

Application Form

Introduction

As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19.

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

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

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

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

Priority Funding Areas*

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

Behavioral Health

Reimbursement*

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

Will your organization be applying for this cost reimbursement?

Yes

Future Programming*

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

As of 5 PM, 11/12/2020, you may no longer apply for future programming for Behavioral Health. You may only apply for reimbursement of already-rendered services related to COVID-19.

Yes

Project Name*

Ready for Life COVID Recovery Request

EIN*

26-4032979

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.

054458758

Mission Statement*

Ready for Life (RFL) provides support, resources and guidance former foster care youth need to successfully transition to adulthood.

Our solution-based skill center supports young people aging out of foster care (ages 15 to 25) in homelessness services and prevention, education & employment, and lifeline support networks.

Total Operating Expenditure*

What are your total annual operating expenses?

\$787,335.00

Amount Requested*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount

should include any reimbursements your organization is seeking for past COVID-19 programming.

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

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

\$51,403.67

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

Priority Populations*

Please select the priority populations your programming will serve:

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

People experiencing homelessness
Low-income families

Guiding Principles*

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

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

From our beginning in 2009, RFL set out to be different than the "system" that had continued to fail foster care youth. Young people aging out of foster care are more likely to experience homelessness, poverty, food insecurity, mental and physical issues, and lower education and employment skills than the general population. RFL took the unique approach of listening to the Youth Voice (which is at the top of the RFL Organization Chart; and a youth client is always represented on our Board of Directors), asking former foster care youth what services they need and want, and creating programs based on this information. RFL hires Youth Specialist (youth that were in foster care, alumni of RFL, and now success stories) to work directly with our young clients, because who knows better than someone who has "been there". Today, RFL continues to listen and learn from our client population, and the COVID crisis has drastically increased and altered our outreach, our requests and our response.

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.**

Ready for Life has been serving the needs of former foster care youth since 2009. In March 2020, we began mobilizing for the COVID-19 crisis and initiated operation "Ready for Tomorrow", adjusting to meet increased client needs and new processes.

Service Area*

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

North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)

Mid-County (locations such as Clearwater, Largo, Safety Harbor)

South County (locations such as St. Petersburg, Lealman, Kenneth City)

Impact on Organization*

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

Almost overnight, everything changed! The COVID-19 pandemic was here and everyone was in crisis. While RFL is used to dealing with youth in crisis, to see the how the organization responded to the immediate transformation of our entire delivery systems has been amazing.

Technology quickly became the solution for almost everything: working from home; schooling; trainings; meetings; church; social events; doctors' appointments; and mental health counseling.

With rise in mental health awareness and advocacy due to COVID-19, mental health services were/are being increasingly sought after. To meet high demands, health-care delivery systems had to adapt and innovate. Ready for Life understands our important role in the behavioral well-being of the former foster care youth we see every day, and quickly responded to their increased needs due to the pandemic.

Finding ways to expand RFL services and programs to encourage greater involvement and evaluate behavioral/mental health, during this COVID-19 crisis, quickly became the priority. Programs like Ready for Jobs; Ready for Health; and Opportunity Passport, were all adjusted to fit a virtual format and implemented. RFL's mentoring program ramped up to match clients with an adult volunteer mentor, to create much needed relationships, especially during this time of distancing, loneliness, and often depression.

Providing increased services to our vulnerable population, during this time of distancing, being mindful for the safety of our clients, staff and volunteers, is centered around the creative use of technology. RFL technology was adequate prior to COVID-19, but many updates were needed immediately and many still require updating for our new reality. Communicate is key, whether it is with staff, with clients (mental health counseling), with volunteers/mentors, or donors. Functioning in the new virtual world, of increased service needs, requires flexible hardware, software, and technology infrastructure.

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.**

2018 Public Disclosure 990 Copy.pdf

Board-Approved Budget*

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

RFL Operating Budget FY 2021.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.

Ready for Life, Inc. - Financial Statements 2020-2019.pdf

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.

Ready for Life, Inc. Communication Letter 2020.pdf

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.

N/A

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.

\$6,187.08

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-2.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

Behavioral Health: 483

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.**

Ready for Life is requesting funding from Pinellas CARES to strength, secure and increase our client service delivery system through technology and safety. Prior to COVID-19, RFL programs, based on behavior/mental wellness (stable housing, counseling, education, employment, and on-going supportive networks) were hosted in person, face-to-face at the RFL Skill Center in Largo (RFL serves young people aging out of foster care throughout Pinellas County). However, since March, nearly all RFL programs are now conducted virtually, and with great success. We have learned that we can quickly put together training, information, or even social virtual events, when necessary. Prior to COVID-19, RFL hosted "Open Office Fridays" (OOF) every Friday afternoon, for current clients, new clients, volunteers, mentors, and community partners. OOF included lunch, board-games, Wii competitions, and just casual, family-like engagement, while also providing a way of "checking-in" with clients on their progress. This OOF tradition continued, going virtual in March 2020, with our young people signing onto Zoom, where we could see and hear from them in a fun group setting (and doing follow-ups if needed). COVID-19 has caused fear, sadness, isolation and depression for many, and RFL continues to find ways for our vulnerable population to engage, feel comfortable ask for help and find support.

RFL programs such as Ready for Jobs, Ready for Health, Opportunity Passport, along with individual counseling, and social gatherings like Thanksgiving, Office Office Friday and more, create the opportunity for youth success.

Today, and moving forward, access to additional technology and infrastructure is essential for business. Computers that are portable and can be wherever the work is (homes, offices, open areas in the Center for

distancing, group homes, etc.) will allow RFL to serve the increasing population of former foster care youth more efficiently, more effectively, and more safely.

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?

Outreach is important at RFL, as we seek to be known to foster care youth, prior to them aging out of the system, and hopefully before they finding themselves in complete crisis (homeless, jobless, and hopeless). RFL partners with the group homes throughout Pinellas County, the Public Defender's Office, the Homeless Leadership Alliance of Pinellas County, Eckerd Connects, other housing organizations and shelters, Law Enforcement, Churches, Schools, and every connection to foster care and young people in crisis, to find solutions.

RFL Youth Specialists participate on Boards and panels, focused on removing barriers for former foster care youth. After almost 12 years, RFL has an active "alumni association", made up of former clients, who now have become self-sufficient adults, but continue to come back and give back to their RFL Family. We have robust RFL Youth Social Media, and partner with Youth Moves and Suncoast Voices for Children for additional cross-over.

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.

Disaster Plan 2020.doc

A positive take-away from COVID-19 has been the lessons learned on how to continue, expand and strengthen our organization during crisis. RFL quickly adapted programs and services to fit the increased needs of our clients during COVID-19 and believe we are now able to adjust procedures and delivery systems to any interruption to "traditional" processes. Increased technology (hardware, software and infrastructure) will further prepare Ready for Life to be ready for any unexpected tomorrows.

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.

Insurance Certificate RFL.pdf

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.

RFL - CARES-Partnership-Fund-Budget-Summary-Grant.xlsx

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.

RFL CARES-Narrative Budget 2.docx

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.

RFL CARES Supporting Documents.pdf

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

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

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

Are you going to use LPOs in this programming?*

No

Behavioral Health

As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19. Do not fill this area out.

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.

Up to 80% of children in foster care have significant mental health issues, compared to 18 – 22% of the general population. The Healthy Foster Care American Initiative, identifies mental and behavioral health as the “greatest unmet health need for children and teens in foster care.” RFL witnesses firsthand the high percentage of those served struggle with depression and anxiety. This has only been heightened by COVID-19, isolation and not know what is next. Tools used to measure progress include:

GAD-7 – A self-administered 7 item instrument that uses the DSM-V criteria for GAD (General Anxiety Disorder) to identify and measure anxiety symptom severity. It can also be used as a screening measure of panic, social anxiety, and PTSD.

PHQ-9 (Patient Health Questionnaire) – an instrument for screening, diagnosing, monitoring and measuring the severity of depression. This tool determines severity of initial symptoms, and monitors symptom changes and treatment effects over time.

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.

Both tools are utilized for evaluation to determine a baseline at enrollment. On-going monitoring occurs monthly and at discharge. These tools monitor a decrease or increase in problematic symptoms associated with a youth’s diagnosis specifically around anxiety and depression.

All youth upon intake complete an evaluation through our therapist to determine treatment needs. Through RFL, our young adult clients, receive one on one therapy, group therapy if desired and a mentor that serves as their lifeline along with their youth specialist.

The goals and objectives measured include:

90% of the young adults that enroll in the Ready for Life will receive an evaluation to include the tools mentioned upon intake.

85% of those evaluated will show a reduction in score in the first six months.

80% of the young adults that enroll in the Ready for Life will attend individual therapy a minimum of 2x a month

80% of the young adults that enroll in the Ready for Life will be matched with a mentor during their first 90 days.

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.

250

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**.

32

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.

80

October Projections - Number Served - Behavioral Health*

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

35

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.

80

November Projections - Number Served - Behavioral Health*

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

45

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.

80

December Projections - Number Served - Behavioral Health*

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

45

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.

80

Funder Involvement

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

Funding from a Pinellas County Municipality
Pinellas Community Foundation
Tampa Bay Resiliency Fund

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:

Ready for Life applied for and received the Federal Paycheck Protection Program loan in the amount of \$96,100, covering our organizations payroll through June 2020.

The Resilience Fund awarded Ready for Life \$5000 towards our Keep In Touch Program, providing cell phones and/or service to former foster care youth in need.

RFL applied for a technology grant through the Community Foundation of Tampa Bay's Crisis Relief Program, however that grant did not get funded.

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.

Carla Mattern

File Attachment Summary

Applicant File Uploads

- 2018 Public Disclosure 990 Copy.pdf
- RFL Operating Budget FY 2021.pdf
- Ready for Life, Inc. - Financial Statements 2020-2019.pdf
- Ready for Life, Inc. Communication Letter 2020.pdf
- CARES-Reimbursement-of-Past-Expenses-2.pdf
- Disaster Plan 2020.doc
- Insurance Certificate RFL.pdf
- RFL - CARES-Partnership-Fund-Budget-Summary-Grant.xlsx
- RFL CARES-Narrative Budget 2.docx
- RFL CARES Supporting Documents.pdf

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

READY FOR LIFE, INC.
2300 TALL PINES DR #100
LARGO, FL 33771

PREPARED BY:

CBIZ MHM, LLC
13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL 33762-5539

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2020.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

READY FOR LIFE, INC.

