreach and Community Engagem	3,500	
Student Costs	51,300	
Program Travel	9,222	
Special Events	32,800	
Depreciaiton	20,400	
Other Operating Costs		
Bank and Investment Fees		
Organization Operational Cost	217,598	
Total EXPENSES	<u>\$ 1,576,276</u>	
NET SURPLUS/(DEFICIT)	<u><u>\$ 41,617</u></u>	
Fund Balance	74,560	

Working Capital	78,814
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ENDING SURPLUS/DEFICIT	<u><u>\$ 37,363</u></u>
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PACE Center for Girls, Inc. and Affiliates

**Consolidated Financial Statements
and Supplementary Information**

June 30, 2019 and 2018

PACE Center for Girls, Inc. and Affiliates
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June 30, 2019 and 2018

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Independent Auditors' Report

To the Board of Trustees
PACE Center for Girls, Inc. and Affiliates

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of PACE Center for Girls, Inc. and Affiliates (the "Organization"), which comprise the consolidated statement of financial position as of June 30, 2019 and the related consolidated statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

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

Prior Period Financial Statements

The 2018 consolidated financial statements of PACE Center for Girls, Inc. and Affiliates were audited by other auditors who have expressed an unmodified audit opinion on those audited consolidated financial statements in their report dated October 2, 2018.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information on Pages 22 through 25 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The accompanying schedule of expenditures of federal awards and state financial assistance, as required by *Title 2 U.S. Code of Federal Regulations, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and by *Chapter 10.650, Rules of the State of Florida Auditor General*, is presented for purposes of additional analysis and is also not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 26, 2019 on the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Warren Averett, LLC

Tampa, Florida
September 26, 2019

Consolidated Financial Statements

PACE Center for Girls, Inc. and Affiliates
Consolidated Statements of Financial Position
June 30, 2019 and 2018

	2019	2018
Assets		
Current Assets		
Cash and cash equivalents	\$ 5,957,604	\$ 6,642,753
Investments	7,821,005	7,627,630
Contracts and grants receivable	3,867,973	5,231,420
Pledges receivable - current (net of reserves of \$25,367 and \$29,816)	238,695	238,593
Prepaid and other assets	557,412	459,477
Total current assets	18,442,689	20,199,873
Noncurrent Assets		
Pledges receivable - long-term (net of reserves and discounts of \$94,669 and \$110,947)	404,430	355,549
Property and equipment, net	16,014,976	11,869,422
Total noncurrent assets	16,419,406	12,224,971
Total Assets	\$ 34,862,095	\$ 32,424,844
Liabilities and Net Assets		
Current Liabilities		
Lines of credit	\$ -	\$ 836,494
Notes payable - current	415,259	130,855
Accounts payable and accrued expenses	5,097,134	4,691,979
Deferred revenue	259,760	279,782
Total current liabilities	5,772,153	5,939,110
Noncurrent Liabilities		
Notes payable, noncurrent	5,037,389	1,527,293
Total Liabilities	10,809,542	7,466,403
Net Assets		
Without donor restrictions	18,957,091	19,599,117
With donor restrictions	5,095,462	5,359,324
Total net assets	24,052,553	24,958,441
Total Liabilities and Net Assets	\$ 34,862,095	\$ 32,424,844

See accompanying notes to the consolidated financial statements.

PACE Center for Girls, Inc. and Affiliates
Consolidated Statement of Activities
For the Year Ended June 30, 2019

	Without Donor Restrictions	With Donor Restrictions	Total All Classes
Support and Revenue			
Public grants - Florida Department of Juvenile Justice	\$ 21,364,311	\$ -	\$ 21,364,311
Public grants - School Boards	8,020,034	-	8,020,034
Grants - other	1,059,817	1,566,676	2,626,493
Contributions	5,661,473	3,982,759	9,644,232
In-kind contributions	295,825	-	295,825
Special events	1,738,154	3,300	1,741,454
Interest and dividend income	160,801	23,657	184,458
Net realized and unrealized gain (loss) on investments	64,175	(1,163)	63,012
Other	(19,677)	88,107	68,430
Total support and revenue	38,344,913	5,663,336	44,008,249
Net assets released from restrictions	5,927,198	(5,927,198)	-
Expenses			
Program services	35,637,299	-	35,637,299
Management and general	6,837,306	-	6,837,306
Fundraising	2,439,532	-	2,439,532
Total expenses	44,914,137	-	44,914,137
Change in net assets	(642,026)	(263,862)	(905,888)
Net assets, beginning of year	19,599,117	5,359,324	24,958,441
Net assets, end of year	\$ 18,957,091	\$ 5,095,462	\$ 24,052,553

See accompanying notes to the consolidated financial statements.

PACE Center for Girls, Inc. and Affiliates
Consolidated Statement of Activities
For the Year Ended June 30, 2018

	Without Donor Restrictions	With Donor Restrictions	Total All Classes
Support and Revenue			
Public grants - Florida Department of Juvenile Justice	\$ 19,480,797	\$ -	\$ 19,480,797
Public grants - School Boards	7,710,503	-	7,710,503
Grants - other	1,101,432	1,468,783	2,570,215
Contributions	6,225,642	3,479,873	9,705,515
In-kind contributions	314,431	-	314,431
Special events	1,629,222	-	1,629,222
Interest and dividend income	193,544	22,297	215,841
Amortization of premiums on investments	(9,251)	-	(9,251)
Net realized and unrealized gain on investments	172,629	54,593	227,222
Other	130,357	7,029	137,386
Total support and revenue	36,949,306	5,032,575	41,981,881
Net assets released from restrictions	4,126,062	(4,126,062)	-
Expenses			
Program services	32,145,835	-	32,145,835
Management and general	5,780,915	-	5,780,915
Fundraising	2,142,997	-	2,142,997
Total expenses	40,069,747	-	40,069,747
Change in net assets	1,005,621	906,513	1,912,134
Net assets, beginning of year	18,593,496	4,452,811	23,046,307
Net assets, end of year	\$ 19,599,117	\$ 5,359,324	\$ 24,958,441

See accompanying notes to the consolidated financial statements.

PACE Center for Girls, Inc. and Affiliates
Consolidated Statements of Cash Flows
For the Years Ended June 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	\$ (905,888)	\$ 1,912,134
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	1,531,124	1,253,964
Loss on disposal of equipment	-	(4,481)
Unrealized loss/(gain) on investments	301,755	(144,002)
Bad debt expense on pledges receivable	66,509	90,334
Changes in:		
Contracts and grants receivable	1,363,447	(944,090)
Pledges receivable	(115,492)	(176,142)
Prepaid expenses and other assets	(113,962)	(302,412)
Accounts payable and accrued expenses	405,155	886,317
Deferred revenue	(20,022)	48,917
Net cash provided by operating activities	<u>2,512,626</u>	<u>2,620,539</u>
Cash flows from investing activities		
Proceeds from sale of investments	6,599,453	185,456
Purchases of land, building, and equipment	(5,660,651)	(885,407)
Purchases of investments	(7,094,583)	(436,614)
Net cash used in investing activities	<u>(6,155,781)</u>	<u>(1,136,565)</u>
Cash flows from financing activities		
Proceeds from lines of credit	-	492,427
Proceeds from notes payable	4,099,780	-
Repayments of lines of credit	(836,494)	(425,859)
Principal repayments of notes payable	(305,280)	(132,362)
Net cash provided by (used in) financing activities	<u>2,958,006</u>	<u>(65,794)</u>
Net change in cash and cash equivalents	(685,149)	1,418,180
Cash and cash equivalents - beginning of the year	<u>6,642,753</u>	<u>5,224,573</u>
Cash and cash equivalents - end of the year	<u><u>\$ 5,957,604</u></u>	<u><u>\$ 6,642,753</u></u>
Supplemental disclosure of cash flow information		
Cash paid for interest expense	<u>\$ 126,242</u>	<u>\$ 103,640</u>

See accompanying notes to the consolidated financial statements.

PACE Center for Girls, Inc. and Affiliates
Consolidated Statement of Functional Expenses
For the Year Ended June 30, 2019

	Program Services	Management and General	Fundraising	Total
Salaries	\$ 19,486,994	\$ 3,493,463	\$ 1,242,055	\$ 24,222,512
Payroll taxes and employee benefits	4,831,807	264,612	244,699	5,341,118
Employee training and recruiting	323,522	458,863	23,549	805,934
Contracted personnel	312,051	103,709	11,904	427,664
	24,954,374	4,320,647	1,522,207	30,797,228
Occupancy	3,394,605	280,566	-	3,675,171
Telecommunication	822,586	268,018	-	1,090,604
Equipment	1,062,542	906,566	38,320	2,007,428
Vehicle	354,457	54,897	-	409,354
Business and property insurance	112,824	173,317	-	286,141
Professional fees	217,127	386,170	86,520	689,817
Materials and supplies	259,794	54,779	18,257	332,830
Outreach and community engagement	194,531	62,296	24,073	280,900
Marketing and communications	-	70,187	-	70,187
Student costs	1,679,804	69,900	40,695	1,790,399
Travel	979,301	-	55,909	1,035,210
Special events	28,454	-	559,520	587,974
Depreciation and amortization	1,372,695	158,429	-	1,531,124
Uncollectible accounts	-	-	66,509	66,509
Interest	126,242	-	-	126,242
Other	77,963	31,534	27,522	137,019
Total Expenses	\$ 35,637,299	\$ 6,837,306	\$ 2,439,532	\$ 44,914,137

See accompanying notes to the consolidated financial statements.

PACE Center for Girls, Inc. and Affiliates
Consolidated Statement of Functional Expenses
For the Year Ended June 30, 2018

	Program Services	Management and General	Fundraising	Total
Salaries	\$ 18,235,462	\$ 3,035,330	\$ 879,988	\$ 22,150,780
Payroll taxes and employee benefits	4,237,903	304,625	211,980	4,754,508
Employee training and recruiting	220,944	397,232	18,626	636,802
Contracted personnel	577,951	44,250	106,500	728,701
	<u>23,272,260</u>	<u>3,781,437</u>	<u>1,217,094</u>	<u>28,270,791</u>
Occupancy	2,470,944	319,818	-	2,790,762
Telecommunication	748,485	437,353	-	1,185,838
Equipment	882,182	318,049	25,224	1,225,455
Vehicle	431,602	90,862	-	522,464
Business and property insurance	93,965	90,528	1,000	185,493
Professional fees	135,262	337,823	84,344	557,429
Materials and supplies	240,172	26,042	24,273	290,487
Outreach and community engagement	181,794	47,711	29,917	259,422
Marketing and communications	-	105,522	3,662	109,184
Student costs	1,578,432	6,079	1,075	1,585,586
Travel	869,844	-	33,825	903,669
Special events	1,867	-	596,780	598,647
Depreciation and amortization	1,045,067	199,646	-	1,244,713
Uncollectible accounts	-	-	90,334	90,334
Interest	103,640	-	-	103,640
Other	90,319	20,045	35,469	145,833
Total Expenses	<u><u>\$ 32,145,835</u></u>	<u><u>\$ 5,780,915</u></u>	<u><u>\$ 2,142,997</u></u>	<u><u>\$ 40,069,747</u></u>

See accompanying notes to the consolidated financial statements.

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

1. Nature of Organization

PACE Center for Girls, Inc. (“PACE”) is a not-for-profit organization incorporated under the laws of the State of Florida in 1985.

The mission of PACE is to provide girls and young women an opportunity for a better future through education, counseling, training, and advocacy. PACE programs serve girls between the ages of 11 and 17 with three or more Adverse Childhood Experiences and who are at high-risk for delinquent behavior and victimization. PACE employs gender-responsive, trauma-informed, and strength-based prevention and early intervention programs and services for girls with multiple risk factors. Today, through a statewide network of 21 PACE centers that provide the full academic school day and comprehensive wrap around services, PACE annually helps more than 3,000 girls get back on track to graduate from high school.

PACE also partners with school districts and community healthcare partners to bring much needed mental health services to young women through its PACE Reach Program.

PACE currently operates in the counties of Alachua, Broward, Citrus, Clay, Collier, Duval, Escambia-Santa Rosa, Hernando, Hillsborough, Lee, Leon, Manatee, Marion, Miami-Dade, Orange, Palm Beach, Pasco, Pinellas, Polk, St. Lucie, and Volusia-Flagler, Florida.

PACE-THC, Inc. (“PACE-THC”), PACE BROWARD-THC, Inc. (“PACE BROWARD-THC”), PACE COLLIER AT IMMOKALEE-THC, Inc. (“PACE COLLIER AT IMMOKALEE-THC”) and PACE ALACHUA-THC, Inc. (“PACE ALACHUA-THC”) are affiliated not-for-profit organizations incorporated under the laws of the State of Florida in 1995, 2001, 2006, and 2009, respectively. Their purpose is to hold title to property in the counties of Duval, Manatee, Escambia, Broward, Collier, Lee, and Alachua, Florida, to be used exclusively for educational, literary, scientific, or charitable purposes, to collect income therefrom, and to turn over the entire amount thereof, less expenses, to PACE.

PACE, PACE-THC, PACE BROWARD-THC, PACE COLLIER AT IMMOKALEE-THC, AND PACE ALACHUA-THC are collectively referred to herein as the “Organization.”

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements of the Organization are prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restriction and net assets with donor restriction.

Net Assets Without Donor Restriction: Net assets that are not subject to or are no longer subject to donor-imposed stipulations.

Net Assets With Donor Restriction: Net assets whose use is limited by donor-imposed and/or purpose restrictions.

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

2. Summary of Significant Accounting Policies (continued)

Revenues are reported as increases in net assets without donor restriction unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulation or by law. Expirations of donor restriction on the net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets. The Organization has adopted a policy to classify donor restricted contributions as without donor restrictions to the extent that donor restrictions were met in the year the contribution was received.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts and activities of PACE, PACE-THC, PACE BROWARD-THC, PACE COLLIER AT IMMOKALEE-THC, and PACE ALACHUA-THC, collectively referred to herein as the "Organization." All significant intercompany accounts and transactions have been eliminated.

Use of Estimates

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

Cash and Cash Equivalents

For purposes of the consolidated statements of financial position and the consolidated statements of cash flows, the Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

The Organization maintains cash balances in several bank accounts. Each account is insured by the Federal Deposit Insurance Corporation up to \$250,000. Management continually reviews the bank institutions for deposit risk and believes the risk associated with the current banking institutions is minimal.

Investments

Investments are stated at fair value based on quoted market prices. If the purchase price of U.S. Government Treasury Notes and other securities is greater than or less than the par value of such individual securities, the difference is calculated and recorded as a premium or discount from par value of the related security, amortized over the remaining life of the individual security and recorded as an increase or reduction of unrestricted support and revenue in the accompanying consolidated statements of activities of the Organization. The net unrealized increase or decrease in fair value is recognized in the accompanying consolidated statements of activities. The objective

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

2. Summary of Significant Accounting Policies (continued)

of the Organization's investment policy is to ensure the safety of investment principal, provide for liquidity, and maximize investment income. Investment options include treasury bills, notes and bonds, commercial paper, certificates of deposit, money market accounts, full faith or general faith obligations and credit obligations of the U.S. Government agency securities, equity, balanced, and diversified mutual funds with readily available market values and liquidity. The Finance Committee of the Organization continues to assess investments with a goal of ensuring the safety of the principal by investing with high-quality financial institutions.

Contracts and Grants Receivable

Contracts and grants receivable are stated net of an allowance for doubtful accounts. Management evaluates total contracts and grants receivable and includes in the allowance for doubtful accounts an estimate of losses to be sustained. Uncollectible amounts are charged against the allowance account when management determines the possibility of collection is remote. The allowances for doubtful accounts were zero at June 30, 2019 and 2018. The Organization does not charge interest on past due contracts or grant receivables.

Pledges Receivable

Unconditional promises to give are recorded as pledges receivable and contribution revenue when received. Pledges receivable which are expected to be collected in more than one year are stated at the present value of estimated receipts. Conditional promises to give are not included in contribution revenue until the conditions are substantially met. Uncollectible amounts are charged against the allowance account when management determines the possibility of collection is remote.

Property and Equipment

Property and equipment are recorded at historical cost, or fair value at the date of donation. Land, land improvements, buildings, building improvements, computers, furniture, equipment, and vehicles in excess of \$2,500 are capitalized. Depreciation is computed using the straight-line method over the useful lives of the related assets, ranging generally from 3 to 25 years. Leasehold improvements are amortized over their estimated useful lives, which do not exceed the related lease terms, using the straight-line method.