26-4032979

Name and title of officer

**KATHY MIZE
DIRECTOR/CEO**

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

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

| | | |
|---|--|---------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>905,134.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CBIZ MHM, LLC to enter my PIN 32979
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

50465100222
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

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

Open to Public Inspection

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

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization READY FOR LIFE, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2300 TALL PINES DR #100 City or town, state or province, country, and ZIP or foreign postal code LARGO, FL 33771 F Name and address of principal officer: PHARES N. RISSER, III 2865 EXECUTIVE DRIVE, CLEARWATER, FL 33762 | D Employer identification number 26-4032979 E Telephone number 727-954-3989 G Gross receipts \$ 946,402. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.READYFORLIFEPINELLAS.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 2009 M State of legal domicile: FL |

Part I Summary

| | | | |
|------------|---|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: TO ASSIST THE YOUTH OF THE COMMUNITY IN TRANSITIONING FROM FOSTER CARE TO ADULTHOOD. | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 19 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 1,975. |
| 7b | Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 486,295. | 702,870. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,626. | 1,975. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 78,164. | 200,289. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 567,085. | 905,134. |
| 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) | 0. | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 440,596. | 552,409. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 79,777. | 0. | 0. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 203,278. | 269,086. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 643,874. | 821,495. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -76,789. | 83,639. |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 210,465. | 279,731. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 25,393. | 3,205. |
| | | 185,072. | 276,526. |

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 KATHY MIZE, DIRECTOR/CEO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name PAUL DUNHAM | Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00100222 |
| | Firm's name ▶ CBIZ MHM, LLC Firm's address ▶ 13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539 | Firm's EIN ▶ 27-3605969 Phone no. 727-572-1400 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF READY FOR LIFE IS TO ASSIST THE YOUTH OF THE COMMUNITY TRANSITION FROM FOSTER CARE TO ADULTHOOD BY COORDINATING THE PUBLIC AND PRIVATE RESOURCES AVAILABLE TO THEM.

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

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

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

4a (Code:) (Expenses \$ 630,410. including grants of \$) (Revenue \$) YOUTH SUPPORT: TO ENGAGE FOSTER CARE YOUTH, PRIVATE CITIZENS AND PUBLIC RESOURCES TO ASSIST PINELLAS COUNTY FOSTER CARE YOUTH IN SUCCESSFUL TRANSITIONS TO ADULTHOOD.

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 630,410.

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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 10; 1b Enter the number of voting members included... 10; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process 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 [X] 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
KATHY MIZE - 727-954-3989
2300 TALL PINES DR, #100, LARGO, FL 33771

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) PHARES N. RISSER, III DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (2) GERALD F HOGAN DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (3) KENNETH BEATTIE DIRECTOR/CHAIRMAN | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) YVETTE BEAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (5) MARY PAT MCLAIN DIRECTOR/VICE-CHAIRMAN | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (6) JAY BYINGTON DIRECTOR/TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (7) SCOTT CLENDENING DIRECTOR/IMMEDIATE PAST CHAIRMAN | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (8) CRISS PETTINEO DIRECTOR | 20.00 | X | | | | | | 8,820. | 0. | 0. |
| (9) KAY DILLINGER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) EDIE BANKS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) KATHY MIZE CEO/SECRETARY | 40.00 | | | X | | | | 97,159. | 0. | 0. |
| (12) JULIE PIRKL DIRECTOR OF FINANCE | 20.00 | | | X | | | | 12,268. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|--|---|--|----------------|---------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 702,870. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | 702,870. | | | | |
| Program Service Revenue | 2 a | _____ | Business Code | | | | | |
| | b | _____ | | | | | | |
| | c | _____ | | | | | | |
| | d | _____ | | | | | | |
| | e | _____ | | | | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 1,975. | | 1,975. | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | (i) Real | 1,760. | | | | |
| | | Less: rental expenses | (ii) Personal | 10,533. | | | | |
| | | Rental income or (loss) | | -8,773. | | | | |
| | d | Net rental income or (loss) | | -8,773. | -8,773. | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | Less: cost or other basis and sales expenses | (ii) Other | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | 239,797. | | | | |
| | | Less: direct expenses | b | 30,735. | | | | |
| | | Net income or (loss) from fundraising events | | 209,062. | | | 209,062. | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | Less: direct expenses | b | | | | | | |
| | Net income or (loss) from gaming activities | | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | | |
| | Less: cost of goods sold | b | | | | | | |
| | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11 a | _____ | | | | | | | |
| | b | _____ | | | | | | |
| | c | _____ | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions | | | 905,134. | -8,773. | 1,975. | 209,062. | |

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 | 141,837. | 105,208. | 30,524. | 6,105. |
| 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 | 366,892. | 275,169. | 36,689. | 55,034. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 43,680. | 32,809. | 5,654. | 5,217. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 6,145. | 4,916. | 1,229. | |
| b Legal | | | | |
| c Accounting | 5,409. | | 5,409. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | 8,473. | 5,084. | | 3,389. |
| 13 Office expenses | 50,351. | 38,941. | 7,301. | 4,109. |
| 14 Information technology | 22,698. | 18,263. | 3,326. | 1,109. |
| 15 Royalties | | | | |
| 16 Occupancy | 54,158. | 43,326. | 8,124. | 2,708. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 1,053. | 842. | 158. | 53. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 5,853. | | 5,853. | |
| 23 Insurance | 33,473. | 26,778. | 5,021. | 1,674. |
| 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 YOUTH HOUSING AND CLOTH | 50,672. | 50,672. | | |
| b YOUTH SUPPORT PROGRAM | 24,917. | 24,917. | | |
| c DUES AND SUBSCRIPTIONS | 3,788. | 2,841. | 568. | 379. |
| d TRAINING | 492. | 492. | | |
| e All other expenses _____ | 1,604. | 152. | 1,452. | |
| 25 Total functional expenses. Add lines 1 through 24e | 821,495. | 630,410. | 111,308. | 79,777. |
| 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 | 41,997. | 1 | 88,950. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 0. | 4 | 100. |
| | 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 | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 88,613. | | |
| | b Less: accumulated depreciation | 10b 27,255. | 31,504. | 10c 61,358. |
| | 11 Investments - publicly traded securities | 132,826. | 11 | 123,933. |
| | 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 | 4,138. | 15 | 5,390. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 210,465. | 16 | 279,731. | |
| Liabilities | 17 Accounts payable and accrued expenses | 25,393. | 17 | 3,205. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 25,393. | 26 | 3,205. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | | 27 | |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | 0. | 31 | 0. |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 185,072. | 32 | 276,526. |
| 33 Total net assets or fund balances | 185,072. | 33 | 276,526. | |
| 34 Total liabilities and net assets/fund balances | 210,465. | 34 | 279,731. | |

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 | 905,134. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 821,495. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 83,639. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 185,072. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 7,815. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 276,526. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|----|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | | X |
| | | |
| 2c | | |
| | | |
| 3a | | X |
| | | |
| 3b | | |

Form 990 (2018)

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.") | 448,615. | 317,481. | 600,092. | 486,295. | 702,870. | 2555353. |
| 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 | 448,615. | 317,481. | 600,092. | 486,295. | 702,870. | 2555353. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 121,372. | 30,000. | 65,000. | 42,146. | 126,090. | 384,608. |
| 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 | | | | | | 0. |
| c Add lines 7a and 7b | 121,372. | 30,000. | 65,000. | 42,146. | 126,090. | 384,608. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 2170745. |

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 | 448,615. | 317,481. | 600,092. | 486,295. | 702,870. | 2555353. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 638. | 1,906. | 840. | 2,626. | 1,975. | 7,985. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 638. | 1,906. | 840. | 2,626. | 1,975. | 7,985. |
| 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.) | 31,192. | 15,331. | 28,022. | 105,954. | 241,557. | 422,056. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 480,445. | 334,718. | 628,954. | 594,875. | 946,402. | 2985394. |

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 | 72.71 % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | 79.29 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|-------|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | .27 % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | .26 % |

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 A (Form 990 or 990-EZ) 2018

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

PART III, SECTION B, LINE 12, EXPLANATION FOR OTHER INCOME:

GROSS FUNDRAISING EVENT INCOME - SEE SCHEDULE G PART II

GROSS RENTAL INCOME - SEE PART VIII, STATEMENT OF REVENUE, LINE 6A

Multiple horizontal lines for providing supplemental information.

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

READY FOR LIFE, INC.

Employer identification number

26-4032979

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).

| | |
|---|---|
| Name of organization READY FOR LIFE, INC. | Employer identification number 26-4032979 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 26,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 22,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 45,624. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization READY FOR LIFE, INC. | Employer identification number 26-4032979 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ <u>7,260.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ <u>154,945.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ <u>13,690.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ <u>13,803.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ <u>6,690.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization READY FOR LIFE, INC. | Employer identification number 26-4032979 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | <hr/> <hr/> <hr/> | \$ <u>80,940.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | <hr/> <hr/> <hr/> | \$ <u>55,095.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | <hr/> <hr/> <hr/> | \$ <u>25,611.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | <hr/> <hr/> <hr/> | \$ <u>5,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | <hr/> <hr/> <hr/> | \$ <u>25,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization READY FOR LIFE, INC. | Employer identification number 26-4032979 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 19 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | <hr/> <hr/> <hr/> | \$ 5,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | <hr/> <hr/> <hr/> | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | <hr/> <hr/> <hr/> | \$ 5,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | <hr/> <hr/> <hr/> | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | <hr/> <hr/> <hr/> | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization READY FOR LIFE, INC. | Employer identification number 26-4032979 |
|---|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 25 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | _____ _____ _____ | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization READY FOR LIFE, INC. | Employer identification number 26-4032979 |
|---|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

| | |
|---|---|
| Name of organization READY FOR LIFE, INC. | Employer identification number 26-4032979 |
|---|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization **READY FOR LIFE, INC.** Employer identification number **26-4032979**

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?

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)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 41,962. | 1,960. | 40,002. |
| d Equipment | | 33,853. | 18,636. | 15,217. |
| e Other | | 12,798. | 6,659. | 6,139. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 61,358. |

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Multiple horizontal lines provided for entering supplemental information.

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 (add col. (a) through col. (c)) | |
|-----------------|--|---|-----------------------------------|---------------------|---|----------|
| | | 10TH ANNIVERSARY (event type) | NIGHT IN THE PARK (event type) | 7 (total number) | | |
| Revenue | 1 | Gross receipts | 98,564. | 49,275. | 91,958. | 239,797. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 98,564. | 49,275. | 91,958. | 239,797. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 7,748. | 9,373. | 13,614. | 30,735. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 30,735. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 209,062. | |

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 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <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: _____

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

READY FOR LIFE, INC.

Employer identification number

26-4032979

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

A DRAFT COPY OF FORM 990 AND ALL ATTACHED SCHEDULES IS PROVIDED TO THE
GOVERNING BODY FOR REVIEW PRIOR TO FILING.

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

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS WILL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH
PERSON:

A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY

B. HAS READ AND UNDERSTANDS THE POLICY

C. HAS AGREED TO COMPLY WITH THE POLICY, AND

D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
FEDERAL TAX -EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES, WHICH
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

COMPENSATION IS SET BASED ON SIMILAR ORGANIZATIONS IN THE COMMUNITY.

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

READY FOR LIFE, INC MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST. PLEASE CALL KATHY MIZE-PLUMMER AT
727-954-3989 OR EMAIL AT INFO@READYFORLIFEPINELLAS.ORG.

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

BOOK AND TAX DIFFERENCE IN DEPRECIATION 5,853.

UNREALIZED GAIN BOOK AND TAX DIFFERENCE 1,962.

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

Schedule O (Form 990 or 990-EZ) (2018)

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

READY FOR LIFE, INC.

FORM 990 PAGE 10

26-4032979

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,000,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | 2,500,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2017 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 | 13 | |

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

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

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

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

Section A

| | | | |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2018 | 17 | 5,574. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | <input type="checkbox"/> |

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--------|---------|-----------|----|-----|------|
| 20a Class life | | 3,835. | VARIABLES | MQ | S/L | 89. |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | / | | 30 yrs. | MM | S/L | |
| d 40-year | 03 /19 | 26,019. | 40 yrs. | MM | S/L | 190. |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 5,853. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 columns for vehicle details and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns for Yes/No answers.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2018 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2018 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Ready For Life, Inc.
Profit & Loss Budget Overview
July 2020 through June 2021

| | Jul '20 - Jun 21 |
|--|------------------|
| Ordinary Income/Expense | |
| Income | |
| Contributions | |
| Corporate | 45,000.00 |
| Foundations | 220,000.00 |
| Group | |
| Individual Contributions | 45,000.00 |
| | 90,000.00 |
| Total Contributions | 400,000.00 |
| Reimbursed Expenses | |
| Facility | 10,000.00 |
| Staff Cost | 85,000.00 |
| Youth Assistance | 35,000.00 |
| | 130,000.00 |
| RFL Fundraising Events | |
| Annual Luncheon | 65,000.00 |
| Crisis Fund RFT | 100,000.00 |
| Night in the Park | 25,835.00 |
| RFL Fundraising Events - Other | 0.00 |
| | 190,835.00 |
| Third Party Fundraising Events | 66,500.00 |
| Total Income | 787,335.00 |
| Gross Profit | 787,335.00 |
| Expense | |
| Bank Service Charges | 200.00 |
| Credit Card Processing Fees | 1,550.00 |
| Dues and Subscriptions | 1,500.00 |
| Fundraising Expenses | |
| Annual Luncheon | 5,000.00 |
| Fundraising Expenses - Other | 0.00 |
| | 5,000.00 |
| Total Fundraising Expenses | 5,000.00 |
| Insurance | 3,300.00 |
| IT Expenses | |
| Hardware | 4,575.00 |
| Software | 7,800.00 |
| Support | 8,725.00 |
| | 21,100.00 |
| Total IT Expenses | 21,100.00 |
| Marketing & Promotional Expense | 1,200.00 |
| Meeting Expenses | 500.00 |
| Miscellaneous | 0.00 |
| Office Expense | |
| Office Supplies | 1,500.00 |
| Postage and Delivery | 300.00 |
| Printer | 2,800.00 |
| | 4,600.00 |
| Total Office Expense | 4,600.00 |
| Payroll | |
| Admin Expenses | 4,920.00 |
| Employee Benefits Billing | 27,600.00 |
| Federal Unemployment Tax | 12.00 |
| Gross Wages | 470,530.00 |
| Medicare Tax | 56.00 |
| Risk Mgmt | 1,346.00 |
| Social Security Tax | 24,035.00 |
| Staff Bonus | 1,500.00 |
| State Unemployment Tax | 36.00 |
| | 530,035.00 |
| Total Payroll | 530,035.00 |

Ready For Life, Inc.
Profit & Loss Budget Overview
 July 2020 through June 2021

| | Jul '20 - Jun 21 |
|----------------------------------|-------------------|
| Printing and Reproduction | 700.00 |
| Professional Development | 0.00 |
| Professional Fees | |
| Accounting Fees | 12,500.00 |
| Professional Fees - Other | 15,000.00 |
| Total Professional Fees | 27,500.00 |
| Rent for RFL | 73,800.00 |
| Repairs/Maintenance | |
| Building | 1,500.00 |
| Repairs/Maintenance - Other | 0.00 |
| Total Repairs/Maintenance | 1,500.00 |
| Utilities | |
| Gas and Electric | 8,500.00 |
| Pest Control | 350.00 |
| Phone & Cable | 6,000.00 |
| Utilities - Other | 0.00 |
| Total Utilities | 14,850.00 |
| Youth Support | |
| Education Expenses | 5,000.00 |
| Employment readiness | 5,000.00 |
| Health/Medical | 6,000.00 |
| Housing Assistance | 50,000.00 |
| Intern Program | 1,000.00 |
| Meetings/ Youth Related | 3,000.00 |
| Mental Health & Counseling | 1,000.00 |
| Mentor/Volunteer Program | 5,000.00 |
| Mommy and Me Program | 2,500.00 |
| Outreach & Promotion | 1,000.00 |
| Pantry Program | 1,000.00 |
| Professional Development | 2,500.00 |
| Special Youth Events | 5,000.00 |
| Transportation Expenses | 9,000.00 |
| Youth Incentives | 3,000.00 |
| Total Youth Support | 100,000.00 |
| Total Expense | 787,335.00 |
| Net Ordinary Income | 0.00 |
| Other Income/Expense | |
| Other Income | |
| Interest Income | |
| Raymond James Interest Income | 2,000.00 |
| Total Interest Income | 2,000.00 |
| Other Income | 300.00 |
| Raymond James Change in Value | 7,500.00 |
| Total Other Income | 9,800.00 |
| Net Other Income | 9,800.00 |
| Net Income | 9,800.00 |

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

READY FOR LIFE, INC.

June 30, 2020 and 2019

TABLE OF CONTENTS

| | |
|--|---------|
| Independent Auditors' Report | 3 - 4 |
| Financial Statements | |
| Statements of Financial Position | 5 |
| Statements of Activities and Changes in Net Assets | 6 - 7 |
| Statements of Cash Flows | 8 |
| Statements of Functional Expenses | 9 - 10 |
| Notes to Financial Statements | 11 - 18 |



INDEPENDENT AUDITORS' REPORT

The Board of Directors
Ready for Life, Inc.

We have audited the accompanying financial statements of Ready for Life, Inc. (the "Organization"), which comprise the statement of financial position as of June 30, 2020 and 2019, and the related statements of activities and changes in net assets, cash flows, and functional expenses for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Ready for Life, Inc. at June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Tampa, Florida
October 20, 2020

Breco, Gordinier & Company, P.A.

Ready for Life, Inc.

STATEMENTS OF FINANCIAL POSITION

June 30,

| | <u>2020</u> | <u>2019</u> |
|--|-----------------------|-----------------------|
| ASSETS | | |
| Cash and cash equivalents (note A5) | \$ 241,587 | \$ 109,019 |
| Investments (notes A6, and D) | 105,017 | 103,864 |
| Prepaid expenses | - | 1,252 |
| Property and equipment, net (notes A7 and C) | 58,944 | 36,821 |
| Deposits | <u>4,138</u> | <u>4,138</u> |
| TOTAL ASSETS | <u>\$ 409,686</u> | <u>\$ 255,094</u> |
| LIABILITIES AND NET ASSETS | | |
| LIABILITIES | | |
| Accounts payable | \$ 7,040 | \$ 5,839 |
| Accrued wages and taxes | 14,175 | 12,304 |
| Note payable - PPP (note H) | <u>96,100</u> | <u>-</u> |
| Total liabilities | <u>117,315</u> | <u>18,143</u> |
| NET ASSETS (notes A2 and E) | | |
| Without donor restrictions | 174,201 | 236,951 |
| With donor restrictions | <u>118,170</u> | <u>-</u> |
| Total net assets | <u>292,371</u> | <u>236,951</u> |
| TOTAL LIABILITIES AND NET ASSETS | <u>\$ 409,686</u> | <u>\$ 255,094</u> |

The accompanying notes are an integral part of these statements.

Ready for Life, Inc.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended June 30, 2020

| | <u>Without donor restrictions</u> | <u>With donor restrictions</u> | <u>Total</u> |
|---------------------------------------|---------------------------------------|------------------------------------|-------------------|
| REVENUE AND SUPPORT | | | |
| Contributions and private grants | \$ 564,971 | \$ 126,182 | \$ 691,153 |
| Special event revenue (note F) | 118,447 | - | 118,447 |
| Other | 8,633 | - | 8,633 |
| Interest income | 2,524 | - | 2,524 |
| | <u>694,575</u> | <u>126,182</u> | <u>820,757</u> |
| Net assets released from restrictions | <u>8,012</u> | <u>(8,012)</u> | <u>-</u> |
| | <u>702,587</u> | <u>118,170</u> | <u>820,757</u> |
| EXPENSES | | | |
| Program expenses | <u>630,867</u> | <u>-</u> | <u>630,867</u> |
| Supporting services | | | |
| Management and general | 96,015 | - | 96,015 |
| Fundraising | 38,455 | - | 38,455 |
| Total supporting services | <u>134,470</u> | <u>-</u> | <u>134,470</u> |
| | <u>765,337</u> | <u>-</u> | <u>765,337</u> |
| CHANGE IN NET ASSETS | (62,750) | 118,170 | 55,420 |
| Net assets at beginning of year | <u>236,951</u> | <u>-</u> | <u>236,951</u> |
| Net assets at end of year | <u>\$ 174,201</u> | <u>\$ 118,170</u> | <u>\$ 292,371</u> |

The accompanying notes are an integral part of this statement.