Impairment of Long-lived Assets

The Organization reviews the carrying value of long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable. Recoverability of long-lived assets is measured by comparing the carrying amount of the asset or asset group to the undiscounted cash flows that the asset or asset group is expected to generate. If the undiscounted cash flows of such assets are less than the carrying amount, the impairment to be recognized is measured by the amount by which the carrying amount, if any, exceeds its fair value. No impairments were deemed to exist at June 30, 2019 and 2018.

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

2. Summary of Significant Accounting Policies (continued)

Contributions Received In-Kind

The Organization occupies, without charge or for nominal charges, certain facilities used for its program services. In addition, the Organization receives in-kind student costs, supplies, and other expenses. The estimated fair value of donated rent, student costs, supplies, and other expenses are reported in the accompanying consolidated financial statements at the date of receipt.

Contribution of Services

Contributed services are recognized and recorded at fair value only to the extent they create and enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. There were no contributed services during 2019 and 2018.

A substantial number of volunteers have donated significant amounts of their time to the Organization. No amounts have been reflected in the consolidated financial statements for contributed services since the contribution of services did not create or enhance non-financial assets or require specialized skills. When professional services are donated, in-kind values are recorded as contributions.

Public Grants and Grants - Other

Public grants from government agencies are recorded based on the terms of the grantor allotment which generally provides that revenue is earned when the allowable costs or units of service of the specific grant provisions have been incurred or provided. Such revenue is subject to audit by the grantor and, if the examination results in a non-allowance of units of service or expenses, the Organization will be required to reimburse any overpayments.

Special Events

Special events revenue is recognized when events take place. The Organization considers special events to be ongoing major activities; therefore, the gross revenue is reported on the consolidated statements of activities. Expenses related to the special events are reported on the consolidated statements of functional expenses according to the program or supporting service benefitted.

Income Taxes

PACE is a private not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code. PACE-THC, PACE BROWARD-THC, PACE COLLIER AT IMMOKALEE-THC, and PACE ALACHUA-THC are private not-for-profit corporations as described in Section 501(c)(2) of the Internal Revenue Code. As such, all will be exempt from federal and state income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code and Chapter 220.13 of the Florida Statutes, respectively.

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

2. Summary of Significant Accounting Policies (continued)

The Organization evaluates its tax positions for any uncertainties based on the technical merits of the positions taken in accordance with authoritative guidance. The Organization recognizes the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be upheld upon examination by taxing authorities. The Organization has analyzed the tax positions taken and has concluded that as of June 30, 2019 and 2018, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the consolidated financial statements.

Functional Expense Allocation

The consolidated costs of providing program and management activities have been summarized on a functional basis in the consolidated statements of activities and the consolidated statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefitted. The expenses that are allocated include compensation and benefits, which are allocated on the basis of estimates of time and effort, as well as depreciation and amortization and occupancy, which are allocated on a square footage basis.

Reclassifications

Certain minor reclassifications have been made to the 2018 consolidated financial statements to conform to the classifications used in 2019.

Impact of Recently Issued Accounting Pronouncements

Financial Statement Presentation

During the year ended June 30, 2019, the Organization adopted the requirements of the Financial Accounting Standards Board (FASB) Accounting Standards Update No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities* (ASU 2016-14). This update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A key change required by ASU 2016-14 is the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions. A footnote on liquidity has also been added (Note 11).

The accompanying information from the 2018 financial statements has been restated to conform to the 2019 presentation and disclosure requirements of ASU 2016-14.

Revenue

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This guidance provides a five-step process to determine when and how revenue is recognized. The core principle of the guidance is that an entity should recognize revenue upon transfer of promised goods or services to customers in an amount that reflects the expected consideration to be received in exchange for those goods or services. This update will also result in enhanced disclosures about revenue, providing guidance for transactions that were not previously addressed comprehensively,

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

2. Summary of Significant Accounting Policies (continued)

and improving guidance for multiple-element arrangements. This update is effective for fiscal years beginning after December 15, 2018 and interim periods within annual reporting periods beginning after December 15, 2019. Management is evaluating the impact of this ASU on the Organization's financial reporting.

Leases

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. This guidance amends the existing accounting standards for lease accounting, including requiring lessees to recognize most leases on their statement of financial position. It also makes targeted changes to lessor accounting, including a change to the treatment of initial direct leasing costs, which no longer considers fixed internal leasing salaries as capitalizable costs. The standard is effective fiscal years beginning after December 15, 2019. Management is evaluating the impact of this ASU on the Organization's financial reporting.

3. Pledges Receivable

Pledges receivable are comprised of unconditional promises to give with collection periods through June 30, 2025. Pledges receivable are recorded after discounting to the present value of future cash flows using a rate of 4%. Pledges receivable are as follows:

<i>Years ended June 30,</i>	2019	2018
Receivable in less than one year	\$ 264,062	\$ 268,409
Receivable in one to five years	499,099	466,496
	763,161	734,905
Less: discounts to net present value	(46,723)	(59,126)
Less: allowance for doubtful accounts	(73,313)	(81,637)
Net pledges receivable	\$ 643,125	\$ 594,142

4. Investments and Fair Value Measurements

Investments are summarized as follows:

<i>June 30,</i>	2019	2018
Mutual funds	\$ 3,249,685	\$ 4,462,857
Fixed income funds	1,796,409	-
Government agencies	1,293,864	3,164,475
Other short-term investments	869,373	298
Corporate bonds	416,325	-
Real estate	195,349	-
Total	\$ 7,821,005	\$ 7,627,630

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

4. Investments and Fair Value Measurements (continued)

The Organization's investments are reported at fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy as described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in the active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If that asset or liability has a specified (contractual) term, the level 2 inputs must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following is a summary of the levels within the fair value hierarchy for the Organization's assets measured at fair value on a recurring basis as of June 30, 2019:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 3,249,685	\$ -	\$ -	\$ 3,249,685
Fixed income funds	1,796,409	-	-	1,796,409
Government agencies	1,293,864	-	-	1,293,864
Other short-term investments	869,373	-	-	869,373
Corporate bonds	416,325	-	-	416,325
Other	195,349	-	-	195,349
Total	\$ 7,821,005	\$ -	\$ -	\$ 7,821,005

The following is a summary of the levels within the fair value hierarchy for the Organization's assets measured at fair value on a recurring basis as of June 30, 2018:

	Level 1	Level 2	Level 3	Total
Mutual Funds - Equity	\$ 3,765,388	\$ -	\$ -	\$ 3,765,388
U.S. Government Obligations	3,164,475	-	-	3,164,475
Mutual Funds - Diversifying	282,725	-	-	282,725
Mutual Funds - Fixed Income	262,764	-	-	262,764
Mutual Funds - Other	151,980	-	-	151,980
Other	298	-	-	298
Total	\$ 7,627,630	\$ -	\$ -	\$ 7,627,630

There were no transfers between Level 1, Level 2, or Level 3 investments during the years ended June 30, 2019 and 2018.

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

5. Property and Equipment

Property and equipment consist of the following:

<i>Years ended June 30,</i>	2019	2018
Buildings and improvements	\$ 21,077,060	\$ 16,192,371
Land and improvements	3,049,487	2,479,516
Furniture and equipment	3,160,665	2,161,649
Vehicles	515,355	515,355
Construction in progress	313,026	477,813
Leasehold improvements	135,755	763,993
	28,251,348	22,590,697
Less: accumulated depreciation and amortization	(12,236,372)	(10,721,275)
Total	\$ 16,014,976	\$ 11,869,422

Depreciation expense amounted to \$1,515,097 and \$1,253,964 for the years ended June 30, 2019 and 2018, respectively.

6. Notes Payable

Notes payable consist of the following:

<i>Years ended June 30,</i>	2019	2018
Fixed rate term loan dated November 7, 2018 for the Organization's National Office in Jacksonville, Florida. Monthly payments of \$14,114 including interest at 4.87%, with a maturity date of November 1, 2023.	\$ 1,750,494	\$ -
Fixed rate term loan dated November 7, 2018 for the Organization's Broward County facility. Monthly payments of \$11,761 including interest at 4.87%, with a maturity date of November 1, 2023. The note is secured by the land and building of Pace Broward-THC with a net book value of \$981,134.	1,458,745	-
Mortgage payable restated on November 7, 2018 (formerly dated April 21, 2017) for the Organization's Leon County facility. Monthly payments of \$6,164 including interest at 4.55%, with a maturity date of April 21, 2028. The note is secured by the land and building of Pace-THC with a net book value of \$1,146,824.	1,177,769	1,196,917

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

6. Notes Payable (continued)

<i>Years ended June 30,</i>	2019	2018
Variable rate term loan restated on November 7, 2018 (formerly dated December 8, 2016) for the construction and expansion of the Organization's Leon County facility. Monthly installment payments of \$9,322 plus accrued interest at the 30-day LIBOR plus 1.75% (4.16% at June 30, 2019), with a maturity date of November 8, 2022.	382,203	-
Fixed rate term loan dated November 7, 2018 for the Organization's Alachua County facility. Monthly payments of \$2,689 including interest at 4.87%, with a maturity date of November 1, 2023.	333,613	-
Variable rate term loan restated November 7, 2018 (formerly dated July 5, 2016) for the Organization's Manatee County facility. Monthly installment payments of \$3,000 are applied first to the payment of interest accrued with the balance applied to principal. The monthly payments including interest at the LIBOR daily floating rate plus 2% (4.40% and 4.08% at June 30, 2019 and 2018, respectively), with a maturity date of July 5, 2020.	205,657	232,064
Variable rate term loan restated November 7, 2018 (formerly dated June 5, 2015) for the Organization's Clay County facility. Monthly principal payments of \$5,417 plus accrued interest at the LIBOR daily floating rate plus 2% (4.40% and 4.08% at June 30, 2019 and 2018, respectively), with a maturity date of December 8, 2020.	97,500	162,500
Variable rate term loan restated November 7, 2018 (formerly dated July 5, 2016) for the Organization's Pasco County facility. Installment payments of \$1,667 plus accrued interest are due monthly. The monthly payments include interest at the LIBOR daily floating rate plus 2% (4.40% and 4.08% at June 30, 2019 and 2018, respectively), with a maturity date of July 5, 2020.	46,667	66,667
Total notes payable	5,452,648	1,658,148
Less: notes payable, current	(415,259)	(130,855)
Notes payable, long-term	\$ 5,037,389	\$ 1,527,293

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

6. Notes Payable (continued)

Scheduled aggregate principal payments on the notes payable are as follows as of:

<i>June 30,</i>	2019
2020	\$ 415,259
2021	550,694
2022	369,873
2023	222,002
2024	2,826,893
Thereafter	1,067,927
Total notes payable	\$ 5,452,648

The notes require the Organization to comply with certain covenants and reporting requirements. The Organization was in compliance with those covenants as of and for the years ended June 30, 2019 and 2018.

7. Lines of Credit

The Organization had a master Loan Agreement with Bank of America, N.A. (the “BOA Agreement”) dated December 8, 2014. The BOA Agreement allowed for four lines of credit which were convertible to promissory notes upon drawing funds on the individual lines. In addition, a line of credit was available for working capital needs and allowed for maximum borrowings of \$500,000. The Organization had \$342,426 outstanding on this line of credit as of June 30, 2018. An additional line of credit in the amount of \$550,000 was available for the construction and expansion of the Leon County facility. The balance outstanding as of June 30, 2018 was \$494,068. This agreement carried an interest rate of the LIBOR Daily Floating Rate plus 2% (4.08% at June 30, 2018) for all borrowings. The BOA Agreement contained various restrictions. As of June 30, 2018, the Organization was in compliance with the required covenants. The BOA Agreement was consolidated, amended, and restated as of November 7, 2018.

8. Lease Commitments

The Organization generally leases its facilities under long-term operating leases, which range from one to eight years. In addition, certain facilities are leased for nominal rent for which the Organization has recorded in-kind contributions and rental expense based upon management’s estimate of the fair market value of rent. The following is a summary of rental expenses:

<i>Years ended June 30,</i>	2019	2018
Rent based upon lease terms	\$ 1,945,703	\$ 1,931,823
In-kind contributions	66,503	66,503
Total	\$ 2,012,206	\$ 1,998,326

In addition, the Organization leases various office equipment and vehicles under non-cancelable operating leases expiring at various dates through February 2024. Lease expense under these operating leases was \$351,155 and \$248,239 for the years ended June 30, 2019 and 2018, respectively.

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

8. Lease Commitments (continued)

Under the terms of all non-cancelable operating leases, the scheduled aggregate minimum lease payments as of June 30, 2019 were as follows:

2020	\$ 1,675,054
2021	1,312,427
2022	625,528
2023	418,885
2024	288,304
Thereafter	284,972
Total	\$ 4,605,170

9. In-Kind Contributions

The following is a summary of in-kind contributions which are recorded as revenue and related expenses in the consolidated financial statements for the years ended June 30:

	2019	2018
Student costs	\$ 121,600	\$ 85,383
Special events	93,348	162,545
Occupancy	66,503	66,503
Other	14,374	-
Total	\$ 295,825	\$ 314,431

The in-kind expenses are presented according to the referenced expensed items in the consolidated statements of functional expenses.

10. Net Assets with Donor Restrictions

Net assets with donor restrictions are released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of other events specified by donors. Net assets with donor restrictions released were utilized for the following purposes:

<i>Years ended June 30,</i>	2019	2018
Program services	\$ 2,194,015	\$ 3,227,451
Capital campaign	1,874,075	260,757
Grants, student support and other	1,242,011	462,499
Therapist services	376,303	61,944
Georgia expansion fund	145,909	-
Time restrictions: pledge funds	66,499	78,187
Transition services	15,146	22,087
Scholarships	13,240	13,137
Total	\$ 5,927,198	\$ 4,126,062

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

10. Net Assets with Donor Restrictions (continued)

Remaining net assets with donor restrictions were restricted for the following purposes:

<i>Years ended June 30,</i>	2019	2018
Program services	\$ 1,462,255	\$ 2,283,944
Therapist services	1,191,363	194,722
Capital campaign	1,170,773	1,608,314
Time restrictions: pledge funds	643,125	594,142
Grants, student support and other	344,822	313,319
Scholarships	191,180	147,721
Transition services	91,944	71,253
Georgia transition fund	-	145,909
Total	\$ 5,095,462	\$ 5,359,324

11. Liquidity and Availability

At June 30, 2019 and 2018, the Organization has the following amounts available to cover general expenditures:

<i>Years ended June 30,</i>	2019	2018
Total financial assets	\$ 13,778,609	\$ 14,270,383
Restricted funds	5,095,462	5,359,324
Net financial assets available to meet cash needs for general expenditures within one year	\$ 8,683,147	\$ 8,911,059

The Organization receives significant contributions and promises to give restricted by donors, and considers contributions that are designated for activities related to ongoing, major, and central operations to be available to meet cash needs for general expenditures. The Organization manages its liquidity and reserves following three guiding principles: operating within a prudent range of financial soundness and stability, maintaining adequate liquid assets to fund near-term operating needs, and maintaining sufficient reserves to provide reasonable assurance that long-term obligations will be discharged. The Organization has a standard operating procedure to maintain current financial assets less current liabilities at a minimum of three months of expenses. The Organization forecasts its future cash flows and monitors its liquidity quarterly and its reserves annually. During the years ended June 30, 2019 and 2018, the level of liquidity and reserves was managed within these requirements.

12. Employee Benefit Plan

Effective July 1, 1994, the Organization established a defined contribution benefit plan (the "Plan") in which all qualified employees 18 years of age may participate. The Plan provides for participants' pre-tax contributions to the Plan pursuant to Section 403(b) of the Internal Revenue Code. The Organization may make a discretionary contribution to the Plan in an amount up to 3% of a participant's compensation. The Organization's contribution to the Plan was \$354,400 and \$300,324, for the years ended June 30, 2019 and 2018, respectively.

PACE Center for Girls, Inc. and Affiliates
Notes to Consolidated Financial Statements
June 30, 2019 and 2018

13. Funding Dependency

A substantial amount of the Organization's support is in the form of annual grants and contracts with federal, state, and local government agencies, including a substantial amount from the Florida Department of Juvenile Justice ("DJJ"). This support is partially dependent upon the Organization's continued qualifications for such funding, together with the amount of funds available to the governmental sources. Revenue and support from the DJJ accounted for approximately 48% and 46% of total revenue and support of the Organization for the years ended June 30, 2019 and 2018, respectively. Amounts receivable from the DJJ accounted for approximately 51% and 66% of total contracts and grants receivable of the Organization as of June 30, 2019 and 2018, respectively.

In addition, title to all property and equipment acquired with DJJ funding vests with DJJ upon completion or termination of the related contracts. Property and equipment vested with DJJ, with a net book value of \$405,951 and \$43,363 at June 30, 2019 and 2018, respectively, is included in land, buildings, and equipment on the accompanying consolidated statements of financial position.

14. Commitments and Contingencies

The Organization is subject to audit examinations by funding sources to determine compliance with grant conditions. In the event the expenditures would be disallowed, repayment could be required. Management does not believe any disallowed expenditures would have a material impact on the consolidated financial statements.

The Organization is subject to various legal actions and claims arising in the normal course of operations. Litigation is subject to many uncertainties, and the outcome of individual litigated matters is not predictable with assurance. It is the opinion of management that the outcome of such matters will not have a material adverse impact on the consolidated financial position, changes in net assets, or cash flows of the Organization.

15. Subsequent Events

Events occurring after June 30, 2019, the date of the most recent financial statements, have been evaluated for possible adjustments to the financial statements or disclosures through September 26, 2019, which is the date the financial statements were available to be issued.

Supplementary Information

PACE Center for Girls, Inc. and Affiliates
Consolidating Statement of Financial Position
June 30, 2019

	PACE Center for Girls, Inc.	PACE Alachua -THC, Inc.	PACE Broward -THC, Inc.	PACE Collier at Immokalee -THC, Inc.	Pace-THC, Inc.	Eliminations	Total
Assets							
Current Assets							
Cash and cash equivalents	\$ 5,910,337	\$ 8,434	\$ -	\$ 16,285	\$ 22,548	\$ -	\$ 5,957,604
Investments	7,821,005	-	-	-	-	-	7,821,005
Contracts and grants receivable	3,867,973	-	-	-	-	-	3,867,973
Pledges receivable - current (net of reserves of \$25,367)	238,695	-	-	-	-	-	238,695
Due from affiliated entities	406,500	-	385,350	-	-	(791,850)	-
Prepaid and other assets	557,412	-	-	-	-	-	557,412
Total current assets	18,801,922	8,434	385,350	16,285	22,548	(791,850)	18,442,689
Noncurrent assets							
Pledges receivable - long-term (net of reserves and discounts of \$94,669)	404,430	-	-	-	-	-	404,430
Property and equipment, net	7,168,325	665,614	981,134	3,390,976	3,808,927	-	16,014,976
Total noncurrent assets	7,572,755	665,614	981,134	3,390,976	3,808,927	-	16,419,406
Total Assets	\$ 26,374,677	\$ 674,048	\$ 1,366,484	\$ 3,407,261	\$ 3,831,475	\$ (791,850)	\$ 34,862,095

See independent auditors' report.

PACE Center for Girls, Inc. and Affiliates
Consolidating Statement of Financial Position
June 30, 2019

	PACE Center for Girls, Inc.	PACE Alachua -THC, Inc.	PACE Broward -THC, Inc.	PACE Collier at Immokalee -THC, Inc.	Pace-THC, Inc.	Eliminations	Total
Liabilities and Net Assets							
Current Liabilities							
Lines of credit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Notes payable - current	341,876	16,118	37,363	-	19,902	-	415,259
Accounts payable and accrued expenses	5,097,134	-	-	-	-	-	5,097,134
Due to affiliated entities	-	172,130	-	128,354	491,366	(791,850)	-
Deferred revenue	259,760	-	-	-	-	-	259,760
Total current liabilities	5,698,770	188,248	37,363	128,354	511,268	(791,850)	5,772,153
Noncurrent Liabilities							
Notes payable, noncurrent	2,826,254	317,496	735,772	-	1,157,867	-	5,037,389
Total Liabilities	8,525,024	505,744	773,135	128,354	1,669,135	(791,850)	10,809,542
Net Assets							
Without donor restrictions	12,754,191	168,304	593,349	3,278,907	2,162,340	-	18,957,091
With donor restrictions	5,095,462	-	-	-	-	-	5,095,462
Total net assets	17,849,653	168,304	593,349	3,278,907	2,162,340	-	24,052,553
Total Liabilities and Net Assets	\$ 26,374,677	\$ 674,048	\$ 1,366,484	\$ 3,407,261	\$ 3,831,475	\$ (791,850)	\$ 34,862,095

See independent auditors' report.

PACE Center for Girls, Inc. and Affiliates
Consolidating Statement of Activities
For the Year Ended June 30, 2019

	PACE Center for Girls, Inc.	PACE Alachua -THC, Inc.	PACE Broward -THC, Inc.	PACE Collier at Immokalee -THC, Inc.	Pace-THC, Inc.	Eliminations	Total
Unrestricted Support and Revenue							
Public grants - Florida Department of Juvenile Justice	\$ 21,364,311	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 21,364,311
Public grants - School Boards	8,020,034	-	-	-	-	-	8,020,034
Grants - other	1,059,817	-	-	-	-	-	1,059,817
Contributions	5,661,473	-	-	-	-	-	5,661,473
In-kind contributions	295,825	-	-	-	-	-	295,825
Special events	1,738,154	-	-	-	-	-	1,738,154
Interest and dividend income	160,645	17	-	58	81	-	160,801
Net realized and unrealized gain on investments	64,175	-	-	-	-	-	64,175
Other (loss)/income	(19,677)	24,160	-	-	73,966	(98,126)	(19,677)
Net assets released from restriction	5,927,198	-	-	-	-	-	5,927,198
Total unrestricted support and revenue	44,271,955	24,177	-	58	74,047	(98,126)	44,272,111
Expenses							
Program services	34,832,855	26,173	133,612	335,933	308,726	-	35,637,299
Management and general	6,837,306	-	-	-	-	-	6,837,306
Fundraising	2,439,532	-	-	-	-	-	2,439,532
Total expenses	44,109,693	26,173	133,612	335,933	308,726	-	44,914,137
Change in net assets without donor restrictions	162,262	(1,996)	(133,612)	(335,875)	(234,679)	(98,126)	(642,026)

See independent auditors' report.

PACE Center for Girls, Inc. and Affiliates
Consolidating Statement of Activities
For the Year Ended June 30, 2019

	PACE Center for Girls, Inc.	PACE Alachua -THC, Inc.	PACE Broward -THC, Inc.	PACE Collier at Immokalee -THC, Inc.	Pace-THC, Inc.	Eliminations	Total
Restricted Support and Revenue							
Public grants - Florida Department of Juvenile Justice	-	-	-	-	-	-	-
Public grants - School Boards	-	-	-	-	-	-	-
Grants - other	1,566,676	-	-	-	-	-	1,566,676
Contributions	3,982,759	-	-	-	-	-	3,982,759
In-kind contributions	-	-	-	-	-	-	-
Special events	3,300	-	-	-	-	-	3,300
Interest and dividend income	23,657	-	-	-	-	-	23,657
Net realized and unrealized loss on investments	(1,163)	-	-	-	-	-	(1,163)
Other income	88,107	-	-	-	-	-	88,107
Total restricted support and revenue	5,663,336	-	-	-	-	-	5,663,336
Net assets released from restriction	(5,927,198)	-	-	-	-	-	(5,927,198)
Change in net assets with donor restrictions	(263,862)	-	-	-	-	-	(263,862)
Change in total net assets	(101,600)	(1,996)	(133,612)	(335,875)	(234,679)	(98,126)	(905,888)
Net assets, beginning of the year	18,049,380	170,300	726,961	3,614,781	2,397,019	-	24,958,441
Net assets, end of the year	\$ 17,947,780	\$ 168,304	\$ 593,349	\$ 3,278,906	\$ 2,162,340	\$ (98,126)	\$ 24,052,553

See independent auditors' report.

Single Audit Reporting

PACE Center for Girls, Inc. and Affiliates
Schedule of Expenditures of Federal Awards and State Financial Assistance
For the Year Ended June 30, 2019

Federal / State Agency / Pass-Through Entity / Federal Program / State Project	CFDA/ CFSA Number	Contract/ Grant Number	Federal Expenditures	State Expenditures
<u>FEDERAL PROGRAMS:</u>				
U.S. DEPARTMENT OF JUSTICE				
<i>Passed through Office of Juvenile Justice and Delinquency Prevention</i>				
Reducing Reliance on Secure Placement and Improving Community-Based Responses for Girls-At-Risk of Entering the Juvenile Justice System	16.830	2016-GJ-FX-K002 (2018-2019)	\$ 256,487	\$ -
U.S. DEPARTMENT OF AGRICULTURE				
<i>Passed through State Department of Education</i>				
National School Breakfast and Lunch Program	10.553/10.555	01-371	496,208	-
U.S. DEPARTMENT OF EDUCATION				
<i>Passed through School Board of Collier County</i>				
Title 1 Grants to Local Educational Agencies	84.010	184280	31,450	-
<i>Passed through School Board of Leon County</i>				
Title 1 Grants to Local Educational Agencies	84.010	1503	46,576	-
Subtotal - U.S. Department of Education			78,026	-
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT				
<i>Passed through the City of Tallahassee</i>				
Department of Economic and Community Development - Human Resource Division:				
Spirited Girls Program and Reach Program	14.218	FYE 2017-2018	4,166	-
Total Expenditures of Federal Awards			\$ 834,887	\$ -

See notes to Schedule of Expenditures of Federal Awards and State Financial Assistance.

PACE Center for Girls, Inc. and Affiliates
Schedule of Expenditures of Federal Awards and State Financial Assistance
For the Year Ended June 30, 2019

Federal / State Agency / Pass-Through Entity / Federal Program / State Project	CFDA/ CFSA Number	Contract/ Grant Number	Federal Expenditures	State Expenditures
<u>STATE PROJECTS:</u>				
FLORIDA DEPARTMENT OF JUVENILE JUSTICE				
PACE Center for Girls - Prevention and Victim Services	80.007	X10051	\$ -	\$ 21,364,311
Total Expenditures of Federal Awards and State Projects			\$ 834,887	\$ 21,364,311

See notes to Schedule of Expenditures of Federal Awards and State Financial Assistance.

PACE Center for Girls, Inc. and Affiliates
Notes to Schedule of Expenditures of Federal Awards
and State Financial Assistance
For the Year Ended June 30, 2019

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards and state financial assistance (the "Schedule") includes the federal and state grant activity of PACE Center for Girls, Inc. and Affiliates (the "Organization") for the year ended June 30, 2019.

The information in the Schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations (CFR), Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and *Chapter 10.650, Rules of the State of Florida Auditor General*. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to, and does not present the financial position, changes in net assets, or cash flows of the Organization.

Expenditures reported on the Schedule are reported on the accrual basis of accounting and are recognized following the cost principles contained in *Title 2 U.S. Code of Federal Regulations (CFR), Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. Pass-Through Awards

The Organization received certain federal awards and state projects from pass-through awards of the state. The total amount of such pass-through awards is included in the Schedule

3. Transfers to Subrecipients

The Organization did not transfer any federal awards or state financial assistance to other entities.

4. Indirect Cost Rate

The Organization has elected to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance, unless otherwise specifically required by applicable grant agreement.

5. Contingencies

The programs shown in the Schedule are subject to financial and compliance audits by grantor agencies, which, if instances of material noncompliance are found, may result in disallowable expenditures and affect the Organization's continued participation in specific programs. The amount of expenditures, if any, which may be disallowed by the grantor agencies cannot be determined at this time, although the Organization expects such amounts to be immaterial, if any.

See independent auditors' report.

**Independent Auditors' Report on Internal Control Over
Financial Reporting and on Compliance and Other Matters
Based on an Audit of Financial Statements Performed
In Accordance with *Government Auditing Standards***

To the Board of Trustees
PACE Center for Girls, Inc. and Affiliates

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of PACE Center for Girls, Inc. and Affiliates (the "Organization"), which comprise the consolidated statement of financial position as of June 30, 2019 and the related consolidated statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements (the "financial statements"), and have issued our report thereon dated September 26, 2019.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Warren Averett, LLC

Tampa, Florida

September 26, 2019

**Independent Auditors' Report on Compliance for Each Major
Federal Program and State Project and on Internal Control
Over Compliance Required by the *Uniform Guidance and
Chapter 10.650, Rules of the State of Florida Auditor General***

To the Board of Trustees
PACE Center for Girls, Inc. and Affiliates

Report on Compliance for Each Major Federal Program and State Project

We have audited PACE Center for Girls, Inc. and Affiliates' (the "Organization") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* and the requirements described in the Executive Officer of the Florida Governor's State Project Compliance Supplement that could have a direct and material effect on each of the Organization's major federal programs and state projects for the year ended June 30, 2019. The Organization's major federal programs and state projects are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs and state projects based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of *Title 2 U.S. Code of Federal Regulations (CFR), Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the "Uniform Guidance"), and *Chapter 10.650, Rules of the State of Florida Auditor General*. Those standards and the *Uniform Guidance* and *Chapter 10.650* require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program and state project occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Program and State Project

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended June 30, 2019.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program and state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and state project and to test and report on internal control over compliance in accordance with the *Uniform Guidance* and *Chapter 10.650*, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the *Uniform Guidance* and *Chapter 10.650*. Accordingly, this report is not suitable for any other purpose.

Warren Averett, LLC

Tampa, Florida
September 26, 2019

PACE Center for Girls, Inc. and Affiliates
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019

Section I - Summary of Auditors' Results

Financial Statements

Type of auditors' report issued		<u>Unmodified</u>	
Internal control over financial reporting:			
Material weakness(es) identified?	Yes _____	No _____	✓
Significant deficiency(ies) identified?	Yes _____	None Reported _____	✓
Non-compliance material to financial statements noted?	Yes _____	No _____	✓

Federal and State Awards

Internal control over major federal programs:			
Material weakness(es) identified?	Yes _____	No _____	✓
Significant deficiency(ies) identified?	Yes _____	None Reported _____	✓
Internal control over major state projects:			
Material weakness(es) identified?	Yes _____	No _____	✓
Significant deficiency(ies) identified?	Yes _____	None Reported _____	✓
Type of auditors' report issued on compliance for major federal programs and state projects		<u>Unmodified</u>	
Any audit findings disclosed that are to be reported in accordance with <i>the Uniform Guidance</i> and <i>Chapter 10.650(1)(h) of Rules of the State of Florida Auditor General</i> ?	Yes _____	No _____	✓

Identification of major programs:

<u>CFDA Number</u> 10.553 / 10.555	<u>Name of Federal Program</u> National School Breakfast and Lunch Program
<u>CFSA Number</u> 80.007	<u>Name of State Project</u> Practical and Cultural Education (PACE) Center for Girls - Prevention and Victim Services

See independent auditors' report.

**PACE Center for Girls, Inc. and Affiliates
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2019**

Section I - Summary of Auditors' Results (continued)

Dollar threshold used to distinguish between Type A and
Type B major federal programs \$ 750,000

Dollar threshold used to distinguish between Type A and
Type B major state projects \$ 750,000

Auditee qualified as low-risk auditee? Yes No

Section II - Financial Statement Findings

None

Section III - Federal Award Findings and Questioned Costs

None

Section IV - State Award Findings and Questioned Costs

None

Section V - Other Issues

There were no prior audit findings on compliance for each major program, or internal control over compliance, with the requirements described in *Title 2 U.S. Code of Federal Regulations (CFR), Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and *Chapter 10.650, Rules of the State of Florida Auditor General*.

See Independent Auditors' Report.



**Reimbursement Template
Summary of Expenses**

For each unbudgeted/unplanned, but COVID-19 related expenditure, provide the following:

- Receipt or invoice for the purchase
- Method of payment for the purchase
- If paid via credit card or credit arrangement, provide a copy of the credit card statement with the appropriate charge (for security REDACT most account numbers)
- Include bank statement demonstrating paying of credit card (for security REDACT most account numbers)

You may add additional rows to the table below in order to properly document expenses. Keep items and documentation in the item order in your summary chart to easily follow the documentation.