Ready for Life, Inc.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended June 30, 2019

| | <u>Without donor restrictions</u> | <u>With donor restrictions</u> | <u>Total</u> |
|---------------------------------------|---------------------------------------|------------------------------------|-------------------|
| REVENUE AND SUPPORT | | | |
| Contributions and private grants | \$ 675,175 | \$ - | \$ 675,175 |
| Special event revenue, net (note F) | 209,132 | - | 209,132 |
| Other | 3,809 | - | 3,809 |
| Interest income | 1,975 | - | 1,975 |
| | <u>890,091</u> | <u>-</u> | <u>890,091</u> |
| Net assets released from restrictions | <u>5,000</u> | <u>(5,000)</u> | <u>-</u> |
| | <u>895,091</u> | <u>(5,000)</u> | <u>890,091</u> |
| EXPENSES | | | |
| Program expenses | <u>703,333</u> | <u>-</u> | <u>703,333</u> |
| Supporting services | | | |
| Management and general | 102,583 | - | 102,583 |
| Fundraising | 42,066 | - | 42,066 |
| Total supporting services | <u>144,649</u> | <u>-</u> | <u>144,649</u> |
| | <u>847,982</u> | <u>-</u> | <u>847,982</u> |
| CHANGE IN NET ASSETS | 47,109 | (5,000) | 42,109 |
| Net assets at beginning of year | <u>189,842</u> | <u>5,000</u> | <u>194,842</u> |
| Net assets at end of year | <u>\$ 236,951</u> | <u>\$ -</u> | <u>\$ 236,951</u> |

The accompanying notes are an integral part of this statement.

Ready for Life, Inc.

STATEMENTS OF CASH FLOWS

For the year ended June 30,

| | <u>2020</u> | <u>2019</u> |
|--|-------------------|-------------------|
| Cash flows from operating activities | | |
| Change in net assets | \$ 55,420 | \$ 42,109 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities | | |
| Depreciation | 13,082 | 9,744 |
| Loss on disposal of asset | - | 1,902 |
| Decrease (increase) in prepaid expenses | 1,252 | (1,252) |
| Increase (decrease) in accounts payable | 1,201 | (9,745) |
| Increase in accrued wages and taxes | 1,871 | 2,496 |
| Total adjustments | <u>17,406</u> | <u>3,145</u> |
| Net cash provided by operating activities | <u>72,826</u> | <u>45,254</u> |
| Cash flows from investing activities | | |
| Purchase of property and equipment | (35,205) | (7,194) |
| Reinvestment of interest from investments | (1,153) | (6,038) |
| Sale of investments | <u>-</u> | <u>35,000</u> |
| Net cash (used) provided by investing activities | <u>(36,358)</u> | <u>21,768</u> |
| Cash flows from financing activities activities | | |
| Proceeds from note payable | <u>96,100</u> | |
| Net change in cash | 132,568 | 67,022 |
| Cash and cash equivalents at beginning of year | <u>109,019</u> | <u>41,997</u> |
| Cash and cash equivalents at end of year | <u>\$ 241,587</u> | <u>\$ 109,019</u> |
| Supplemental disclosures of cash flow information | | |
| Cash paid during the year | | |
| Interest | <u>\$ -</u> | <u>\$ -</u> |
| Taxes | <u>\$ -</u> | <u>\$ -</u> |

The accompanying notes are an integral part of these statements.

Ready for Life, Inc.

STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2020

| | Program Expenses | Management and General | Fundraising and Development | Total |
|-----------------------------|---------------------|------------------------------|-----------------------------------|-------------------|
| Salaries & related expenses | \$ 379,425 | \$ 65,421 | \$ 26,759 | \$ 471,605 |
| Benefits | 21,002 | 3,621 | 1,481 | 26,104 |
| Payroll Taxes | 28,080 | 4,841 | 1,980 | 34,901 |
| Computer expense | 64 | 10 | - | 74 |
| Credit card fees | - | 2,313 | - | 2,313 |
| Depreciation | 10,525 | 1,815 | 742 | 13,082 |
| Dues and subscriptions | 1,001 | 437 | 563 | 2,001 |
| Information technology | 17,644 | 1,138 | 3,301 | 22,083 |
| Insurance | 2,634 | 454 | 186 | 3,274 |
| Meetings expense | 486 | 95 | - | 581 |
| Office expense | 6,189 | 117 | 780 | 7,086 |
| Other expenses | 323 | 56 | 23 | 402 |
| Professional development | 155 | - | - | 155 |
| Professional fees | - | 10,650 | - | 10,650 |
| Promotional expense | 2,024 | - | 674 | 2,698 |
| Rent | 54,380 | 3,497 | 1,462 | 59,339 |
| Repairs and maintenance | 3,116 | 346 | - | 3,462 |
| Utilities | 18,727 | 1,204 | 504 | 20,435 |
| Youth support | 85,092 | - | - | 85,092 |
| | <u>\$ 630,867</u> | <u>\$ 96,015</u> | <u>\$ 38,455</u> | <u>\$ 765,337</u> |

The accompanying notes are an integral part of this statement.

Ready for Life, Inc.

STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2019

| | <u>Program Expenses</u> | <u>Management and General</u> | <u>Fundraising and Development</u> | <u>Total</u> |
|-----------------------------|-----------------------------|---------------------------------------|--|-------------------|
| Salaries & related expenses | \$ 415,103 | \$ 71,572 | \$ 29,276 | \$ 515,951 |
| Benefits | 22,364 | 3,856 | 1,577 | 27,797 |
| Payroll Taxes | 35,143 | 6,059 | 2,479 | 43,681 |
| Computer expense | 75 | 12 | - | 87 |
| Credit card fees | - | 1,307 | - | 1,307 |
| Depreciation | 7,839 | 1,352 | 553 | 9,744 |
| Dues and subscriptions | 1,912 | 835 | 1,075 | 3,822 |
| Information technology | 16,331 | 1,054 | 3,055 | 20,440 |
| Insurance | 2,603 | 448 | 184 | 3,235 |
| Meetings expense | 882 | 173 | - | 1,055 |
| Office expense | 3,996 | 76 | 503 | 4,575 |
| Other expenses | 3,789 | 653 | 267 | 4,709 |
| Professional development | 1,341 | - | - | 1,341 |
| Professional fees | - | 7,009 | - | 7,009 |
| Promotional expense | 3,891 | - | 1,297 | 5,188 |
| Rent | 49,632 | 3,192 | 1,335 | 54,159 |
| Rental expense | 10,394 | - | - | 10,394 |
| Repairs and maintenance | 34,910 | 3,873 | - | 38,783 |
| Utilities | 17,300 | 1,112 | 465 | 18,877 |
| Youth support | 75,828 | - | - | 75,828 |
| | <u>\$ 703,333</u> | <u>\$ 102,583</u> | <u>\$ 42,066</u> | <u>\$ 847,982</u> |

The accompanying notes are an integral part of this statement.

Ready for Life, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 2020 and 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the organization's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

1. Description of the Organization

Ready for Life, Inc. (the Organization) works to engage foster care youth, private citizens and public resources to assist Pinellas county foster youth in a successful transition to adulthood. The Organization connects youth "aging out" with resources, provides support, empowers the youth voice and engages the community. This is done through the Organization's office in Largo and throughout the community. The Organization's staff assists youth in the areas of education, employment, housing, transportation, health, legal and life skills. The organization is supported primarily through donor contributions, corporations, foundation and other grant funders.

2. Basis of Accounting

The accompanying financial statements, presented on the accrual basis of accounting, have been prepared to focus on the Organization as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of assets, liabilities, and net assets into two self-balancing net asset groups as follows:

- Without Donor Restrictions – Net assets without donor restrictions are net assets not subject to donor-imposed restriction or the donor-imposed restrictions have expired. These net assets are available for the use at the discretion of the Board of Directors and/or management for general operating purposes.
- With Donor Restrictions – Net assets with donor restrictions are net assets subject to donor-imposed stipulations that may be fulfilled by actions of the Organization to meet the stipulations, that may become undesignated by the passage of time, or that require net assets to be permanently maintained, thereby restricting the use of principal.

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that effect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Ready for Life, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2020 and 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

3. Change in Accounting Principle

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, Not-for-Profit Entities (Topic 606): Revenue from Contracts with Customers. ASU 2014-09 establishes principles for recognizing revenue upon the transfer of promised goods or services to customers, in an amount that reflects the expected consideration received in exchange for those goods or services. Amendments defer the effective date of ASU 2014-09, clarify the implementation guidance on principal versus agent considerations, and clarify the identification of performance obligations and the licensing implementation guidance.

In June 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-08, Not-for-Profit Entities (Topic 958): Clarifying the Scope of the Accounting Guidance for Contributions Received and Contributions Made. The new guidance is intended to clarify and improve accounting guidance for contributions received and contributions made. The amendments in ASU 2018-08 should assist entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional.

These new standards are effective for the Organization's year ending June 30, 2020 and thereafter and will be applied on a retrospective basis. The Organization adopted both of the ASU's effective July 1, 2019. Adoption of the ASU's did not result in any reclassifications, restatements, or changes in net assets.

4. Liquidity

Assets and liabilities are presented in the accompanying statement of financial position according to their nearness of conversion to cash and, their maturity and resulting use of cash, respectively. See Note B for more information on liquidity and availability of assets.

5. Cash and cash equivalents

The Organization considers all highly liquid investments purchased with original maturity of three months or less to be cash equivalents.

6. Investments

Investments in equity securities are reported at their fair values, which represents the cost on the date of purchase plus reinvested earnings. Realized and unrealized gains and losses are included in the statement of activities. Investment income is recognized as revenue in the period it is earned and gains and losses are recognized as changes in net assets in the accounting period in which they occur. Investments are comprised of stocks and mutual funds which can be liquidated as needed by the Organization.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2020 and 2019

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

7. Property and Equipment

Property and equipment is stated at cost or fair value at the date of donation. Depreciation is calculated using the straight-line method over an estimated useful life of three to seven years. The Organization capitalizes asset acquisitions exceeding \$500.

8. Contributed Services

No amounts have been reflected in the financial statements for donated services. The Organization generally pays for services requiring specific expertise. However, individuals volunteer their time and perform a variety of tasks that assist the Organization, but these services do not meet the criteria for recognition as contributed services.

9. Contributions

Contributions received are recorded as with or without donor restrictions, depending on the existence and nature of any donor restrictions. Support that is not restricted by the donor is reported as an increase in net assets without donor restrictions. All other donor restricted support is reported as an increase in net assets with donor restrictions, depending on the nature of the restriction.

10. Functional Allocation of Expenses

The Organization allocates its expenses on a functional basis among its various programs and services. Expenses that can be identified with a specific revenue and support service are allocated directly according to their natural expenditure classification. Expenses that benefit multiple functional areas have been allocated across programs, general and administrative, and fundraising expenses based on the proportion of employee time involved.

Ready for Life, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2020 and 2019

NOTE B - LIQUIDITY AND AVAILABILITY OF RESOURCES

The Organization has the following financial assets available within one year of the Statement of Financial Position for general expenditure at June 30, 2020:

| | |
|--|-----------------------|
| Cash and cash equivalents | \$ 241,587 |
| Investments | <u>105,017</u> |
| Total financial assets available within one year | 346,604 |
| Less: | |
| Amounts unavailable for general expenditures within one year, due to: | |
| Restricted by donors with purpose restrictions | <u>118,170</u> |
| Total financial assets available to management for expenditure within one year | <u><u>228,434</u></u> |

The Organization maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

NOTE C - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at June 30,:

| | <u>2020</u> | <u>2019</u> |
|-------------------------------|-------------------------|-------------------------|
| Office and computer equipment | \$ 52,465 | \$ 48,184 |
| Leasehold improvements | <u>50,737</u> | <u>19,813</u> |
| | 103,202 | 67,997 |
| Less accumulated depreciation | <u>(44,258)</u> | <u>(31,176)</u> |
| | <u><u>\$ 58,944</u></u> | <u><u>\$ 36,821</u></u> |

Depreciation expense was \$13,082 and \$9,744 for the years ended June 30, 2020 and 2019, respectively.

NOTE D - FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial Accounting Standards Board Accounting Standards Codification 820-10 establishes a framework for measuring fair value. That framework 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 measurement) and the lowest priority to unobservable inputs (level 3 measurements).

Ready for Life, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2020 and 2019

NOTE D - FAIR VALUE OF FINANCIAL INSTRUMENTS - Continued

The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

- Level 1 valuations, where the valuation is based on quoted market prices for identical assets or liabilities traded in active markets (which include exchanges and over-the-counter markets with sufficient volume),
- Level 2 valuations, where the valuation is based on quoted market prices for similar instruments traded in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market, and
- Level 3 valuations, where the valuation is generated from model-based techniques that use significant assumptions not observable in the market, but observable based on organization-specific data.

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

The following is a description of the valuation methodologies used for significant assets and liabilities measured at fair value at June 30, 2020 and 2019:

Mutual Funds: the Organization uses quoted market prices of identical assets on active exchanges, or Level 1 measurements.

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

The following tables set forth by level, within the fair value hierarchy, the Organization's assets at fair value as of:

| <u>June 30, 2020</u> | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Fair Value</u> |
|----------------------|-------------------|----------------|----------------|-------------------|
| Assets | | | | |
| Mutual Funds | \$ 105,017 | \$ - | \$ - | \$ 105,017 |
| | <u>\$ 105,017</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 105,017</u> |

Ready for Life, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2020 and 2019

NOTE D - FAIR VALUE OF FINANCIAL INSTRUMENTS – Continued

| <u>June 30, 2019</u> | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Fair Value</u> |
|----------------------|-------------------|----------------|----------------|-------------------|
| Assets | | | | |
| Mutual Funds | \$ 103,864 | \$ - | \$ - | \$ 103,864 |
| | <u>\$ 103,864</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 103,864</u> |

NOTE E - NET ASSETS WITH DONOR RESTRICTION

Net assets with donor restriction contain donor-imposed restrictions that expire upon the passage of time or once specific actions are undertaken by the Organization. The net assets are then released and reclassified to unrestricted support when they are expended. Net assets with donor restriction consisted of the following as of June 30,:

| | <u>2020</u> | <u>2019</u> |
|--------------------|-------------------|-------------|
| Ready for tomorrow | \$ 99,933 | \$ - |
| Dental funds | <u>18,237</u> | <u>-</u> |
| Total | <u>\$ 118,170</u> | <u>\$ -</u> |

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by donors. The net assets released from restrictions are \$8,012 and \$5,000 for the years ended June 30, 2020 and 2019, respectively.

NOTE F - SPECIAL EVENTS

The Organization conducted special events, during the years June 30, 2020 and 2019 to benefit the Organization. Net special event revenue consisted of the following at June 30,:

| | <u>2020</u> | <u>2019</u> |
|----------------------------------|-------------------|-------------------|
| Gross receipts | \$ 135,687 | \$ 239,867 |
| Less direct expenses | <u>(17,240)</u> | <u>(30,735)</u> |
| Total special event revenue, net | <u>\$ 118,447</u> | <u>\$ 209,132</u> |

Ready for Life, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2020 and 2019

NOTE G - COMMITMENT AND CONTINGENCIES

The organization leases office space and equipment under agreements expiring in July 2023 with the office lease including an option to expend the agreement until July 2026. The future minimum payments due under these agreements are as follows for the year ended June 30, 2020:

| <u>Year ending June 30,</u> | |
|-----------------------------|-------------------|
| 2021 | \$ 71,800 |
| 2022 | 73,800 |
| 2023 | 76,000 |
| 2024 | <u>6,300</u> |
| Total | <u>\$ 227,900</u> |

Office lease expense for the years ended June 30, 2020 and 2019 was \$59,339 and \$54,159, respectively.

NOTE H - NOTE PAYABLE - PPP

The Organization obtained a \$96,100 loan under the U.S. Small Business Administration ("SBA") Paycheck Protection Program ("PPP") in April 2020. Under the PPP, and the Coronavirus Aid, Relief, and Economic Security Act (the "Act"), up to the full principal amount of the loan and any accrued interest can be forgiven if the Organization uses all of the loan proceeds for forgivable purposes as required under the Act and any rule, regulation, or guidance issued by the SBA pursuant to the Act (collectively, the "Forgiveness Provisions").

Any processes or procedures established under the Forgiveness Provisions must be followed and any requirements of the Forgiveness Provisions must be fully satisfied in order to obtain such loan forgiveness. Pursuant to the provisions of the Act, the first six monthly payments of principal and interest on this loan will be deferred. Interest is charged at 1% on the loan and will accrue during the deferment period.

If no portion of the loan is forgiven under the Forgiveness Provisions, the Organization must pay principal and interest payments of \$5,408 starting in November 22 ,2020 and through April 22, 2022. If any portion of the loan is forgiven under the Forgiveness Provisions, the payments will be in reduced in equal amounts which are sufficient to repay all principal and interest over the remaining term of the loan. The Organization anticipates partially satisfying the Forgiveness Provision of the note payable. Amounts forgiven will be recognized once finalized with the SBA.

Ready for Life, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2020 and 2019

NOTE H - NOTE PAYABLE – Continued

Assuming no amounts are forgiven under the Forgiveness Provisions, the principal maturities on the note payable are as follows:

| <u>Year ending June 30.</u> | |
|-----------------------------|------------------|
| 2021 | \$ 42,300 |
| 2022 | <u>53,800</u> |
| Total | <u>\$ 96,100</u> |

NOTE I - INCOME TAX STATUS

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no income tax liability has been recorded in the financial statements. Management is not aware of any activities that would jeopardize the Organization's tax exempt status. The Organization is not aware of any tax positions it has taken that are subject to a significant degree of uncertainty. Tax years after 2017 remain subject to examination by federal and state authorities.

NOTE J - RISKS AND UNCERTAINTIES

In March 2020, the United States and global financial markets experienced significant volatility resulting from uncertainty caused by the world-wide coronavirus pandemic (COVID- 19). General economic uncertainties have arisen that may impact future cash flows and changes in net assets as a result of the pandemic. The related financial impact cannot be reasonably estimated at this time.

NOTE K - SUBSEQUENT EVENTS

The Organization has evaluated events and transactions occurring subsequent to June 30, 2020 as of October 20, 2020 which is the date the financial statements were available to be issued. In March 2020, economic uncertainties have arisen that may impact future cash flows and changes in net assets as a result of the coronavirus pandemic (COVID-19). The related financial impact cannot be reasonably estimated at this time.

INDEPENDENT AUDITORS' COMMUNICATION WITH
THOSE CHARGED WITH GOVERNANCE

READY FOR LIFE, INC.

JUNE 30, 2020 AND 2019



RIVERO, GORDIMER & COMPANY, P.A.

Member
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Herman V. Lazzara
Marc D. Sasser
Sam A. Lazzara
Kevin R. Bass
Jonathan E. Stein
Richard B. Gordimer, of Counsel
Cesar J. Rivero, in Memoriam (1942-2017)

Stephen G. Douglas
Michael E. Helton
Christopher F. Terrigino
James K. O'Connor
David M. Bohnsack

To the Board of Directors
Ready for Life, Inc.

We have audited the financial statements of Ready for Life, Inc., Inc. (the "Organization") for the years ended June 30, 2020 and 2019 and will issue our report thereon dated October 20, 2020. Professional standards require that we provide you with information about our responsibilities, as well as certain information related to the planned scope and timing of our audit. Professional standard also require that we communicate to you the following information related to our audit.

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Organization are described in Note A to the financial statements. During the year ended June 30, 2020, the Organization adopted ASU 2018-08, *Clarifying the scope of the Accounting Guidance for Contributions Received and Contributions made* as well as ASU 2014-09 *Revenue from Contracts with Customers*. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Management's estimate of the useful life of capital assets is based on historical experience, physical condition and external factors affecting future utility. We evaluated the key factors and assumptions used to develop the valuation estimate in determining that it is reasonable in relation to the financial statements taken as a whole.
- Management's estimate of functional allocation of expenses is based on prior experience, percentage of time devoted by employees to various activities and which functions utilize various supplies and resources. We evaluated the key factors and assumptions used to develop the valuation estimate in determining that it is reasonable in relation to the financial statements taken as a whole.



Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. There are no sensitive disclosures affecting the financial statements.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 20, 2020.

Management Consultations with Other Independent Auditors

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a second opinion on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

This information is intended solely for the use of the governing committees and management of Ready for Life, Inc. and is not intended to be, and should not be, used by anyone other than these specified parties.

Tampa, Florida
October 20, 2020





**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 | Laptop and Microsoft Office 365 | \$849.98 |
| 2 | 1 | Software needed immediately | \$1046.87 |
| 3 | 1 | PSTA Bus Passes & Rideshare Transportation | \$2535.29 |
| 4 | 1 | Zoom | \$89.94 |
| 5 | 1 | Deep Cleaning – COVID-19 | \$1665. |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |

Total Reimbursement Request: \$6,187.08

DISASTER PREPAREDNESS PLAN

Ready for Life, Inc. (RFL)

PURPOSE: This DISASTER AND EMERGENCIES PLAN has been developed to address any foreseeable emergencies within the agency. Within the written plan, step-by-step procedures will be found to address numerous types of disasters. Every staff member is responsible for maintaining detailed knowledge of this plan and its contingencies. This plan will be reviewed and updated annually.

OBJECTIVES: The objectives outlined in the disaster plan are to

1. ENSURE THE SAFETY OF ALL CLIENTS
2. SECURE THE FACILITY

DISASTER DEFINED: A disaster is defined as an occurrence that causes human suffering or creates needs that the victim(s) cannot alleviate without assistance from others. Disasters may include but are not limited to the following examples: Hurricanes, Tornados, Storms, Floods, Earthquakes, Explosions, High Wind Driven Water, and Building Collapses.

DISASTER RESPONSE TEAM: All employees of RFL are members of the Disaster Response Team and will be assigned to assist in various roles before, during and after a disaster.

RESPONSE TEAM ROLES: Additional roles are assigned as follows:

- Chief Executive Officer (CEO), Youth Development Director (YDD), Director of Mentoring and Community Development (DMC), and/or designee are to secure the site prior to the storm, provide guidance during a disaster, and establish short-term stabilization in the immediate aftermath of a disaster.
- Supervisors must ensure that drills are thoroughly practiced ensuring familiarity with the procedure of the disaster plan.

Supervisors must also ensure evacuation routes are posted in conspicuous places throughout the facility.

- All staff members work schedule will remain unchanged unless specific instructions are otherwise issued by the CEO, YDD, DMC, or designee. In the event of a hurricane watch being issued for the area, all staff members are to immediately report to work as outlined in the following section covering hurricanes.
- All Staff have the responsibility of notifying management/supervisory staff of any situation that might develop or be impending as soon as they are aware.
- Designated staff is responsible, in ALL EMERGENCIES, to maintain written documentation of the event and the measures implemented to address the situation. Every effort must be made to secure and protect all records from damage or destruction.

INTERNAL PROCEDURE FOR DISASTER RESPONSE

The CEO, or designee will identify staff members with assignments that may be inclusive of, but not limited to, the following when a natural disaster is anticipated:

Disaster Supply Kits are stored with contained water in the large supply closet

In the event of any disaster, or evacuation, the CEO or designee will maintain communication with via cell phone

**Contact will also be required as described above with Community Partners housed at RFL

NOTE: In the event of damage to the facility, rendering it inoperable, services will be delivered virtually until further notice.

WARNINGS AND ADVISORIES

Tropical Depression: Disturbance with a clearly defined low-pressure area, highest wind speed is 38 MPH.

Tropical Storm: Distinct low-pressure area defined by a counterclockwise circulation with winds of 39-73 MPH.

Hurricane: A tropical storm with a constant wind-speed of at least 74MPH. Also called typhoons and cyclones.

Revised June 30, 2020

Tropical Storm Watch: An alert for a specific area that a tropical storm may pose a threat within 36 hours.

Tropical Storm Warning: An alert that tropical storm conditions (sustained winds of 39-73 MPH) are expected in specific areas within 24 hours.

Hurricane Watch: An alert to specific areas that hurricane conditions pose a threat to an area within 36 hours.

Hurricane Warning: An alert that hurricane conditions are expected in a specific area within 24 hours. ****All precautions should be completed immediately****

Evacuation Order: Once received, EVACUATION IS MANDATORY.

HURRICANE WATCH/WARNING or SEVERE TROPICAL STORM

1. Inform staff of the status—reference emergency student form (section 1 of file), and proceed accordingly
 - a) Ensure Disaster Supply Kit is prepared for operational use (see attached list).
 - b) Ensure all containers are filled with water (10-gallon minimum)
 - c) Secure petty cash and emergency numbers (local and out of town) with the Disaster Supply Kit.
 - d) Listen to TV/Radio for weather updates.
 - e) Make reference as needed to the Hurricane Guide or Emergency Management Guide located in the Disaster Supply Kit

In the event of a HURRICANE WATCH, these specifications also apply

1. Ensure all appliances and computers are unplugged.
2. Turn off all power sources by switching off the main circuit breaker at the rear entrance of the facility.
3. Evacuate to closest evacuation shelters.

TORNADO WATCH

1. A designated staff member will visually monitor outside weather conditions and report any changes to the CEO or designee.
2. Designated staff will monitor the Weather Alert Radio and other available communications for updated information.
EVACUATE CENTER IF CONDITIONS DETERIORATE
3. Be prepared to implement protection procedures to a formal tornado warning if needed

TORNADO WARNING

1. Continue to monitor weather conditions via the Weather Alert Radio and commercial communications for updates.
2. Implement tornado protection procedures—All staff and clients report to the pantry and drop and cover.

SEVERE WEATHER...High winds / Lightning / Heavy rains

1. Ensure all clients and staff members are inside permanent structures
2. Monitor the Weather Alert Radio for information and advisories.
3. Locate all persons to an interior room
4. Maintain a battery-powered radio to monitor progress/updates of storm.
5. Do not leave the interior room until “ALL CLEAR” has been broadcast.

FLOODING

****If a flood warning is issued for the area, the following is applicable****

1. Have all clients and staff leave the building.
2. Place all computer equipment on top of desks or filing cabinets.
3. Close the office until such a time that safe reentry can occur
4. Contact evacuation locations to see if they are open
5. Account for all persons at the time of evacuation decision to ensure all are out of the building and going to safe location.
6. Ensure cell phone is designated and secured to maintain contact with emergency planning.

ALL CLEAR... Emergency has passed, warning has ended.

1. Continue to monitor weather conditions for updates
2. Sound all clear announcement
3. Evaluate the situation and respond as required
 - } Ensure medical assistance occurs as needed
 - } Organize the situation, evacuate if necessary.
 - } Secure the office from unauthorized entry.
4. If transportation of a client cannot be arranged, staff will arrange client transportation.

ELECTRICAL FAILURE

1. Designated staff member will check circuit breaker in the mechanical room.
2. If a breaker has been “tripped”, it should be turned to the “off” position, then to the “on” position.

3. If the panel is warm or hot to the hands, report to the Executive Director.
4. If it is determined that no power is entering the facility, immediately contact Duke Energy.
5. Minimize all movements within the building to prevent accidents/injuries.
6. Should power be out more than 15 minutes, the office should be closed until power is restored.

WATER LOSS

1. Should a leak or pipe breakage occur, shut off water to the problem area.
2. Post as "Out of Order" until corrected.
3. Immediately inform supervisor.
4. Contact landlord, Chris, GCI Largo, LLC 813-545-5552
5. Water supply cut-off valves and the cut-off valve for the sprinkler system are located outside of the building on the northeast corner.

RIOTS

1. Immediately report situation to CEO.
2. Immediately call Police Department.
3. IF RIOT OCCURS OUTSIDE OF BUILDING (Off property):
 - a. All clients and staff remain indoors and away from windows/door until notified by authorities.
 - b. Ensure doors are locked.
4. IF RIOT OCCURS ON PROPERTY:
 - a. All clients will be immediately removed from the area
 - b. All clients will remain with staff.
5. A RFL incident report must be completed

SHOOTINGS

1. Immediately notify law enforcement (911)
2. Follow law enforcement instruction.
3. If shooting is occurring from outside of the building:
 - a. Move all persons away from windows and doors
 - b. Keep all persons low to the ground
4. If shooting occurs from inside building:
 - a. Evacuate all persons, if possible, to the north side area behind the building
 - b. Keep accountability of all persons
5. Be prepared to follow criteria of Hostage Situation if needed.

HOSTAGE SITUATION

REMAIN CALM AND ATTENTIVE

1. Calmly follow the instructions of the Hostage Situation Checklist.
2. Calmly get the attention of another staff member to notify police. Once law enforcement is notified, follow all officer instructions.
3. If situation is occurring on RFL property, CALMLY remove all uninvolved persons, and get a count to determine who is being held.
4. The CEO or designee will notify the family of person being held.

****As a staff member being held hostage along with clients****

1. REMAIN CALM
2. Maintain a submissive, low-key demeanor.
3. DO NOT attempt to fight back or struggle.
4. Comply with abductors instruction to the best of your ability.
5. Act only when directed to do so.
6. Be patient...be prepared to wait.
7. Try to remain optimistic and act as a model for any client that may be with you.

BOMB THREAT

REMAIN CALM AND ATTENTIVE

1. If made by telephone, note the exact time of the threat.
2. Attempt to engage the caller in conversation
3. Calmly follow the instructions of the Bomb Threat Checklist.
4. Observe if the call is being made form an inside or outside phone.
5. Immediately inform the CEO
6. Alert the police department (keep note of times the police were called)
7. Follow all instructions of law enforcement agency.
8. When law enforcement arrives, obtain the police incident number and officer badge number.
9. Keep CEO advised of situation
10. Completed bomb threat checklist will be submitted to the CEO or designee.

CHEMICAL SPILLS

1. If necessary, evacuate the building, follow fire evacuation procedures.
2. Once outside the building, account for all staff and clients.