Item Number	Quantity	Item Description	Total Cost
1	1	Breakfast and lunch delivered to 20 ILE girls enrolled at Pace Pinellas	\$1,729.08
2	1	Updated laptops for 40 girls to appropriately utilize telehealth services during ILE.	\$32,437.41
3	1	40 protective cases for 40 laptops	\$950.21
4	1	Salary increase from part-time to full-time for Administrative Assistant	\$23,008.10
5	1	Upgraded Doxy.me service for five counselors for April-October	\$1,050
6	1	Disposable cell phones, monthly fees, and airtime for three counselors for four months	\$534.60
7			
8			
9			
10			
11			
12			

13			
14			
15			

Total Reimbursement Request: \$ 59,709.40



CONTINUITY OF OPERATIONS PLAN (COOP)

2020-2021

INTRODUCTION AND PURPOSE

Pace Center for Girls, Inc. (Pace) is committed to ensuring that employees are sufficiently prepared to manage all hazards and emergencies. The objective of this Continuity of Operations Plan (COOP) is to ensure that Pace can continue mission essential functions across a wide range of potential hazards and emergencies, through plans and procedures that ensure the safety and well-being of employees, girls and visitors.

Pace has Emergency Response Plans both at the National Office level and each Pace Center that address potential emergency situations and outline action steps to be taken.

ESSENTIAL EMPLOYEES

During certain emergencies, essential employees are necessary for continuity of services and to enable employees to work remotely and provide support to all Pace locations. Essential employees must be available by cellular phone during emergencies that require facilities to be vacated. Essential employees include, but are not limited to:

- Executive Leadership Team
- Regional Executive Directors
- Executive Directors
- Senior Director of Compliance and Risk
- Senior Director of Information Technology
- Director of Finance/Comptroller
- Director of Organizational Development
- Director of Brand Strategy
- All IT employees
- All Facility employees
- Benefits and Payroll Manager

ESSENTIAL FUNCTIONS

- Communications – a variety of communication methods are in place, including Pace Intranet, telephone trees, and social media. Based on emergency response needed, the Executive Leadership Team (ELT) determines the schedule and type of communication as well as essential employees to be included in the communications.
- Alternative locations – all Pace centers should have alternative locations in the event the main location is inaccessible.
- Continuity of learning – plans are in place to initiate virtual education and social services, with equipment loans available for girls if needed.
- Continuity of meals – plans are in place to ensure that meals are provided to girls as needed.

LEADERSHIP AUTHORITY

Leadership authority within Pace Center for Girls, Inc., lies with the Executive Leadership Team (ELT) consisting of the President & CEO, Chief Business Officer, Chief Operating Officer, and Chief Advancement Officer. Should all ELT members become unable or unavailable to exercise their duties, assumption of authority will lie with the Regional Executive Directors.

At Pace Centers, leadership authority during an emergency situation lies with the COO in conjunction with the Regional Executive Director and the Center management employees.

COMMUNICATION

- During an emergency, the following means and methods of communication will be used:
 - Computerized Emergency Alert System (CAS): An automated communication that sends mobile and email alerts simultaneously in emergency situations. The CAS will be layered to notify Executive Leadership prior to alerting all employees.
 - Cellular phones and texting will be used during facility closures.
 - The intranet, pacecenter.org, and/or social media will house updated information during facility closures.
 - Each center will maintain up-to-date lists of an employee phone tree for communication needs.
 - Each center will maintain up-to-date lists of names/addresses and telephone numbers of all enrolled girls as well as guardian(s).
- The Sr. Director of Compliance and Risk Management or the Associate Director of Compliance will notify the Department of Juvenile Justice (DJJ) by emailing the current DJJ contract manager and calling the Central Communication Center at 1-800-355-2280.
- All inquiries from the media during or after an emergency will be addressed by the Chief Advancement Officer. In the event the Chief Advancement Officer is not available, the President & CEO will be consulted prior to releasing any information to the media.

VITAL RECORDS MANAGEMENT

The Pace Information Technology Services Department has authority and responsibility to ensure proper policies and procedures are developed and followed for the security of all Pace files and records stored on Pace equipment and servers.

Pace Centers must ensure that plans are in place to secure any paper files and records in the event of emergencies and virtual working environments.

NECESSARY EXPECTATIONS WHEN THE COOP IS ACTIVATED

Pace has policies, procedures, formal plans, and trainings to ensure the following:

- Employees have access to health care plans as well as EAP.
- Employees continue to receive payroll and benefits as established by Pace.
- Employees have a clear understanding of what they are supposed to do in an emergency through training and exercises.
- Girls and families have a clear understanding for the continuity of learning expectations.
- Accommodations and modifications for employees with disabilities and special needs are identified and provided.
- Services necessary for girls with IEPs are identified and provided during prolonged school interruption.
- Girls eligible for medical and food services are provided with continued services.
- Employees with “essential function” responsibilities are trained in advance and are kept continually informed.
- Employees receive continued communication from the President & CEO of Pace or designee.
- The Senior Leadership Team (SLT), consisting of the Pace National Office Directors and Senior Directors, is responsible for ensuring guidelines are in place for virtual work environments to include:
 - HIPAA guidelines during virtual education and social services appointments
 - Ensuring security is maintained at each Pace Center location
 - Guidelines for virtual work to ensure ease of operations

RECONSTITUTION OPERATIONS

The resumption of normal operations and restoration of the learning environment is dependent on the type of emergency situation. The COO along with ELT and SLT will construct a plan to restore Pace Centers to normal day-to-day operations and to develop communication plans to ensure employees, girls and their families are notified.



EMERGENCY PREPAREDNESS PLAN

2020-2021

INTRODUCTION AND PURPOSE

Pace Center for Girls, Inc. (Pace) is committed to the safety and well-being of employees, girls, volunteers, and visitors. The objective of this Emergency Preparedness Plan is to outline measures that Pace has put into place to ensure that employees are sufficiently prepared to manage all hazards and emergencies.

PLANNING

Emergency Response Plans, both at the National Office level and each Pace Center, outline action steps to be taken in the following potential emergency situations, as well as recovery and resumption of services, if needed:

- Suicide Ideation
- Overdose Response
- Threat Assessment
- Weather-related:
 - Tornado
 - Hurricane/Tropical Storm
 - Floods
- Fire
- Medical Emergencies
- Communicable Disease/Pandemic Illnesses
- Hostage Situations
- Bomb Threat
- Suspicious Letter, Package or Object
- Weapons/Armed Students
- Drive-by Shooting
- Active shooter
- Riots
- Chemical Accidents

Continuity of Operations Plan (COOP) provides directions for the continued operations of all Pace Centers during emergency situations. It stipulates essential employees, essential functions, and delegation of authority for assumption of leadership if needed.

All plans are reviewed annually and updated as necessary.

These plans are available to all Pace employees, girls, volunteers and visitors via the Pace Intranet or upon request.

TRAINING AND EXERCISES

- All employees receive CPR, AED and first aid training and are recertified every two years.
- All employees and girls are trained on evacuation and sheltering procedures in the event of emergencies.
- Employees and girls participate in unannounced monthly fire drills and emergency response drills at a minimum quarterly. Active shooter drills are held quarterly. At least one of the quarterly emergency drills simulates a medical emergency such as the administration of CPR or other major medical emergency procedures such as overdose, choking, bleeding, allergic reaction, burns, etc. All drills are documented on appropriate forms.
- Girls receive emergency procedure training during the intake process.
- Employees receive emergency procedure training during new-hire orientation, which includes at a minimum:
 - Operation of the fire alarm system and automatic detection system
 - Proper use of all available fire protection equipment
 - Location of first aid kits, AEDs, fire extinguishers and fire alarms
 - Review of evacuation plans
 - Information on fire and emergency drills.

PROTECTIVE MEASURES

- **First Aid Kits**
 - All Pace locations and fleet vehicles have a first aid kit that meets American National Standards Institute (ANSI) requirements, which are enforced by the Occupational Safety and Health Administration (OSHA) requirements.
 - Each first aid kit must be adequate for the number of people occupying the building area or vehicle where the kit is located.
 - First aid kits are inspected monthly to ensure they are fully stocked, in good condition, and items have not expired.
- **Automated External Defibrillator (AED)**
 - AEDs are accessible to everyone and highly visible, with unobstructed access
 - AED signage is mounted on a wall to ensure clear sightlines
 - AEDs are inspected and tested monthly to ensure they are fully stocked and are working properly.
- All Pace employees are made aware of the location of first aid kits and AEDs.

- Requirements for first aid kits and AEDs are outlined in Pace Administrative Policy PA1.26.
- **Emergency Supply Kit**
Each Pace Center maintains an emergency supply kit as stipulated in Pace Administrative Policy PA1.03.
- **Emergency Phone Numbers** such as 9-1-1, local fire department, hospitals, Poison Control and the police department are included in the Emergency Response Plan and are posted near phones throughout all Pace Centers.
- **Egress Plans** showing the locations of exits, first aid kits, AEDs, and other emergency equipment are included in the Emergency Response Plan and posted in every classroom, office area, common area, and hallway of all Pace locations.

COMMUNICATION

- **Communication Methods**

During an emergency, the following means and methods of communication are used:

- Computerized Emergency Alert System (CAS): An automated communication that sends mobile and email alerts simultaneously in emergency situations. The CAS is layered to notify Executive Leadership prior to alerting all employees.
- Cellular phones and texting are used during facility closures.
- Walkie-talkies (long distance capability) are used during system failures.
- The Intranet, pacecenter.org, and/or social media house updated information during facility closures.
- Scheduled phone conferences are used when possible to keep staff informed and up to date on the emergency situation.

- **Emergency Response Codes**

Pace Centers utilize a three-code system that notifies all employees there is an emergency on site, or within the immediate area:

CODE RED – Stop and stay

- Remain in current location until further instructed
- Lock door(s)
- Close blinds and stay away from windows

CODE YELLOW – Stay and take caution

- Remain in current location until further instructed
- Exercise care

CODE GREEN – Exit the building following the evacuation plan

- **Emergency Contact Lists**

- All Pace locations maintain current emergency contact information and Phone Trees for employees. This list is provided to all employees and is included in the Emergency Response Plan.
- An Emergency Notification Roster is maintained in each Pace Center for the girls in care as well as their parents/guardians, and appropriate employees are provided a copy of this roster for use in disaster or emergency situations.
- Each center maintains a roster of guests to ensure all visitors within the facility are accounted for during emergency situations or evacuations.

- **Safety Committees**

Safety committees are used to determine if there are emerging risks in Pace's facilities and safety precautions that should be implemented.



Pace Center for Girls of _____

Emergency Response Plan

2020-2021

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INTRODUCTION AND PURPOSE

Pace _____ is committed to the safety and well-being of girls, employees, volunteers and visitors who are present in the facility in the event of an emergency, external/internal threat, or severe weather. This plan will outline the steps to be taken to prepare or respond to an emergency affecting Pace_ _____.

LEADERSHIP AUTHORITY

Leadership authority during an emergency lies with the Executive Director and the Center management employees.

The Executive Director/Center management employees shall be responsible for assigning employees to perform specific duties during an emergency.

GENERAL EMERGENCY PROCEDURES

In the event of an emergency situation, girls and employees will be notified by Center leadership as soon as possible (after ascertaining the validity and true nature of the emergency). When warranted, girls will be notified either through advisor/classroom announcements, general assembly or via the communication system. When necessary, written notification of an emergency situation will be given to the girls to take home to their parents/guardians to make them aware of the occurrence. Depending upon the severity/nature of the situation, parental contact may be made via telephone by assigned employees to inform parents/guardians of the situation.

In the event of an emergency or crisis, phone calls received at the Pace center shall be answered in a courteous and calm manner. **Employees are not to transmit messages of insecurity or fear to a caller and are not to provide information unless instructed to do so by the Executive Director or designee. All news media inquiries must be coordinated through the Chief Advancement Officer at the Pace National Office.**

Employees are to ensure that the girls remain calm. Employees are to be in control of the girls' environment as emergency procedures are initiated. If the facility is to be evacuated, employees will ensure that girls are provided with the resources and services needed to return home.

Employees not assigned to supervising girls will be assigned to securing the facility, student records, computers including back-up hardware and software, petty cash funds, checkbooks, vehicles, keys, etc.

PROTECTIVE MEASURES

- Emergency/Disaster Supplies
 - An Emergency Supply Kit shall be maintained using the Emergency Supply Checklist (PA006) and all employees shall be made aware of the location of the kit.
 - A First Aid Kit shall be maintained using the First Aid Kit Checklist (BSRM002) with all employees aware of the location.
- Emergency Contact Lists
 - Center Administration shall maintain current emergency contact information for employees and Emergency Phone Tree (Appendix B).
 - All employees are provided a copy of the Emergency Phone Tree and contact information to expedite communication needs.

- An Emergency Notification Roster (Form PA017-Appendix C) will be maintained for the girls using information on the Emergency Notification Form (Enrollment Form 003) and appropriate employees will be given a copy of the roster for use in disaster or emergency situations.
- Designated Pace employees are to be prepared with a current telephone list for girls assigned to their care to inform them if the Pace Center will be closed or open for operation.
- Training and Exercises
 - All employees and girls will be trained on evacuation and sheltering procedures in the event of emergencies.
 - Employees and girls will participate in unannounced monthly fire drills and emergency response drills at a minimum quarterly. At least one of the quarterly emergency drills will simulate a medical emergency such as the administration of CPR or other major medical emergency procedures such as overdose, choking, bleeding, allergic reaction, burns, etc.
 - Girls will receive emergency procedure training during the intake process. New employees will receive emergency procedure training during new-hire orientation.
- Annual Review - The plan shall be reviewed and updated annually.

NOTIFICATION PROCEDURES

Notification and Incident Reporting - Once all girls, employees and visitors are safe, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

Parent/Guardian Notification - If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Notification of Property Damage

- The Executive Director or designee shall contact the Compliance and Risk Department at the Pace National Office to start the process of insurance company notification. Any damage, no matter how minor, must be reported. If possible, pictures should be taken to document the property damage.
- A Vehicle/Facility/Liability Report Form (BSRM014) must be completed the same day of the incident.
- The printed, signed form as well as photographs must be emailed to the National Office Compliance and Risk Department on the date the Incident Report is completed, if possible.

MEDIA INQUIRIES/PUBLIC RELATIONS

In the event of a disaster or emergency, Pace employees are not to comment, answer questions or engage in conversations with representatives of the media. All inquiries from the media relating to an emergency must be coordinated through the Chief Advancement Officer at the Pace National Office.

In the case of media involvement as result of an emergency, Pace employees will ensure the privacy of the girls and families.

Media personnel will be contained in a designated area. Unless approval is given by the Chief Advancement Officer, media are not to have free access to the Pace campus.

Pace employee(s) can legally deny access or request the press to leave the Pace Center if deemed necessary. If access is granted, members of the media will be required to show proper identification, wear visible nametags, and if girls are present, go through Raptor.

Press representatives will be required to sign the guest log and Pace employee(s) will remain with them at all times.

CCC must be notified within two (2) hours of occurrence.

EMERGENCY RESPONSE CODES

- ✓ Pace Center for Girls, Inc., has a three-code system consisting of CODE RED, CODE YELLOW, and CODE GREEN that notifies all employees there is an emergency on site, or within the immediate area.
- ✓ Depending on the severity of the situation, employees will initiate the appropriate code via telephone intercom, hand-held intercom radio, or fire alarm to ensure all employees are aware of the potentially dangerous situation.
- ✓ Upon hearing the code announcement, all employees with girls in their care are to take the appropriate response as follows:

CODE RED – Stop and Stay

- Remain in your current location until further instruction
- Lock your door(s)
- Close your blinds and stay away from windows

CODE RED signifies the need to stop and stay and is also known as a LOCK DOWN. Employees will remain with girls and visitors in their current location, lock their door(s) and close the blinds. Employees and girls are to remain in the room away from the windows and out of sight of the door window vent, sitting on the floor below window level until further instruction is given. Employees will report any missing girls using their hand-held intercom radios. Employees without girls will secure themselves in their present location unless they are called upon for assistance. A CODE RED will be used in the event of an intruder, hostage situation, disturbance in the immediate area, and/or weapon on campus. The facility will remain in CODE RED/lock down until supervisors notify employees that the CODE RED alert has been lifted.