Revised June 30, 2020

3. Call the fire department to relay information regarding the spill.
4. Should notification by authorities of spill or release in the area occur, all clients to be released.

NUCLEAR WASTE SPILL

1. If outside authorities notify RFL of a nuclear waste spill or release in the area and there is a need to evacuate, clients and staff will be released.
2. Should a client need transportation to a safer location, staff will transport.
3. If authorities determine evacuation to emergency shelter is necessary, site evacuation procedures will apply.
4. Accountability of all persons will occur to ensure all are present and in designated vehicles at time of evacuation.
5. Designated staff member will secure the cell phone to make appropriate notifications and to maintain contact with emergency planning locations.

GAS LEAKS (NATURAL/PROPANE)

1. Pull manual fire alarm system for evacuation. (this will notify fire department)
2. Evacuate in accordance with fire evacuation procedure.
3. **DO NOT** operate any electrical equipment, may ignite gas.
4. After everyone is evacuated safely, call 911
5. Fire Department will determine extent and cause of leak.
6. Fire Department will notify appropriate agency

FIRE PREVENTION PLAN

DESCRIPTION OF OCCUPANCY:

Ready for Life, Inc. is an \$8,500 square foot, single-story skill center. The address of the building is 2300 Tall Pines Drive, Suite 100, Largo, FL 33771. There are three access points--one from the South side of the building and two from the north end.

FIRE PROTECTION SERVICES:

This center is covered by the Largo Fire Department Station 38. The local fire department is located at 7630 Ulmerton Rd, Largo, FL 33771
[\(727\) 587-6714](tel:7275876714)

The emergency number is 911.

FIRE SAFETY SERVICES:

RFL is equipped with smoke detectors and an overhead sprinkler system throughout the building.

Fire Extinguishers---5 Amerex Model A500 (dry chemical, multiple use, 5#) Fire extinguishers are inspected monthly by a staff member designated by the Executive Director, and quarterly by VSC Fire Company.

Mechanical Rooms---Located in the rear area closet and include main electrical controls.

Exits—3 exits—South and North sides of the building.

SUPERVISORY STAFF:

CEO AND/OR DYY: Responsible for timely and orderly evacuation of the building, accountability of all persons, search, and rescue of each room, calling fire emergency (911).

YOUTH DEVELOPMENT COORDINATOR: Maintains all sign-in logs and conducts roll call after evacuation takes place. Count to be reported to CEO or Designee.

ALL STAFF: Assist with all emergency duties.

FIRE HAZZARDS:

RFL maintains microwaves, a toaster, and a coffeepot, which can be potential fire hazards. A fire extinguisher is in the large common area as well as others located throughout the Center.

STAFF TRAINING:

Staff receive an orientation to the program, which is inclusive of emergency procedures. Staff receives further training in the implementation of written disaster plans and the operation of fire suppression equipment. Documentation of staff training will be the Master Training Binder.

FIRE DRILLS

Unannounced fire drills will occur monthly. A written evaluation along with a review of the drill with staff is conducted for each drill. The written evaluation is kept in the fire drill log.

ANNUAL INSPECTION:

Each year, the Fire Marshal completes an inspection of the building and gives a written report noting any items needing corrected or repaired.

EMERGENCY COMMUNICATION:

The following is a list of emergency communication methods:

- Messenger
- Telephone / Cell Phone
- E-mail

Revised June 30, 2020

EMERGENCY TELEPHONE NUMBERS

Fire and Police Departments: 911 / Administration 541-0760

Pinellas County Emergency Manager: 464-3800 / Fax 464-4024

Hazardous Material Response Organization: 1-800-282-3171

Red Cross: 898-3111

Helpline: 344-5555

Emergency Hotline (during actual disaster): 893-7790

Poison Information Center: 1-800-282-3171

*****ADDITIONAL STAFF NUMBERS CAN BE LOCATED ON STAFF PHONE NUMBER ROSTER*****

CRISIS RESPONSE PLAN

CODE RED-----STOP AND STAY

- ⊗ REMAIN IN YOUR CURRENT LOCATION UNTIL FURTHER INSTRUCTION
- ⊗ LOCK YOUR DOOR(S)
- ⊗ CLOSE YOUR BLINDS AND STAY AWAY FROM YOUR WINDOWS

CODE YELLOW-----STAY AND BE CAUTIOUS

Revised June 30, 2020

- ⊗ REMAIN IN YOUR CURRENT LOCATION UNTIL FURTHER INSTRUCTION
- ⊗ CARE IS TO BE EXERCISED

CODE GREEN-----EXIT THE BUILDING

- ⊗ ALL STAFF, CLIENTS, AND VISITORS MUST EXIT
- ⊗ MUST ACCOMPANY CLIENTS IN THEIR CARE TO THE MEETING LOCATION OUTSIDE OF THE FACILITY
- ⊗ FOLLOW EVACUATION PROCEDURE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2020

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

| | | | |
|---|--|--|-----------------------------|
| PRODUCER Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Saint Petersburg FL 33701 | CONTACT NAME: PHONE (A/C. No. Ext): 727-522-7777 | | FAX (A/C. No): 727-521-2902 |
| | E-MAIL ADDRESS: certificates@w3ins.com | | |
| INSURER(S) AFFORDING COVERAGE | | | NAIC # |
| INSURER A : Alliance of Nonprofits for Ins. RRG | | | 10023 |
| INSURED Ready For Life, Inc. 2300 Tallpines Drive Ste 100 Largo FL 33771 | INSURER B : | | |
| | INSURER C : | | |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

COVERAGES

CERTIFICATE NUMBER: 1837093077

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 201945423 | 9/16/2019 | 9/16/2020 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 |
| | | | | | | | MED EXP (Any one person) | \$ 20,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 3,000,000 |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE | OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City Of Largo, and its elected officials and employees, 201 Highland Avenue Largo, FL 33770 is included as additional insured.

CERTIFICATE HOLDER**CANCELLATION**

City Of Largo
 201 Highland Avenue
 Largo FL 33770

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: ____ Ready for Life, Inc. _____

Ready for Tomorrow - COVID 19 Unexpected Expenses

FROM (date): 3/1/2020 TO (date): 12/31/2020

| 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> | \$0 | \$0 |
| Equipment <i>(computers, furniture, etc., less than \$3,000 per item)</i> | \$18,470 | \$18,470.18 |
| Supplies <i>(office materials, program related purchases, program necessities to deliver services, etc.)</i> | \$3,795 | \$3,795 |
| Occupancy <i>(property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)</i> | \$0 | \$0.00 |
| Local Travel <i>(mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)</i> | \$2,535 | \$2,535.29 |
| Training <i>(staff development, conferences, long distance travel)</i> | \$0 | \$0 |
| Design, Printing, Marketing & Postage <i>(for direct program related services only)</i> | \$0 | \$0.00 |
| 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> | \$11,650.59 | \$11,650.59 |
| Purchased Services <i>(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)</i> | \$14,953 | \$14,952.61 |
| Indirect Costs <i>(pre-negotiated federal rate, de minimus rate of 10%, or none)</i> | | |
| TOTAL | 51403.67 | 51403.67 |

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: Ready for Life

Project Name: Ready for Tomorrow

FROM (month/year): March 2020

THROUGH (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).

None.

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.

In today's new normal, it is imperative that organizations have the capacity to work smartly and safely. An organization's ability to adapt to the changing requirement regarding COVID-19 and their ability to adjust client services, are the organizations that will not only survive, but thrive during this crisis.

In following CDC Social Distancing Guidelines, and be capable of working from anywhere, Ready for Life is requesting the addition of 11 laptop computers (reimbursement for one laptop computer and the purchase of 10 additional laptop computers for use by staff within the RFL Skill Center or outside our facility). 100% of RFL's training programs/counseling sessions/meetings have transitioned from in-person to virtual trainings, being conducted over ZOOM with RFL Staff; trainers; clients; volunteers, Board Members, and mentors. RFL tutoring for GED, College Classes, Driver's License, etc., is fully virtual. Mental Health Counseling is now conducted virtual or even by phone. Volunteer trainings, staff meeting, management meetings, Board meeting and committee meeting are all hosted virtually to comply with CDC Guidelines and for the safety of the RFL clients, staff, and volunteers.

1. Reimbursement for one laptop computer: \$749.00 + \$99 warranty = \$849.98 - Purchased from COSTCO on 08/05/2020, for the use of RFL's Director of Finance. This was an immediate need, to stay compliant with State COVID Distancing Guidelines, yet continue to manage RFL financial contracts, youth needs, accounts payable and receivable, and important financial reports.
2. **2 thru 11.** Request to purchase a laptop computer \$1395.03 and docking station \$366.99: Totaling \$1762.02 Technology at RFL is managed through a contract with IGTECH365. With their professional guidance on the logistics and increased technology needs at RLF due to COVID (adding 11 laptop computers for working remotely, social distancing within the Center,

community outreach for clients and volunteers, increased virtual communications/counseling/trainings/etc.) they suggested a Dell Latitude 3500 Laptop computer would fill the immediate, increased needs of today and be sustainable well into the future. (The prices on computers and docking stations fluctuate often, and we expect to find them for less before the end of the year.)

While most of RFL's scheduled behavioral/mental wellness programs (Ready for Health, Ready for Jobs, Opportunity Passport, individual counseling sessions, etc.) went virtual in March, staff have been utilizing their own personal equipment (phones or computers) to participate. Communication with clients, partner agencies, staff members, and management requires up-to-date equipment with video and audio capabilities, and the ability to protect sensitive or personal information. All RFL Staff returned to working in Center in October (after working split or staggered shifts {some working remote, and others in the Center}, with the Center staying open as an essential organization. Each RFL staff member has a desktop computer to use in the office, however due to CDC Distancing Guidelines, meetings cannot usually happen within an office (due to the small office sizes) and moving around the office is not possible with a desktop. Additional technology equipment and infrastructure are critical needs at RFL in the continuation of our mission. Laptop Computers 2 thru 7: Utilized by the Youth Services Team consisting of one (1) Director of Youth Services, and five (5) Youth Specialists. This team, made up of former foster care youth, makes the RFL model successful. It is important these employees have the proper equipment to sever the clients, record data, research resources and stay connected. Laptop 8: Used by RFL's CEO. Managing all aspects of the organization, the CEO must have access to information from any location, including all virtual events. Laptop 9: Used by RFL's Director of Development. Managing the resources, fundraising, and marketing requires immediate access to personal information that must remain secure. Laptop 10: Used by RFL's Director of Community Engagement and Mentors. Managing volunteers, especially the recruiting, screening and training of mentors, is essential to our clients behavioral/mental wellness. The ability to participate and/or host virtual events safely with volunteers is a necessity. Laptop 11: Used by RFL's Data Processing Specialist. Managing the critical client data, and the important donor data requires essential security to protect the sensitive and personally identifiable information.