CODE YELLOW – Stay and Take Caution

- Remain in your current location until further instruction
- Care is to be exercised

CODE YELLOW signifies the need to be cautious. Employees, girls and visitors will remain in their current location until otherwise notified. A CODE YELLOW will be used in the event of a chemical spill, altercation/fight between girls, emergency medical situation or other event that does not call for complete evacuation or locking of doors, but caution and care are to be exercised. Girls will be instructed by employees to remain in their designated area until the CODE YELLOW alert has been lifted. Designated center leadership will respond to the situation.

CODE GREEN – Exit the Building

- All employees, girls and visitors must exit the building
- Employees will accompany girls and visitors in their area to a meeting location outside the facility
- Follow the evacuation plan
- Take attendance immediately

CODE GREEN signifies that all girls, employees and visitors are to evacuate/go – exit the building. In the case of a fire, the Center shall employ this code via the fire alarm by pulling one of the nearest fire alarm pull stations. In the case of any other emergency where the facility must be evacuated, notice and instruction will be given via the overhead paging system and hand-held intercom radios. Employees will accompany girls that are assigned to their care to the designated safety area outlined in the Emergency Evacuation Plan. The evacuation procedure will be followed for taking attendance. Employees will follow any other directives given by the Executive Director or designee. CODE GREEN will be used in the event of fire, flood, bomb threat or other dangerous situation requiring facility evacuation.

- ✓ Girls, employees and visitors are to remain in the appropriate location to wait for further instruction. No one should be sent away from his or her group to get information. Use of the telephone should be for emergencies only. Cellular phones will be used to contact emergency support systems e.g. EMS, law enforcement, etc.
- ✓ Once the emergency/crisis has passed, the Executive Director or designee will determine when it is safe to resume normal operation of the Center. If law enforcement has been involved, the on-site official will determine if it is safe to reenter the facility or lift an emergency code.
- ✓ The Executive Director or designee will notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

EMERGENCY CATEGORIES

SUICIDE RESPONSE PROTOCOL

Every member of the Center’s community (including girls, parents, teachers, counselors, volunteers, lay and professional employees) should be aware of the potential signs of and response to self-destructive and suicidal behavior. Every center should have resource programs/services readily available to girls, parents and employees for local/county hospital, local police precinct, local fire department station, and community health agencies that respond to suicidal behaviors and 24-hour crisis hotlines and support services. The response protocol for suicidal ideation (Appendix G) outlines steps employees should take to ensure the physical, emotional and mental safety of the girls in care when a girl reports suicidal ideation, attempts suicide, requires safety planning or is transitioning back to school after a Baker Act

OVERDOSE RESPONSE

An opioid overdose needs immediate medical attention. The Steps for Overdose Response (Appendix H) outlines the signs of opioid overdose and action to be taken if an overdose is suspected.

THREAT ASSESSMENT

Pace's approach is to help prevent violence by identifying problems early on, before they escalate into threatening and violent incidences. A Threat Assessment Manual has been developed which establishes procedures and practices for violence prevention and assessing incidences Appendix I – Threat Assessment Flowchart outlines how potential threats are assessed and the level of threat is determined.

TORNADO

A **tornado watch** means tornadoes could potentially develop. A **tornado warning** means a tornado has been sighted.

When the National Weather Service (NWS) announces a **tornado watch**, administrative employees will monitor social media (iPhone, etc.) and/or television weather broadcasts for updated information. Should a **tornado warning** be issued, all girls and personnel will be notified via the paging system.

In the event a **tornado warning** is issued, all employees, girls, and visitors are to gather in hallways or in one of the tornado designated areas (any interior room without windows). Everyone should remain calm, crouch on the floor with heads down and covered, facing the wall. When the tornado has passed and/or the warning is lifted, the Executive Director/designee shall assess any casualties, injuries and facility damage. Contact will be made with law enforcement, EMS, and other disaster support systems for assistance, if needed. Employees trained in CPR and First Aid will administer assistance as deemed necessary.

Employees will be divided among the girls and visitors as they are assigned to various designated safe places in the facility. Employees will ensure that all girls and visitors are accounted for by using the daily student attendance roster and the visitor log.

First aid kits, flashlights, radios, and batteries should be stored in the designated safe areas, and employees will distribute these items as necessary.

Center Leadership employees will monitor the weather to determine when the crisis has passed and notify employees to leave the safe areas.

Center Leadership employees will inspect the building and determine if it is safe to return to classrooms or if the building needs to be evacuated by following fire evacuation procedures and whether the girls and employees and any visitors should be moved to a safer location.

If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Once all girls, employees and visitors are safe, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

HURRICANE – TOPICAL STORM

Tropical Storm – A tropical storm has maximum sustained surface winds ranging from 39-73 mph. A **tropical storm watch** is issued when tropical storm conditions pose a possible threat to a specified coastal area within 48 hours or less. A **tropical storm warning** is issued when tropical storm conditions are expected in a specified coastal area within 36 hours or less.

Hurricane – A **hurricane watch** is issued when a hurricane becomes a threat to a coastal area. A **hurricane warning** is issued within 36 hours when winds are 74 mph or higher, or a combination of dangerously high water and rough seas are expected in the area within hours.

At the time of enrollment, parents/guardians and girls are advised to follow social media and television media reports for announcements of public-school closings from the _____ County School Board in the event of a storm-related emergency.

To inform girls and families of Hurricane Preparation and Procedures, Pace _____ will send an informational letter home with girls. The letter will include details on Pace operating procedures before, during and after storm watches and warnings, contact information for when the facility is closed, and information relative to program relocation, should it be necessary. Pace _____ will remain closed for girls until the _____ County School Board resumes classes providing the facility is fully operational.

In the event a tropical storm/hurricane watch or warning is issued by the National Weather Service:

- If a **tropical storm/hurricane watch or warning** is issued when area schools are open-
 - The Executive Director or designee will contact the _____ County School Board to determine if the public schools are dismissing at the regular time. If schools are dismissing early, Pace will ensure that every girl is returned home safely. Parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.
 - If the decision is made to close the facility, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.
- In the event a **tropical storm/hurricane watch or warning** is issued when area schools are closed during the weekend, holidays, and evening hours –
 - The _____ County School Board and _____ County Emergency Management Agency will notify the community via local media on school status. The Executive Director and/or designee will initiate a telephone chain system for employees. Pace employees will contact girls and families/guardians under their care.
 - If the decision is made to close the facility, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

Facility Preparation:

- Electronics
 - Turn off/shut down and unplug all electronic equipment including computers, servers, networking equipment, copiers, televisions, etc.
 - Place all equipment on tables or desks and off the floors and away from windows.
 - Notify the National Office IT Department, which will then notify the internet/phone company why they are alerted to an alarm at the center location.
 - Check with IT to ensure all server data is backed up at the National Office in case of a power loss.
 - Contact numbers: (each center has different IT rep)

 - Matthew Parks, Sr. Director of Information Technology – Office 904-421-0896,
Mobile 904-352-9687
- Medication

Any medications stored for girls will be returned to each girl before closure of the facility.
- Kitchen/Cafeteria
 - Remove all perishable food items from the refrigerator in the event of long-term power loss.
 - Inventory and replenish the Center’s disaster kit for needed supplies (Form PA006- Emergency Supply Checklist).
- Vehicles

Pace owned/leased vehicles should be locked and stored as securely as possible.

After the storm:

- If electrical power is lost for several days at Pace _____, alternative arrangements will be made to get required tasks completed (e.g. contact girls from home, conduct emergency home visits, etc.).
- Once electrical power and telephone services are restored to Pace _____, the phone service will be activated in order that messages can be recorded and retrieved.
- If an employee is unable to get to work safely, they are to maintain contact with their supervisor to inform and/or update them of their current status.
- If any questions and concerns arise, employees are encouraged to contact their supervisor. Common sense should be utilized always keeping in mind to follow the close direction of the local/ community emergency management systems.
- In the event of severe damage precluding occupancy, the program will be relocated to the Alternate Location (Appendix J) or virtually.
- The Executive Director will activate the phone chain to provide 24-hour notice for the resumption of programming. If phone lines are down, employees will be instructed to report to the Center for further instruction on the following workday, only if it is safe for them to travel. If relocation is required, visible signage will be posted at the Center with alternative location information.

- If the Center phone system is not working, the Executive Director or designee will use social media or cellular phones and notify local media regarding the status of programming and alternative site information as necessary. Girls and their families/guardians are instructed to listen to the media and to follow the schedule issued by _____ Schools.
- If the Center is required to resume programming at an alternative site, designated employees will contact their assigned girls. Relocation information will be included in the phone system automated attendant and/or included on social media and/or local media for status updates. Signs will be placed on the entrance doors if a relocation site is established. Providing it is safe to do so, a Pace employee will be on the premises to direct girls/families/guardians to the alternative site.

FIRE SAFETY AND EMERGENCY EVACUATION PROCEDURES

The Pace _____ Center shall meet all regulations and standards in accordance with the local and state fire safety authorities and Pace Center for Girls, Inc. policies and procedures.

Local, State and Pace Regulations and Procedures:

- A qualified and licensed contracted company shall inspect fire extinguishers, the fire sprinkler system (if applicable), and the fire alarm system annually. The Center will test the fire alarm system monthly during fire drills.
- The _____ Fire Department telephone number and/or 9-1-1 shall be posted near all facility telephones. In the event facility phones are inoperable, employees will access emergency assistance using their cellular phones.
- All fire exits shall be clearly marked with signs that are appropriately lit.
- Fire exit evacuation plans shall be properly posted in all general rooms and classrooms of the facility.
- Girls and employees shall be informed of fire and emergency evacuation procedures during their orientation process.
- Monthly fire drills shall be held and documented by Pace _____ employees. Employees shall be instructed annually in the use of fire extinguishers by a trained professional.

Response to Fire Related Emergencies

- In the event of a fire:
 - Activate the nearest fire alarm pull station and call 9-1-1
 - Evacuate the building
- If you see smoke or flames: Use **CARE**
 - **C**ontain the fire by closing all doors as you leave
 - **A**ctivate the nearest Fire Alarm
 - **R**eport the fire by calling 9-1-1
 - **E**vacuate or extinguish the fire (in most cases, it is best to evacuate)
- All employees, girls and visitors will remain away from the building until Fire and Safety Units arrive to determine the facility's condition.

- Depending on the severity of the situation, a designated employee will inform adjoining neighbors to evacuate their properties as well.
- If the situation permits, fire extinguishers may be used to put out fires. Use a fire extinguisher only after girls are evacuated and only if:
 - You have been trained
 - You have access to an unobstructed exit
 - You have a fully charged and proper type unit for the fire you are fighting
 - The fire is contained, and you have reported the fire by Fire Alarm or 9-1-1 activation
 - There is little smoke or flames
- Never fight a fire if:
 - You lack a safe way to escape should your efforts fail
 - It has left its source of origin
 - You are unsure of the type of extinguisher you need or have
 - If you cannot control the fire within 5 seconds, abandon your efforts, close the door, and evacuate
- When the fire alarm has sounded, all employees are responsible to evacuate their classrooms and offices, close doors (leaving doors unlocked) and guide girls and visitors out of the building in a quiet and orderly manner to the evacuation meeting location (Appendix I). If the evacuation meeting location is unacceptable for safety and logistics reasons, the Executive Director or designee will direct the girls, employees and visitors to an alternative site. A gathering location may also be chosen by the fire/emergency personnel in which case employees and girls are to follow their instructions.
- During a fire-related evacuation, employees are to remain calm and to supervise their girls and visitors throughout the entire emergency situation. Employees are to ensure all girls move directly toward the designated fire exits and nowhere else in the facility. Employees and girls are not permitted to return to their classrooms or offices once a fire alarm has been activated.
- Once outside the building, employees will account for all girls that were under their care when the evacuation order was given.
- After evacuation, no re-entry will be made unless an “All Clear” has been given by fire/emergency personnel.
- A report will be collected as soon as possible from the attending fire department.
- If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Once all girls, employees and visitors have safely evacuated the facility, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. A report will be collected as soon as possible from the attending fire department. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

MEDICAL EMERGENCIES

If a girl, an employee or a visitor is injured or becomes ill:

- Stay calm.
- Dial 9-1-1 and explain the type of emergency, the location, conditions, and number of victims.
- Inform the dispatcher of any safety hazards (chemical spill, fire, fumes, etc.)
- Do not hang up unless told to do so by the dispatcher.
- Do not move the person unless there is an immediate danger to life and health situation or danger of further injury if person is not moved.
- Render First-aid, CPR/AED only if you have been trained.
- Do not leave the injured person except to summon help.
- Comfort the person until emergency medical services arrive.
- Another employee should wait outside the building to flag down the emergency medical services when they reach the facility.
- The Executive Director shall be notified immediately when 9-1-1/EMS has been called.
- Parents/guardians or family members shall immediately be notified, and an Incident Report prepared and submitted in accordance with Pace and DJJ Policy with a notation in the girl's file, if applicable. CCC must be notified within two (2) hours of occurrence.
- Emergency protocols for injury or illness to one or more of our girls are contained in Appendix D.
- If several girls are involved in the medical emergency, notify the Chief Operating Officer and the Compliance and Risk Management Department at the Pace National Office.

COMMUNICABLE DISEASE/PANDEMIC ILLNESS

Among the many emergencies to which Pace centers must be prepared to respond is the possibility of a local and community-wide infectious disease outbreak. While it is difficult to predict if or when an illness will rise to an epidemic or even pandemic level, there are steps that Pace centers can take to work collaboratively and effectively with local and state authorities in order to limit the spread of disease and to provide safe learning environments.

When a potential threat exists, local media should be monitored for information and updates. The Center for Disease Control website (CDC.gov) and the local health department website are also good sources for information.

Public Health Actions

- Encourage girls to engage in health-promoting behaviors that prevent spread of illness:
 - Practice social distance or isolate as advised by the CDC.
 - Wear face mask if directed by the CDC.
 - Wash hands multiple times a day for at least 20 seconds.
 - Use hand sanitizer as directed by the CDC.
 - Refrain from touching your face.

- Do not share food or drinks or any items.
- Practice giving fist or elbow bumps instead of handshakes; fewer germs are spread this way.
- Encourage employees and girls to eat a balanced diet, get enough sleep, and exercise regularly to help develop strong immune systems capable fighting illness.
- Practice activities that help reduce the spread of infectious diseases:
 - Provide training about transmission and control measures. Train employees and girls to cover their mouths with a tissue when they sneeze or cough and throw out the tissue immediately, or to sneeze or cough into the bends of their elbows.
 - Educate employees, visitors, and girls not to come to the center if they have symptoms.
 - Reinforce to families to keep sick girls home.
 - Reinforce procedures for how the center is notified if a girl is sick. These procedures should include letting the center know why the girl has been kept home to be able to track symptoms.
- Attend to the building itself. For example:
 - Consider changing the air conditioning filters.
 - During the day, where possible, increase ventilation.
 - Following each school day, the building should be thoroughly ventilated and cleaned. Ventilating can be done by opening all doors and windows or turning the air conditioning or heating systems up.
 - To prepare for disease outbreaks, identify a main entrance and an indoor area where girls and employees can be screened prior to moving to classrooms or other areas of the building.

Medical Actions

- Identify areas within the building that can be used for isolation and quarantine.
- Inventory and replenish infection-control supplies, if needed.
- Isolate and send home employees or girls with symptoms, utilizing supervised quarantine areas in the building. Access to this room should be strictly limited and monitored (i.e. parents/guardians picking up ill girls should be escorted to and from the isolation area).

The following procedures and activities should be followed in suspected communicable/infectious disease situations:

- If a Pace employee has reason to believe a girl has a communicable infectious disease (other than HIV/AIDS), the information shall immediately be reported to the Executive Director/designee.
- If the girl is in school, she should be removed from the classroom and isolated.
- The Executive Director/designee will notify the parents/guardians and recommend that the girl see a physician, if not already seen for this condition.
- Upon receiving confirmation that the girl has a communicable/infectious disease, report this information to the Chief Operating Officer, the Regional Executive Director and the Compliance and Risk Management Department at the Pace National Office. CCC must be notified within two (2) hours of occurrence. The local county health department should be notified with reportable diseases.
- The county health department will advise if a letter should be sent home, or if any action steps are required at the center.

- In some instances, a girl returning to Pace after being out with a communicable/infectious disease (except HIV/AIDS) must provide a healthcare provider's note indicating the girl is no longer contagious and may return to classes.
- If an Employee is believed to have a communicable infectious disease (other than HIV/AIDS), the information should be reported to the Executive Director or Regional Director for appropriate action.

HOSTAGE SITUATIONS

Hostage situations are among the most serious and complex incidents which impact schools. Usually, perpetrators are either mentally ill, political or religious extremists, or fleeing criminals seeking a hiding place. Typically, the hostage taker is agitated and unpredictable. Consequently, he/she should be considered extremely dangerous.

All Pace employees must be prepared to carry out plans in the event of a hostage situation at Pace or in the community. In the event of this incident occurring, the following actions should be taken to maintain the safety of all girls and employees.

Use the Hostage Call Checklist to gather information (Form PA019-Appendix F).

Immediate response

- Call 9-1-1
- Notify the Executive Director/designee
- Initiate CODE RED
- Follow police direction
- Goal is to de-escalate the situation
- Try not to allow additional hostages to be taken
- Compartmentalize (contain) the situation to one area if possible; try not to allow the situation to go mobile. Utilizing active listening skills is crucial to de-escalating hostage situations.

What to do outside of the hostage area

- If hostage situation develops, call 9-1-1. When talking with the dispatcher be sure he/she understands clearly that there is a hostage situation in progress that (if applicable) involves school children.
- Immediately cordon off the area where the hostage situation is located. Attempt to evacuate everyone (except the hostages) from the immediate area. Do not attempt to evacuate everyone if it would create an even more dangerous situation or enhance the chance of injury. For example, if a hostage is being held in a classroom and the hostage taker threatens anyone who comes near him/her, do not attempt to evacuate other classrooms in the immediate vicinity of where the hostage situation is located. Classroom doors should be locked from the inside, and the occupants should remain there and be as quiet as possible.
- Make no attempt to establish contact with the hostage taker. If, however, he/she makes demands, listen carefully and do not attempt to solicit additional information. Advise the hostage taker that you will pass on the demands to the appropriate individual. This is a stall tactic; accordingly, you must be calm and convincing.

What to do if you become a hostage

- Above all else try to maintain your composure. The object is to survive; therefore, do exactly as you are told. If you become emotional, it may cause the hostage taker to become angry and even more irrational.
- Look for and mentally plan your escape route. No attempts should be made to escape, however, unless the situation seriously deteriorates or you receive such instructions from the police.
- If more than one adult is taken hostage, one person should try to serve as spokesperson for the group. Obviously, this cannot be discussed among the hostages. The rule of thumb to follow is that the oldest person present or the person with the most composure should respond to questions from the hostage taker.
- If girls are included as hostages, make every effort to keep them calm. Exercise firm authority.
- Take no further action. Wait to be rescued or released.

If it is determined that girls not involved in the hostage situation are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

The Executive Director or designee will immediately notify the Chief Operating Officer and the Compliance and Risk Management Department at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

BOMB THREAT

If you receive a bomb threat, remain calm and obtain as much information as possible:

- The employee receiving the call should call 9-1-1 and notify the Executive Director/designee ASAP.
- The Executive Director or designee will immediately initiate a CODEGREEN.
- In case of system failure, if possible, signal or pass a note to another employee to help notify authorities.
- The employee receiving the call should complete the Bomb Threat Checklist (Form PA-018, Appendix E).
- DO NOT use cellular phones or radios, as those signals have the potential to detonate a bomb.
- Once an evacuation order has been issued, employees will exit the facility with girls following the fire evacuation plan.
- Once outside the building, employees will account for all girls and visitors that were under their supervision when the evacuation order was given.
- No re-entry will be made unless an "All Clear" has been given by law enforcement or the Executive Director or designee.

- If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/ guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

The Executive Director or designee will immediately notify the Chief Operating Officer and the Compliance and Risk Management Department at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

SUSPICIOUS LETTER, PACKAGE OR OBJECT

If an employee has any reason to believe that a letter, package, or object is suspicious, immediately notify a member of Center leadership.

- Call 9-1-1.
- Provide the location and description of object.
- DO NOT touch, tamper, attempt to move or open the letter, package, or object.
- Isolate the letter, package, or object.
- Mark the location by using 12" bright tape/duct tape at eye level on the wall near the object or use a bright laminated (pre-made) arrow to pin or tape on the wall pointing towards the object.
- Initiate a CODE GREEN using the emergency alert system.
- DO NOT use cellular phones or radios, as those signals have the potential to detonate a bomb.
- Once an evacuation order has been issued, employees will exit the facility with girls following the fire evacuation plan (Appendix H).
- Once outside the building, employees will account for all girls and visitors that were under their supervision when the evacuation order was given.
- If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/ guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Characteristics of a suspicious package:

- Special deliveries, foreign mail, or air mail
- Restrictive markings such as "Confidential" or "Personal"
- Excessive postage
- Handwritten or poorly typed addresses
- Incorrect titles
- Misspelled words
- Stains or discoloration on the package

Strange sounds
Strange odors
Excessive weight
Rigid, lopsided, or uneven envelopes
Protruding wires or aluminum foil
Excessive tape or string
Visual distractions such as illustrations
No return address
Backpacks that seem out of place

Once the situation has been cleared and determined to be safe by Center leadership/designee/or First Responder, the Executive Director or designee will immediately notify the Chief Operating Officer at the

Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

WEAPONS/ARMED STUDENTS

If weapon is visible:

- STOP – DO NOT APPROACH the girl or attempt to confiscate weapon. If weapon is visible, RETREAT!
- If the threat is immediate, call 9-1-1.
- Notify the Executive Director or other Center leadership ASAP.
- Escort law enforcement to scene and work with officers as they direct.
- If recommended by law enforcement:
 - Initiate CODE RED, or
 - Initiate CODE GREEN and evacuate the building
 - DO NOT use the fire alarm system
- If evacuation order is given, employees will escort girls and visitors to the evacuation location and account for all girls that were under their care when the evacuation order was given.

If Weapon is Suspected:

- Have law enforcement bring the girl to the Executive Director's office. Ensure that at least two female employees and law enforcement officers are present in the office.
- Tell the girl calmly what is suspected and ask her where the weapon is located.
- If the girl does not produce the weapon, follow the procedure outlined in Pace Policy PA1.10- Student Searches.
- If a weapon is found, law enforcement or Executive Director/designee will make the final decision to remove the girl from the facility.
- Notify the girl's parents/guardians.

In either situation, if it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Once all girls, employees and visitors are safe, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

DRIVE-BY SHOOTING

- If shots are heard, direct girls, employees and visitors to “get down on the floor.”
- Notify the Executive Director/designee ASAP and report any injuries.
- Executive Director/designee/Center leadership will call 9-1-1 and issue CODE RED.
- Secure the building by locking doors and windows and have everyone remain on the floor.
- Upon arrival of law enforcement, follow all instructions provided.

If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Once all girls, employees and visitors are safe, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

ACTIVE SHOOTER

ACTIVE SHOOTER OUTSIDE THE BUILDING

- Seek sanctuary by proceeding to a room that can be locked. Close and lock all windows and doors and turn off all lights. If doors do not lock, try to block doors with furniture.
- If possible, get down on the floor and ensure that no one is visible from outside the room.
- Call 9-1-1 and advise the dispatcher of the events and inform him/her of your location.
- Remain in place until law enforcement or an administrator known to you gives the “All Clear.”

ACTIVE SHOOTER INSIDE THE BUILDING

- Shelter in place. Close and lock all windows and doors and turn off all lights.
- Or, if you can do so safely, exit the building.

ACTIVE SHOOTER ENTERS YOUR OFFICE OR CLASSROOM

- Try and remain calm and dial 9-1-1, if possible, to alert police of the shooter’s location.
- If you cannot speak, leave the line open so the dispatcher can listen to what is taking place.
- **Attempting to overpower the shooter with force should be considered as a last resort after all other options have been exhausted.**
- If the shooter leaves the area, proceed immediately to a safer place and do not touch anything that was in the vicinity of the shooter.

THREE ACTIONS THAT CAN BE TAKEN IN THE EVENT OF AN ACTIVE SHOOTER:

1. RUN

- If there is an accessible escape path, attempt to evacuate
- Be sure to have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave belongings behind
- Help others if possible (if others refuse to leave the vicinity, leave them)
- Call 9-1-1 when safe

2. HIDE

- Lock the door
- Blockade the door with heavy furniture
- Silence all cellular phones and instruct everyone in the room not to use their cellular phones
- Turn off any source of noise (computers, televisions, etc.)
- Hide behind large items (cabinets, desks)
- Remain quiet
- Hiding place should be out of the shooter’s view, provide protection from bullets, and not trap or restrict options for movement

3. FIGHT

Fight the shooter as a last resort after all other options have been exhausted.

- Attempt to disrupt or incapacitate the shooter
- Act with physical aggression
- Throw items and improvise weapons
- Commit to taking the shooter down, no matter what
- Distract, Disrupt and Disarm

INFORMATION TO GIVE 9-1-1

- ✓ Location of shooter(s)
- ✓ Number of shooter(s)
- ✓ Physical description of shooter(s)
- ✓ Number and type of weapons held by shooter(s)
- ✓ Number of potential victims at location

LAW ENFORCEMENT

The first responders on the scene are NOT there to evacuate or tend to the injured. They are well-trained and there to stop the shooter.

- Remain calm and follow instructions
- Keep your hands visible at all times
- Avoid pointing or yelling
- Know that help for the injured is on the way

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control and all witnesses identified and questioned. No one is to leave the safe location or assembly point until instructed by law enforcement authorities.

NOTIFICATIONS AND POST EVENT

- If it is determined that girls are to be sent home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.
- The Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director.
- Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.
- After the event:
 - Prepare a written statement for the girls to take home
 - Hold a meeting to inform and update employees
 - Hold a management meeting to debrief and assess responses
- After an active shooter experience, employees may have mental trauma. The OD Division will employ assistance as needed for mental stress.

RIOTS

DEFINITION: Riot - a tumultuous disturbance of the public peace by three or more persons assembled together and acting with a common intent.

If a Pace _____ employee is made aware of a riot situation, the incident should be immediately reported to the Executive Director or designee.

The Executive Director or designee will immediately call 9-1-1.

If the riot situation occurs in the area but not on Pace property, all girls, employees and visitors will remain inside the building until “All Clear” is given by law enforcement.

If the riot occurs on Pace _____ property, all girls, employees and visitors not involved will immediately be removed from the area. Girls must remain with a Pace ___ employee.

If it becomes necessary to send the girls home, parents/guardians will be contacted using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

Once the situation has been cleared and determined to be safe by Center leadership/designee or law enforcement, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

CHEMICAL ACCIDENTS

Anytime a chemical is purchased for use at Pace Center for Girls, it will be placed on the chemical Inventory list and a MSDS (Material Supply Data Sheet) will be obtained and kept on file (Reference Policy PA1.24).

If a girl has improperly used a chemical, employees will assess the situation, follow instructions from the MSDS, and call paramedics if necessary.

In the event of a chemical spill:

- Notify the Executive Director or designee.
- The Executive Director or designee will call 9-1-1 and relay the name of the material, location of the spill, and approximate volume of spilled material.
- Evacuate all girls from the classroom following fire evacuation procedures.
- Evacuate adjacent rooms if the spread of contamination is enough to affect them.
- Do not permit anyone to enter the spill area, contact the spilled material, or place themselves at risk unless they have appropriate training and personal protective equipment.
- Take immediate steps to prevent spilled materials from entering drains or spreading to other environmentally sensitive areas. These steps include placing absorbent materials around the perimeter of the spill and blocking drains.
- If the chemical is a toxic chemical, leave the area immediately, issue a CODE GREEN, and evacuate the building immediately. Once outside, employees will account for all girls that were under their care when the building was evacuated.
- No re-entry to the building will be allowed until the "All Clear" is given by First Responders.
- If it is necessary to evacuate the area, parents/legal guardians will be notified of the need to send their daughter home using the Emergency Notification Roster (Appendix C). If needed, contact information for girls and parents/guardians can be obtained by contacting the Pace National Office. No girl will be allowed to leave the care of Pace unless turned over to the care of a parent/guardian or a Pace employee has arranged to return the girl home or other location designated by the parent/guardian.

The Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

FLOODS

Pace _____ is located in flood zone _____, which indicates a **low, moderate or high** risk of flooding.

A **flood watch** is issued when conditions are favorable for flooding. Those in the affected area are urged to be ready to take quick action if a Flash Flood Warning is issued or flooding is observed.

A **flash flood warning** is issued when a flash flood is in progress, imminent or highly likely. Those in the affected area should evacuate immediately or move to higher ground if possible. If you are in a flood prone area, move immediately to high ground. A flash flood is a sudden violent flood that can take from minutes to hours to develop. It is even possible to experience a flash flood in areas not immediately receiving rain.

If a flash flood warning is issued while in the facility:

- Girls, employees and visitors will proceed to the safest area in the building or evacuation procedures will be initiated to return girls to their families as quickly as possible. No girl will be released until her parent/guardian has been notified by designated employees.

- Designated employees will monitor emergency radio and/or local media to see if shelters are open or if girls, employees and visitors should evacuate to a secondary location.
- Should it be necessary to evacuate the facility, girls, employees and visitors will exit the building in accordance with the fire evacuation procedures (Appendix H).
- If time permits, turn off all power at the main switch and move valuables to a higher floor or location.
- Do not attempt to cross flooded areas. Water often is deeper than it appears, and roadways can be washed out below the surface. Avoid wading in flooded areas due to possible contamination.
- If the decision is made to close the facility or if evacuation becomes necessary, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence.

If a flash flood warning is issued when area schools are closed during the weekend, holidays, and evening hours:

- The _____ County School Board and _____ County Emergency Management Agency will notify the community via television and social media on school status. The Executive Director and/or designee will initiate a telephone chain system for employees. Pace employees will contact girls and families/guardians under their care.
- If the decision is made to close the facility, the Executive Director or designee will immediately notify the Chief Operating Officer at the Pace National Office and the Regional Executive Director. Incident reports will be prepared and submitted in accordance with Pace and DJJ policy. CCC must be notified within two (2) hours of occurrence

EMERGENCY PHONE NUMBERS

Will include numbers such as local hospitals, local fire department, Poison Control, County Emergency Management, National Chemical Spill Response Center and any other contact numbers the Center would like to add.

EMPLOYEE EMERGENCY CONTACT INFORMATION/PHONE TREE

EMERGENCY PROTOCOL FOR INJURY OR ILLNESS

Situations may arise where emergency response for one or more of our girls becomes necessary. In those moments, it is important to remember to act with urgency and extreme care. The information below outlines the proper ways to respond and what is within the scope of Pace's responsibilities and constraints.

A medical emergency is a condition that involves the immediate onset of symptoms, including pain, **severe enough to lead a reasonable person with an average knowledge of health and medicine to believe that immediate medical attention is needed** to avoid serious threat to the health of the individual. Emergency conditions include sudden or extreme difficulty breathing, sudden loss of consciousness, severe bleeding, severe abdominal pain, excessive vomiting and dehydration and/or injuries to one or both eyes. When an emergency occurs, proceed as follows:

- **Call for help** A staff member with first aid training will stay with the girl and render first aid while a designated person contacts additional emergency assistance if required. If the situation is an emergency, **call 911** immediately. Center personnel should then **notify the parent or legal guardian** of the emergency as soon as possible to determine the appropriate course of action. Please report to the CCC.
- **If the parent or legal guardian cannot be reached, notify the secondary emergency contact person(s) identified by the parent/guardian at intake.**
- **DO NOT give medications** unless there has been prior approval by the parent or guardian. Follow procedures outlined in Pace's medication policy (PA1.18).
- **DO NOT move** a severely injured or ill girl unless it is absolutely necessary for immediate safety.
- **DO NOT send an injured or sick child home** unless there has been prior contact with and approval by the parent or guardian. Under no circumstances should a sick or injured girl be sent home without the knowledge and permission of the parent or guardian.
- **Upon arrival of Emergency Medical Services (EMS)**, staff should provide situational information and may provide medical history from the girls record that may be pertinent to her condition and/or treatment.

DO NOT provide any permissions or discuss treatment options on behalf of the girl. If it is necessary to transport the injured girl by EMS to a hospital or medical facility, a staff member may, though it is not required, accompany the girl for **emotional support only**. **When in doubt, err on the side of caution. The decision to transport will be made by EMS personnel after they have arrived at the scene and assessed the incident. As such, know that your choice to call 911 will not be the determining factor with respect to emergency transport, and emergency calls should be made.**

Please note that outside of an emergency, staff is not to contact physicians on behalf of a girl for any reason to include requesting advice or to report a medical situation. Additionally, all CPR/First Aid and AED training must be provided by a person certified to teach the course. When you enroll a girl that is prone to Seizures, you must receive training by a person certified to train.