Total Equipment Funding Request: \$18,470.18 (\$849.98 reimbursable and \$17,620.20 future purchase of 10 laptop computers).

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.

In August 2020, RFL contracted with Alliance Maintenance (referred and used by Eckerd Connects) to perform bi-weekly COVID cleaning treatment: Fog/Mist Entire Building with Germicidal Anti-Microbial Disinfectant at a cost of \$500 per month. In October 2020, RFL added an additional Deep Cleaning to the contract at an additional \$165 per month. During the months of Nov and Dec, Alliance Maintenance will perform a deep cleaning/disinfection of the carpet throughout the RFL Skill Center at an additional \$400 per month.

Total Supplies Funding Request: \$3795 (Reimbursable: \$1665 (August through Oct); Continuation for Nov & Dec: \$2130) Request for COVID sanitation, cleaning, safety, and confidence at RFL's Skill Center

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.

Public transportation was an enormous issue for our youth, early on during this crisis. The buses that were running could only carry eight people, so if the bus was full, it just drove right by the usual bus stops. Youth were waiting hours at times, watching bus after bus pass by, before one would finally stop. Learning this, RFL Staff began delivering the much-needed supplies to our young clients and their families or scheduling a Rideshare for them to get to appointments or critical outings.

Between March and August 2020, RFL spent \$2535.29 on PSTA Bus Passes and Rideshare transportation.

Total Travel Funding Request: \$2535.29 (100% reimbursable) for COVID related transportation expenses.

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.

This request for funding is for two capital COVID-19 related projects to keep RFL clients, staff and volunteers safe and protected and in compliance with the CDC Guidelines. Prior to COVID-19, RFL had security personnel in our lobby, screening everyone who entered with a security wand and a manual bag/backpack check. Unfortunately, that position was eliminated in June, leaving the lobby unmanned and wide open with no barriers for separation, germs, or security. Most businesses and organization have found ways to provide protection for front-line employees through walls, plexiglass, etc. By creating a separated work area in the RFL lobby, the opportunity for more "in-person" client evaluations, mental health counseling sessions, and other client/volunteer gathering can be scheduled. The following information was taken directly from the CDC Website: *Social distancing guidance recommends maintaining 2 meters (6 feet) distance between individuals to reduce the potential for transmission of COVID-19. In some settings, e.g., a customer interacting with a worker or other workplace settings, it may not be feasible to maintain the 2-meter distance. Physical barriers are an example of an engineering control that can reduce droplet transmission in these settings.^{1,2} Plexiglass, a transparent acrylic plastic, can be used as partitions between individuals. Multiple organizations suggest the use of plexiglass or other barriers for a variety of industries to reduce exposure. CDC and OSHA both recommends use of plexiglass or clear plastic barriers in pharmacies between the worker and customers at pickup counters.^{1,2} Similarly, WHO mentions the use of physical barriers at registration desks, triage desks or pharmacy windows in the healthcare setting.³*

Capital Project 1: RFL proposes a built-in lobby receptionist/security workstation with a plexiglass barrier top to provide safety, distancing and separation between guests and staff. Adding this barrier creates a professional appearance and a non-threatening environment for everyone who comes to our door. While many of our scheduled programs have gone virtual, the RFL Skill Center has remained open for young people aging out of foster care in crisis. When a client comes to RFL for the first time, it is not usually by appointment, and they are usually in crisis. Once some stability has been achieved, young people begin participating in RFL programs and get matched with a mentor. The front desk position is essential to RFL's operations, triage, and security. We consulted with several builders, businesspeople, and our landlord on the details of a receptionist/security area at RFL, and they unanimously agreed that building in workstation, with plexiglass divider is important and the most cost-effective way to obtain our objective. Trying to piece mill our project together (a workstation, plexiglass dividers, a door and installation) would end up costing considerably more in money and time. This is a specialized project, since it is millwork and not simply construction (building a workstation and not just a wall), so we were only able to obtain two project bids (due to the small size of this project and the unavailability of time, several millwork businesses were not interested in taking this on). However, of the two bid we did receive, we are very familiar with SpaceWerks, as they were the winning bid that handled the recent RFL kitchen and laundry/shower remodel projects. SpaceWerks has agreed to this project and the timeframe to have it completed by 12/31/20 at a total cost of \$9718.50. This bid includes the millwork, installation and construction needed to complete this RFL lobby safety & security project. The other bid, from Rich Maid Cabinets, in the amount of \$9,885, is for the workstation and the protective acrylic screen, but does not include the construction necessary to close-off the reception area from the open area (a door needs to be installed to divide the spaces).

Total Capital Funding Request for Project 1: \$9718.50 - SpaceWerks

Capital Project 2: RFL proposes the purchase and installation of a walk-thru metal detector at the entrance door. Again, prior to COVID-19, security personnel would manually search guests at RFL. However, with distancing guidelines and for the protection of staff, installing technology that can scan a person and their belongings, without touching, is a necessity. By adopting readily available technology, such as a walk-through metal detector, RFL will be more efficient, while protecting clients, staff, and volunteers. December is probably the busiest month at RFL, as the Holidays have a way of bringing our RFL Family together. Having this added security at the RFL front door in December, would mean approximately 200 youth (and little ones) would enter, and we would immediately know, without needing to do a personal search, that everyone is safe. Finding ways to search persons and possessions under the CDC Guidelines is difficult at best, this added protection provides safety to our clients and our staff members. After researching products, companies, and prices, we decided on Garrett Electronics, Inc for the RFL Walk-Thru Metal Detector. While they have several models, we have selected a lower end model, after conversations with Garrett and finding it fits all our project needs.

Total Capital Funding Request for Project 2: \$1932.09 - Garrett Metal Detector Model MZ6100

Total Capital Funding Request: \$11,650.59

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.

One of the biggest challenges, when COVID-19 hit, was navigating technology. Many technology purchases and/or upgrades were necessary immediately to continue doing business. Using technology to communicate, to conduct background checks, to sign documents, and more were no longer considered

luxuries, but became necessities overnight. Staying engaged with clients, checking on their wellbeing, providing needs food and personal supplies, conducting counseling sessions, and encouraging important mentor matches and relationships, all relies on technology.

Software: RFL has spent **\$1046.87** on software needs, directly due to COVID. Immediately we needed a software upgrade from Tech Soup for \$65, and to add Acrobat Pro for \$179.88. The new laptop computer (for the Director of Finance, needed Microsoft Office 365 at \$99.99, and we needed to purchase three (3) additional HMIS licenses at \$702, so that each Youth Specialist (case manager) could connect with their clients, regardless of where they were working.

DocuSign: \$300 – RFL needs this service for the signing of documents and agreements between clients, volunteers, and community partners, especially during times of distancing. With every new client intake, a signature is needed, and finding a way to do this safely is a priority. DocuSign is truly a necessity in today's world.

Zoom: \$89.94 - RFL purchased Zoom in March 2020, to communicate while working remotely due to COVID regulations. 100% of RFL trainings, meetings, and counseling are conducted by Zoom.

QuickBooks On-Line Plus: \$890 – RFL has been using QuickBooks, but due to COVID-19 restrictions, has discovered that we really should be using QuickBooks On-Line instead. According to our Board and our Auditors, using QuickBooks On-Line creates safer and more secure financial documents. Utilizing the CDC Guidelines, QuickBooks On-Line makes it possible for people to be working on the same document, from any computer location, anywhere. Again, QuickBooks On-Line was not something we expected to need, or had prepared for in our operational budget, but it is a service we will be switching to before the end of 2020.

Technical Infrastructure: \$12,625.80 - RFL contracts our IT services with IGTech365 and adding 10 new computers to the current infrastructure requires added equipment, management, and services as well. Finding a way to use wi-fi from anywhere (for safety and distancing) in the RFL Skill Center involves adding wireless access points throughout the Center (4), with equipment, installation, and licensing required at each point (IGTech365 has provided a through quote of the break-down of costs, see attached). Set-up, configure and migration of data for each laptop is also essential, allowing the additional laptop computers to look and function exactly like the existing desktop computers. Increase in the technology is needed for risk mitigation, disaster preparedness, smart, green, and healthy offices.

Our RFL Center must become more technology enabled as the central brain or hub. More applications to support remote and distributed work have become necessary to sustain workers working remotely or within the Center. While most of RFL's scheduled behavioral/mental wellness programs (Ready for Health, Ready for Jobs, Opportunity Passport, individual counseling sessions, etc.) have gone virtual since March, managing with our current technology presents challenges, and serving young people aging out of foster care (often in crisis) is not always able to be "scheduled". RFL staff work in the Center, however, to stay in compliance with CDC Distancing Guidelines, often unable to meet clients in their offices, so technology must be able to be mobile. The Center needs wi-fi capacity throughout, and the ability to participate and/or host virtual events utilizing video and audio from anywhere. Clients, staff, and the community will benefit from increased infrastructure at RFL. Technology we had not visualized before the pandemic, now must be implemented in order to serve our mission. Our request of increased technology infrastructure is essential to protect sensitive information and increase efficiency in the new normal created by COVID-19.

Total Purchased Services Request: \$14,952.61

Total CARES Grant Request from Ready for Life: \$51,403.67

Financial documentation has been removed to protect privacy. It is on file at PCF.



**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 | Laptop and Microsoft Office 365 | \$849.89 |
| 2 | 1 | Software needed immediately | \$1046.87 |
| 3 | 1 | PSTA Bus Passes & Rideshare Transportation | \$2535.29 |
| 4 | 1 | Background Screening | \$885.70 |
| 5 | 1 | DonorPerfect – Additional Services | \$1102.92 |
| 6 | 1 | Zoom | \$89.94 |
| 7 | 1 | Deep Cleaning – COVID-19 | \$1665. |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |

Total Reimbursement Request: \$8,175.70