BOMB THREAT CHECKLIST

TELEPHONE BOMB THREAT CHECKLIST

Instructions: BE CALM. BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.

Your Name: _____ Time: _____ Date: _____

Caller's Identity:

Sex: Male _____ Female _____ Adult _____ Juvenile _____ Approximate Age _____

Origin of Call: Caller ID Number _____ City, State _____

VOICE CHARACTERISTICS	SPEECH	LANGUAGE
<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred <input type="checkbox"/> Other	<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other
ACCENT	MANNER	BACKGROUND NOISES
<input type="checkbox"/> Local <input type="checkbox"/> Not Local <input type="checkbox"/> Foreign <input type="checkbox"/> Region <input type="checkbox"/> Race	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Emotional <input type="checkbox"/> Righteous <input type="checkbox"/> Laughing	<input type="checkbox"/> Factory <input type="checkbox"/> Trains <input type="checkbox"/> Machines <input type="checkbox"/> Animals <input type="checkbox"/> Music <input type="checkbox"/> Quiet <input type="checkbox"/> Office <input type="checkbox"/> Voices <input type="checkbox"/> Street <input type="checkbox"/> Airplanes <input type="checkbox"/> Traffic <input type="checkbox"/> Party

BOMB FACTS

PRETEND DIFFICULTY HEARING – KEEP CALLER TALKING – IF CALLER SEEMS AGREEABLE TO FURTHER CONVERSATION, ASK QUESTIONS LIKE:

When will it go off? Certain Hour _____ Time Remaining _____

Where is it located? Building _____ Area _____

What kind of bomb? _____

What kind of package? _____



HOSTAGE CALL CHECKLIST

Instructions: BE CALM. BE COURTEOUS. LISTEN. DO NOT INTERRUPT THE CALLER.
SPEAK IN A NORMAL TONE. ASK THE CALLER TO REPEAT THE MESSAGE.

Your Name: _____ Time of call: _____ Date of call: _____

Origin of Call: Caller ID Number _____ City, State _____

Exact wording of the threat:

Ask:

1. Who has been taken hostage?
2. Who are you?
3. How can we be sure you have the person(s) you say you do and that the person(s) is unharmed?
4. May I speak to the hostage?
5. What do you want from us?
6. When will he/she/they be released?
7. If we meet your demands, how do we know he/she/they will be released unharmed?
8. Where and how can we reach you?

Caller's Identity:

Sex: Male _____ Female _____ Adult _____ Juvenile _____ Approximate Age _____

VOICE CHARACTERISTICS	SPEECH	LANGUAGE
<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred <input type="checkbox"/> Other	<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other
ACCENT	MANNER	BACKGROUND NOISES
<input type="checkbox"/> Local <input type="checkbox"/> Not Local <input type="checkbox"/> Foreign <input type="checkbox"/> Region <input type="checkbox"/> Race	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Emotional <input type="checkbox"/> Righteous <input type="checkbox"/> Laughing	<input type="checkbox"/> Factory <input type="checkbox"/> Trains <input type="checkbox"/> Machines <input type="checkbox"/> Animals <input type="checkbox"/> Music <input type="checkbox"/> Quiet <input type="checkbox"/> Office <input type="checkbox"/> Voices <input type="checkbox"/> Street <input type="checkbox"/> Airplanes <input type="checkbox"/> Traffic <input type="checkbox"/> Party

Additional remarks:



Pace Center for Girls, Inc.

Response Protocol for Suicidal Ideation

CONTENTS: When a Student Verbalizes Suicidal Thoughts at Center
Suicide Ideation Response Flowchart, Grades 10th – 12th
Suicide Ideation Response Flowchart, Grades 7th – 9th
Center Re-Entry Protocol
Sample Suicide Ideation Questionnaire¹
Safety Plan
Instructions for Teachers
Document for Parents with At-Risk Students

WHO: Counselors, Center Staff, Center Administrators

WHEN: This is to be used in situations when:

- A student reports suicidal ideation (through intake assessment, written or verbally)
- A student attempts suicide
- A safety plan is needed
- A student is transitioning back to school after suicidal ideation or an attempt.

Once completed, send an email to inform the Program Director and/or Associate Executive Director/Executive Director.

Counselor will ensure all required documentation is uploaded into the Student Management System, as needed, or maintain records confidentially as required.

¹SIQ Forms Copyright 1987, by subscription, PAR, Inc., www.parinc.com

When a Student Verbalizes Suicidal Thoughts at School

(To be used by counselors, center staff and center administrators.)

Suicide Risk identified during PAT assessment at intake or suicide statement (verbal/written) is made/identified during care.

What grade is the student in?

10th – 12th

Complete the Full Suicide Ideation Questionnaire (SIQ).

***Only staff trained to complete the assessment is permitted to administer the SIQ.**

Refer to Suicide Ideation Response Flowchart for Students Grade 10th – 12th (page 3)

7th – 9th

Complete the Suicide Ideation Questionnaire – Junior (SIQ-Jr).

***Only staff trained to complete the assessment is permitted to administer the SIQ.**

Refer to Suicide Ideation Response Flowchart for Students Grade 7th – 9th (page 4)

****If a student identifies as at-risk during the PAT at intake or communicates thoughts of suicide, you **MUST** screen for risk using the Suicide Ideation Questionnaire (SIQ) or SIQ-Jr. Only staff trained in the assessment tool is permitted to administer the SIQ/SIQ-Jr. Always consult with a licensed staff and err on the side of caution.**

- **Follow the Steps outlined in the Suicide Ideation Response Flowchart based on the student's grade level**
- **Do not leave student alone**
- **Escort the student to a private location where the student can be monitored and away from other students for privacy.**
- **Notify the administrator on-site licensed professional, if available.**
- **Complete an Internal/External Referral in the Student Management System indicating the following:**
 - SIQ scoring- Above/Below Raw score threshold and/or Above/Below Critical Item threshold:
 - Date/Time parent notified
 - Safety plan completed/not completed
 - Referred/Not referred for services
 - Narrative should explain any decision making, reason for Licensed team member overriding results of SIQ/SIQ-Jr (if applicable), safety planning action steps, and other relevant information
- **Do not send student home unless released to a **parent or** medical practitioner.**
- **Document date of risk assessment, person/agency contacted and resulting plan.**
- **Follow Re-Entry Procedure and complete/implement Safety Plan upon student's return**

Suicide Ideation Response Flowchart For Girls Grade 10th – 12th

Suicide Risk identified during PAT assessment at intake or suicide statement
(verbal/written) is made/identified during care

Girl is in grade 10th – 12th, complete the Full Suicide Ideation Questionnaire (SIQ).

Only staff trained to complete the assessment is permitted to administer the SIQ.

SIQ raw score is 41+

OR

3 or more critical items have a score of 5 or higher
(critical items are: #2,3 ,4,7,8,9,13, & 18)

YES

NO

Does center have a Licensed Professional on staff?

YES

NO

- Complete *internal referral* in referral section of Student Management System
- Licensed professional further assesses

Is there a need for Baker Act?

- Complete *external referral* in referral section of Student Management System
- Notify parent

STOP HERE

YES

NO

- Contact law enforcement to complete Baker Act
- Complete Professional Certificate to coordinate hospitalization
- Notify parent and document in Student Management System
- Complete an Internal Incident Report in Student Management System

STOP HERE

SIQ raw score is 40 or below

AND

No more than 2 critical items have a score of 5+

- Create safety plan with girl,
- Obtain required signatures (girl, staff and JPO, if required),
- Upload plan in Student Management System,
- Create MH alert in Student Management System

- Notify parent and document in Student Management System
- Notify center staff that girl has active Safety Plan
- Notify teachers/staff of plan using internal alert process – include warning signs and coping strategies.
- Review plan periodically.

STOP HERE

Suicide Ideation Response Flowchart For Girls Grade 7th – 9th

Suicide Risk identified during PAT assessment at intake or suicide statement
(verbal/written) is made/identified during care

Girl is in grade 7th – 9th, complete the Suicide Ideation Questionnaire - Junior (SIQ-Jr.).

Only staff trained to complete the assessment is permitted to administer the SIQ-Jr.

SIQ raw score is 31+

OR

3 or more critical items have a score of 5 or higher
(critical items are: #2,3 ,4,7,8, & 9)

YES

NO

Does center have a Licensed Professional on staff?

YES

NO

- Complete **internal referral** in referral section of Student Management System
- Licensed professional further assesses

Is there a need for Baker Act?

YES

NO

- Complete **external referral** in referral section of Student Management System
- Notify parent

STOP HERE

- Contact law enforcement to complete Baker Act
- Complete Professional Certificate to coordinate hospitalization
- Notify parent and document in Student Management System
- Complete an Internal Incident Report in Student Management System

STOP HERE

SIQ raw score is 30 or below

AND

No more than 2 critical items have a score of 5+

- Create safety plan with girl,
- Obtain required signatures (girl, staff and JPO, if required),
- Upload plan in Student Management System,
- Create MH alert in Student Management System

- Notify parent and document in Student Management System
- Notify center staff that girl has active Safety Plan
- Notify teachers/staff of plan using internal alert process – include warning signs and coping strategies.
- Review plan periodically.

STOP HERE

Name _____

Age _____ Grade _____

Sex _____ Date _____

ABOUT MY LIFE

SIQ Form HS

by William M. Reynolds, PhD

Side One Directions

On the back of this page are a number of sentences about thoughts that people sometimes have. You will be reading each sentence and deciding how often you have the thought the sentence describes. There are no right or wrong answers. Just remember to answer the way you really think.

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Side Two Directions

Listed below are a number of sentences about thoughts that people sometimes have. Please indicate which of these thoughts you have had in the past month. Fill in the circle under the answer that best describes your own thoughts. Be sure to fill in a circle for each sentence. Remember, there are no right or wrong answers.

This thought was in my mind:	Almost every day.	Couple of times a week.	About once a week.	Couple of times a month.	About once a month.	I had this thought before but not in the past month.	I never had this thought.
1. I thought it would be better if I was not alive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I thought about killing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I thought about how I would kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I thought about when I would kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I thought about people dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I thought about death	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I thought about what to write in a suicide note	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I thought about writing a will	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I thought about telling people I plan to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I thought that people would be happier if I were not around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I thought about how people would feel if I killed myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I wished I were dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I thought about how easy it would be to end it all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I thought that killing myself would solve my problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I thought others would be better off if I was dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I wished I had the nerve to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I wished that I had never been born	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I thought if I had the chance I would kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I thought about ways people kill themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I thought about killing myself, but would not do it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I thought about having a bad accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I thought that life was not worth living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I thought that my life was too rotten to continue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I thought that the only way to be noticed is to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I thought that if I killed myself people would realize I was worth caring about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I thought that no one cared if I lived or died	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I thought about hurting myself but not really killing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I wondered if I had the nerve to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I thought that if things did not get better I would kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I wished that I had the right to kill myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TS	
TOTAL %	
_____ %	

CI	

Safety Plan

Keep this plan in a place you can easily access. For example, your cell phone or cell phone case, your purse, backpack, wallet, etc. This document may be reviewed with your parent/guardian. Remember to start at step one and move through the steps until you feel safe.

- 1. **NOTICE WARNING SIGNS:** In your own words, write down as many of your warning signs that you can think of here (thoughts, moods, situations, images and/or behaviors) that might show you a crisis may be developing.

- 2. **USE COPING STRATEGIES:** Identify things that you can do by yourself so you will NOT act on your thoughts of harming yourself.

- 3. **SOCIALIZE WITH FRIENDS/FAMILY/OTHERS** who may offer you support and/or help distract from the current crisis. (Make a list of those people and their phone numbers, as well as social settings that are good ways to take your mind off things.)

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

- 4. **CONTACT SOMEONE YOU KNOW WHO MAY HELP TO RESOLVE YOUR SITUATION OR CRISIS:** List the names and phone numbers of those who support you and will listen when you are in crisis or under stress.

- 1.
- 2.
- 3.
- 4.
- 5.

5. CONTACT AGENCIES OR MENTAL HEALTH PROFESSIONALS:

- | | |
|----|--------------------------------------|
| 1. | 5. 9-1-1 |
| 2. | 6. Suicide Prevention 800-273-8255 |
| 3. | 7. Local Suicide Prevention Hotline: |
| 4. | |

6. ENSURE YOUR ENVIRONMENT IS SAFE: Identify things in your environment that you've thought of using to harm yourself. Write down ways to limit access to them.

Girl's Signature:

Date:

Counselor's/Therapist's Signature:

Date:

Notification of Parent/Guardian (Identify who was notified):

Date:

Notification of Juvenile Probation Officer (if applicable):

Date:

7. ADDITIONAL TIPS

You should definitely call someone if...

- You feel like you want to die or to kill yourself.
- You are looking for a way to kill yourself, such as searching for methods online or buying a gun.
- You are feeling hopeless or like you have no reason to live.
- You are feeling trapped or like you cannot handle the pain.
- You are feeling suicidal and are drinking alcohol and/or using drugs.
- You feel out of control and want to seek revenge.
- You are having extreme mood swings.

RE-ENTRY PROTOCOL

Re-entry meetings will take place after a Baker Act and upon the student returning to school. Re-entry meetings will be documented in the Student Management System. Meetings should be scheduled in partnership with counselor, student, parent and administrator.

Purpose of the re-entry meeting:

- Review steps taken by family and student to follow up on suicidal ideation or attempt.
- Discuss resources in place or connect to additional resources.
 - Family is encouraged to bring documentation from Baker Act assessment facility.
 - Family is encouraged to bring any current Safety Plans.
- Share recommendations by center for student safety.
- Clarify *Teacher/Staff Instructions for Support of Safety Plan*.
- Address questions/concerns about missed class assignments, credits, absences etc.
- Create or discuss school safety plan. Include in discussion:
 - Access to bathrooms
 - Notification of teachers/staff when feeling unsafe
 - Supervision during off-site/field trip activities, if applicable
 - Duration of safety plan
- Next steps in case of continued safety concern (when a student is sent home and with whom)

Instructions for Teachers/Staff support of Safety Plan

- Notify Teachers/Staff that student is on current Safety Plan and duration of safety plan.
- Remind staff of sensitive nature of safety plan items and need for privacy.
- Identify where Teachers/Staff can access Safety Plan (include date of safety plan)
- Review any monitoring or additional safety steps that are needed, if any (i.e. additional bathroom supervision, supervision when using utensils, pens/pencils, etc.)
- Identify actions that a Teacher/Staff can take to support student prior to and when feeling unsafe (i.e. identify triggers, coping skills, steps staff can take to assist, etc.)
- Outline steps for notification of safety concerns and subsequent documentation, if needed.
- Provide therapist contact information in event of concerns.

Suicide Prevention Steps for Parent/Guardians

- 1.) Show you care - Listen carefully and talk openly with your student about their thoughts and feelings (specifically about suicide and/or self-harm). And take care of yourself too-crisis lines/websites are also great resources for parents.

- 2.) Contact your medical care provider for an appointment and/or referral for treatment.

- 3.) Remove potential threats to safety, for example: weapons, medications, sharps, toxic household substances (e.g. bleach), belts, etc.

- 4.) Supervise and monitor - Avoid leaving your child alone or letting them isolate themselves behind closed doors.

- 5.) Communicate with your student's counselor and administrator before your student returns to school to make sure that safety protocols are in place for continued monitoring.

Counselor: _ _ _ _ _

Phone#: _ _ _ _ _

STEPS FOR OVERDOSE RESPONSE

The steps outlined in this section are recommended to reduce the possibility of death resulting from opioid overdoses.

STEP 1: EVALUATE FOR SIGNS OF OPIOID OVERDOSE

Signs of OVERDOSE, which often results in death if not treated, include:

- Unconsciousness or inability to awaken.
- Slow or shallow breathing or breathing difficulty such as choking sounds or a gurgling/snoring noise from a person who cannot be awakened.
- Fingernails or lips turning blue/purple.

If an opioid overdose is suspected, stimulate the girl:

- Call the girl's name.
- If this doesn't work, vigorously grind knuckles into the sternum (the breastbone in middle of chest) or rub knuckles on her upper lip.
- If the girl responds, assess whether she can maintain responsiveness and breathing.
- Continue to monitor the girl, including breathing and alertness, and try to keep her awake and alert.

If she does not respond, call 911, provide rescue breathing if she is not breathing on her own, and administer one dose of naloxone.

STEP 2: CALL 911 FOR HELP

AN OPIOID OVERDOSE NEEDS IMMEDIATE MEDICAL ATTENTION. An essential step is to get someone with medical expertise to see the girl as soon as possible. If no emergency medical services (EMS) or other trained personnel is on the scene, call 911 immediately. All you have to say is "Someone is unresponsive and not breathing." Be sure to give a specific address and/or description of your location. After calling 911, follow the dispatcher's instructions. If appropriate, the 911 operator will instruct you to begin CPR (technique based on rescuer's level of training).

STEP 3: ADMINISTER NALOXONE

If the girl overdosing does not respond within 2 to 3 minutes after administering a dose of naloxone, administer a second dose of naloxone.

Naloxone should be administered to anyone who presents with signs of opioid overdose or when opioid overdose is suspected. Naloxone is approved by the Food and Drug Administration (FDA) and has been used for decades by EMS personnel to reverse opioid overdose and resuscitate individuals who have overdosed on opioids.

Naloxone can be given by intranasal spray and by intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.

All naloxone products are effective in reversing opioid overdose, including fentanyl-involved opioid overdoses, although overdoses involving potent (e.g., fentanyl) or large quantities of opioids may require more doses of naloxone.

DURATION OF EFFECT

The duration of effect of naloxone depends on dose, route of administration, and overdose symptoms and is shorter than the effects of some opioids. The goal of naloxone therapy should be to restore adequate spontaneous breathing, but not necessarily complete arousal.

More than one dose of naloxone may be needed to revive someone who is overdosing. People who have taken longer acting or more potent opioids may require additional intravenous bolus doses or an infusion of naloxone.

Comfort the person being treated, as withdrawal triggered by naloxone can feel unpleasant. Some people may become agitated or confused, which may improve by providing reassurance and explaining what is happening.

SAFETY OF NALOXONE

The safety profile of naloxone is remarkably high, especially when used in low doses and titrated to effect. When given to individuals who are not opioid intoxicated or opioid dependent, naloxone produces no clinical effects, even at high doses. Moreover, although rapid opioid withdrawal in opioid-tolerant individuals may be unpleasant, it is not life threatening.

Naloxone can be used in life-threatening opioid overdose circumstances in pregnant women.

The FDA has approved an injectable naloxone, an intranasal naloxone, and a naloxone auto-injector as emergency treatments for opioid overdose. People receiving naloxone kits that include a syringe and naloxone ampules or vials should receive brief training on how to assemble and administer the naloxone to the victim. The nasal spray is a prefilled, needle-free device that requires no assembly and that can deliver a single dose into one nostril. The auto-injector is injected into the outer thigh to deliver naloxone to the muscle (intramuscular) or under the skin (subcutaneous). Once turned on, the currently available device provides verbal instruction to the user describing how to deliver the medication, similar to automated defibrillators. Both the nasal spray and naloxone auto-injector are packaged in a carton containing two doses to allow for repeat dosing if needed.

FENTANYL-INVOLVED OVERDOSES

Suspected opioid overdoses, including suspected fentanyl-involved overdoses, should be treated according to standard protocols. However, because of the higher potency of fentanyl and fentanyl analogs compared to that of heroin, multiple doses of naloxone may be required to reverse the opioid-induced respiratory depression from a fentanyl-involved overdose.

Many anecdotes report more rapid respiratory depression with fentanyl than with heroin, although other reports do not reflect such rapid depression. Because of these effects, quicker oxygenation efforts and naloxone delivery may be warranted with fentanyl-involved overdoses compared with heroin-only overdoses. However, naloxone is an appropriate response for all opioid overdoses, including fentanyl-involved overdoses.

STEP 4: SUPPORT THE GIRL'S BREATHING

Ventilatory support is an important intervention and may be lifesaving on its own. Rescue breathing can be very effective in supporting respiration, and chest compressions can provide ventilatory support. Rescue breathing for adults involves the following steps:

- Be sure the person's airway is clear (check that nothing inside the person's mouth or throat is blocking the airway).
- Place one hand on the girl's chin, tilt the head back, and pinch the nose closed.
- Place your mouth over the girl's mouth to make a seal and give two slow breaths.
- Watch for the girl's chest (but not the stomach) to rise.
- Follow up with one breath every 5 seconds.

Chest compressions for adults involve the following steps:

- Place her on her back.
- Press hard and fast on the center of the chest.
- Keep your arms extended.

STEP 5: MONITOR THE GIRLS'S RESPONSE

All girls should be monitored for recurrence of signs and symptoms of opioid toxicity for at least 4 hours from the last dose of naloxone or discontinuation of the naloxone infusion. Girls who have overdosed on long-acting opioids should have more prolonged monitoring.

Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of naloxone administration. (Continue resuscitation while waiting for the naloxone to take effect.

Because naloxone has a relatively short duration of effect, overdose symptoms may return. Therefore, it is essential to get the girl to an emergency department or other source of medical care as quickly as possible, even if the person revives after the initial dose of naloxone and seems to feel better.

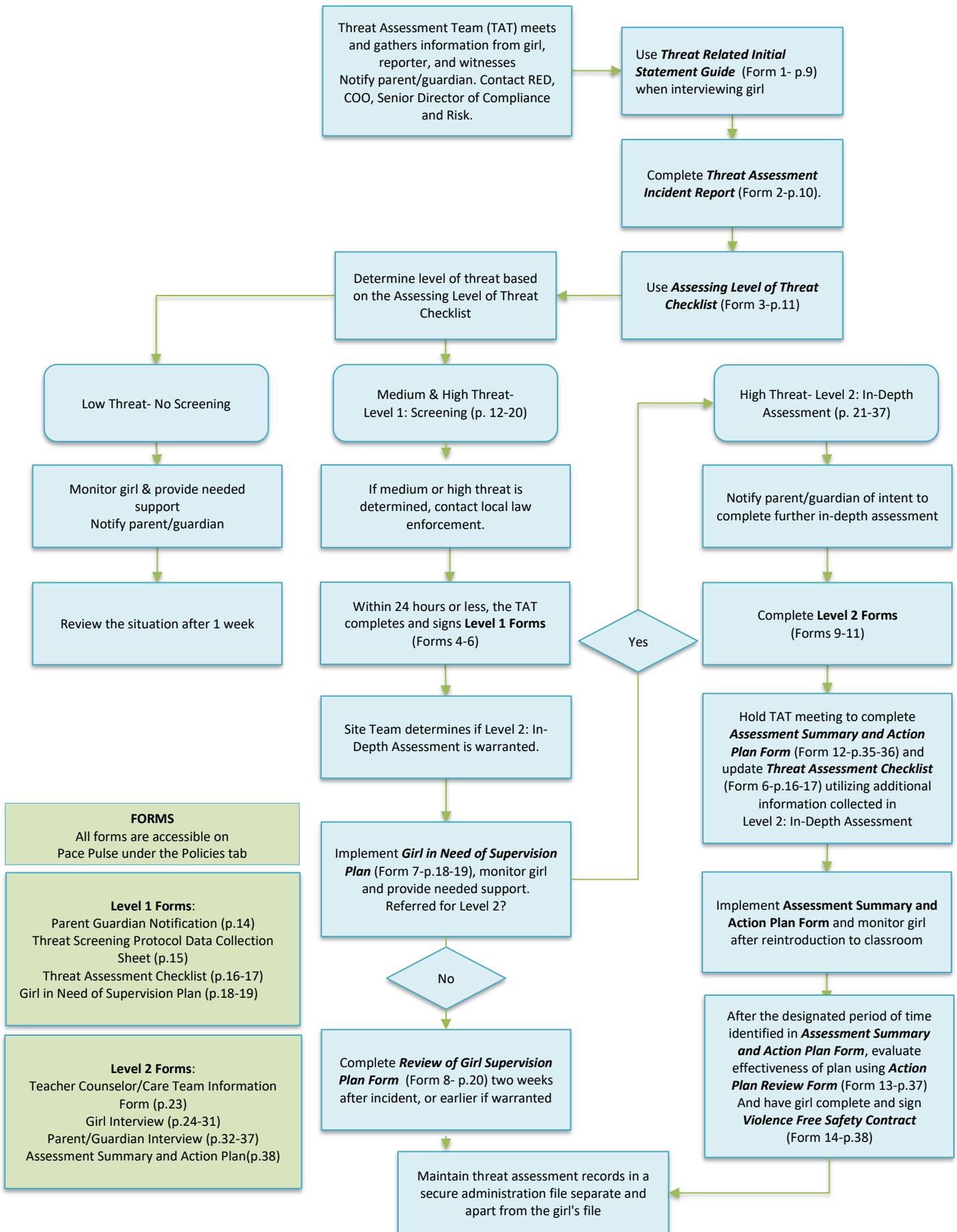
SIGNS OF OPIOID WITHDRAWAL

The signs and symptoms of opioid withdrawal in an individual who is physically dependent on opioids may include body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection (gooseflesh), sweating, yawning, nausea or vomiting, nervousness, restlessness or irritability, shivering or trembling, abdominal cramps, weakness, tearing, insomnia, opioid craving, dilated pupils, and increased blood pressure. These symptoms are uncomfortable, but not life threatening. After an overdose, a girl dependent on opioids should be medically monitored for safety and offered assistance to get into treatment for opioid use disorder.

If she does not respond to naloxone, an alternative explanation for the clinical symptoms should be considered. The most likely explanation is that she is not overdosing on an opioid but rather some other substance or may be experiencing a non-overdose medical emergency.

In all cases, support of ventilation, oxygenation, and blood pressure should be sufficient to prevent the complications of opioid overdose and should be given priority if the response to naloxone is not prompt.

Threat Assessment Flow



FORMS
All forms are accessible on Pace Pulse under the Policies tab

Level 1 Forms:
Parent Guardian Notification (p.14)
Threat Screening Protocol Data Collection Sheet (p.15)
Threat Assessment Checklist (p.16-17)
Girl in Need of Supervision Plan (p.18-19)

Level 2 Forms:
Teacher Counselor/Care Team Information Form (p.23)
Girl Interview (p.24-31)
Parent/Guardian Interview (p.32-37)
Assessment Summary and Action Plan(p.38)

FIRE EXIT EVACUATION PLAN

EVACUATION MEETING LOCATION

ALTERNATE LOCATION

FIRE MARSHALL APPROVAL

COMMENTS:

Printed Name of Fire Marshall

_____/_____
Signature/Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Harden and Associates 501 Riverside Avenue, Suite 1000 Jacksonville FL 32202	CONTACT NAME: PHONE (A/C. No. Ext): 904-354-3785		FAX (A/C. No):
	E-MAIL ADDRESS: info@hardeninsight.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Pace Center for Girls 6745 Phillips Industrial Blvd. Jacksonville FL 32256	PACEC-2		INSURER A : Philadelphia Insurance Company 23850
			INSURER B : Philadelphia Indemnity Ins Co 18058
			INSURER C : Associated Industries Ins Co 23140
			INSURER D : Twin City Fire Insurance Co 29459
			INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER: 892706134

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			PHPK2149829	6/30/2020	6/30/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comp \$500 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll \$1000			PHPK2149829	6/30/2020	6/30/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$ 1,000,000
							PROPERTY DAMAGE (Per accident)	\$ 1,000,000
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB728091	6/30/2020	6/30/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TWC3890183	6/30/2020	6/30/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
B	Professional Liab			PHPK2149829	6/30/2020	6/30/2021	Ea Occ/Aggregate	\$1M/2M
A	D&O & Crime			PHSD1554707	6/30/2020	6/30/2021	Ea Claim/Aggregate	\$3M/3M
D	Cyber, and see below			21MB034465920	6/30/2020	6/30/2021	Limit per Coverage	1,000,000

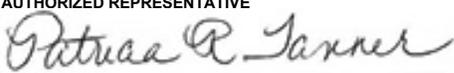
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Cyber Liability includes Data Privacy Breach, Network Security Liability, and Notification and Identity Expenses.

Sexual Abuse and Molestation - \$1,000,000 per Occurrence/ \$2,000,000 Aggregate, Philadelphia Indemnity Ins. Co. - policy #PHPK1998322, 6/30/20-6/30/21. No Deductible

Volunteer Accident coverage included, \$25,000 each/\$150,000 Aggregate. Federal Insurance Company, Policy #9906-8701, 6/30/20-6/30/21

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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**Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application**

DO NOT ADD ANY LINE ITEMS TO THIS BUDGET SUMMARY. IF YOU ARE UNSURE OF WHERE A COST BELONGS, PLEASE CONTACT PCF STAFF.

Organization Name: Pace Center for Girls, Pinellas

Project Name: Supporting our Girls at Pace Pinellas

FROM (date): March 23, 2020 TO (date): December 31, 2020

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel (<i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i>)	1,011,225.00	23,008.10
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	18,890.00	55,585.62
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	10,350.00	\$10,004.00
Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>)	143,553.00	0
Local Travel (<i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i>)	9,222.00	0
Training (<i>staff development, conferences, long distance travel</i>)	8,725.00	0
Design, Printing, Marketing & Postage (<i>for direct program related services only</i>)	Included in Equipment	0
Capital (<i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i>)	0	0
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	217,598.00	1,260.00
TOTAL	1419563	89857.72

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM

BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5kkxsaQkCg>

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

This narrative is to explain the costs in the Pinellas CARES Grant Column of the Budget Summary

Organization Name: [Pace Center for Girls, Pinellas](#)

Project Name: [Supporting our Girls at Pace Pinellas](#)

FROM (month/year): [March 2020](#)

TO (month/year): [December 2020](#)

ALL DESCRIPTIONS BELOW SHOULD BE CLEAR AS TO HOW REQUESTED FUNDS BY AREA RELATE TO ADDITIONAL COSTS THAT WOULD NOT HAVE BEEN INCURRED OR PLANNED IF NOT FOR COVID-19

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

Define each position and indicate how the costs you are requesting expands your COVID-19-related programming and/or how it was unbudgeted as of 3/1/2020 or later. Be sure to include as much detail as possible for each position, e.g. rate per hour and number of hours for new position due to COVID-19 or increased hours as a result of COVID-19 (see example if needed).

[\\$23,008.10 to increase our Administrative Assistant's pay from a part-time employee to a full-time employee.](#)

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

Define each individual piece of equipment, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming. Including estimates, quotes, or print offs from a supplier website is helpful to defend these costs.

[\\$2,599 to purchase a deep freezer so that we may store frozen food items to deliver to girls.](#)

[\\$52,452.02 for efficient, up-to-date laptops with cases, webcams, microphones for secure telehealth services. \(\\$33,387.62 in reimbursable expenses; \\$19064.40 in future costs\)](#)

[\\$534.60 for disposable cell phones, airtime, and services charges for three counselors to be available for girls upon emergency.](#)

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

Define each supply requested, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming.

[\\$5,000 in meals that have been and will be delivered weekly to girls learning from home.](#)

[\\$5,004 to provide an estimated 20 girls each week with necessary frozen food pantry items to take home.](#)

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

Define each occupancy-related item, the supplier of the service, how much it costs, the % which is appropriately allocated to this grant, and how the costs you are requesting expands your COVID-19-related programming.

[NONE](#)

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)
Define each travel item, the person who will be incurring the cost (for staff travel), the supplier of the services (for rental/leasing), and how the costs you are requesting expands your COVID-19-related programming.

NONE

Design, Printing, Marketing & Postage (for direct program related services only)
Define each item, the supplier of the services, the cost, and how the costs you are requesting expands your COVID-19-related programming.

NONE

Capital (buildings, vehicles, equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Define each item, the vendor who will supply the capital item, or construct the item, and provide a defense for how the purchase of this item costs less than the leasing of the item for the grant period. Also explain how this item is necessary for the expansion of your COVID-19-related programming.

NONE

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

Define each item, the vendor supplying the purchased services, the cost of the services per a specified period of time, and explain how this is necessary for the expansion of your COVID-19-related programming.

\$1,260 to purchase upgraded version of Doxy.me so that quality of conversations for the amount of girls we serve would be clear and secure.