Application Form

Organization Information

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

The evaluation rubric that will be used to score your request is now available here: Download Rubric

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

Organization Name*

Ready For Life Inc.

Proposal Name*

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

Ready For Life Security and Technology

EIN*

26-4032979

Incorporation Year*

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

2009

Organizational Mission Statement*

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

Ready For Life Mission:

To provide support, resources, and guidance former foster care youth need to successfully transition to adulthood.

Unique Entity ID (SAM)

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

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

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

Character Limit: 12 MJM5BDU8APL5

Annual Operating Budget Size*

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

\$921,500.00

Amount Requested*

The maximum grant amount is \$199,999.

\$32,224.00

Parent Non-Profit/Subsidiaries*

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

<u>Example</u>

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

No

Request Specifics

Printed On: 1 October 2022

Organization Programmatic Background*

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

Ready For Life Inc. (RFL) was started in 2009 as a grassroots effort to help young adults stuck in a terrible situation - alone at 18, facing adulthood on their own. Ready for Life is a solution-based skill center supporting former foster care youth in homelessness prevention, education & employment, and lifeline support networks.

RFL serves youth in Pinellas County from 15 – 25 years old that are in foster care or have already transitioned out of foster care and are now on their own. We exist to help change lives beyond foster care and increase opportunities to be productive, healthy community members, breaking the cycle of child abuse and neglect for the next generation. To date we have helped over 1000 young adults as well as 210 of their own children.

RFL is a family environment where young people find basic needs like food and meal kits, personal and hygiene supplies, caring support, and access to laundry and shower facilities. Until immediate basic needs are met, it is nearly impossible to contemplate the future, and RFL believes that all young people deserve the opportunity for a successful future. Immediate response to lifelong needs for anyone transitioning into adulthood. Even the most privileged young adults will tell you that, "adulting" is hard. Imagine not having your immediate family raising you, then being sent out into the world to survive without a connected nurturing extended family. Immediate help turns into ongoing support and that helps break the chain of generational connectivity to the child welfare system through homelessness prevention, education, employment, life skills and support networks.

RFL offers an Educational Learning Lab program; a full-time Mental Health Counselor through a partnership with the Pinellas County Public Defender's Office; legal services provided through the Community Law Program, supported by the St. Petersburg Bar Association; Mentor Program; Youth Council; Mommy & Me; Keys to Independence; and more.

Community Need*

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

On their 18th birthday, foster care ends for many foster care youth, regardless of their situation. The tough truth is that these resilient young people ended up in the dependency system through no fault of their own, yet the trauma, turbulence and trials of their challenging circumstances become theirs to face in this world. Unfortunately for most of these kids the turbulence continues until they turn 18 and then they find themselves on their own without the education, skills or the foundation they need to be independent and self-sufficient. If we don't help them fill in the life skill and learning gaps and create self-sufficiency by the age of 25 the national statistics show a dire outcome including chronic homelessness, drug addiction, incarceration and early death.

Ready For Life provides consistency, stability and resources for Pinellas teens who find themselves at 18, looking toward a scary and uncertain future. We provide a stable location where life skills are learned, meals are prepared and members can gather around the kitchen, talk and share life's ups and downs. Although we are in an office complex, we have created a locker room as a place for our unhoused young adults to take a shower, wash their clothes and take a break. We have a clothes closet and a food pantry along with caring adults who provide youth advocacy - teaching, counseling, legal assistance, mentoring, and other assistance that would normally be graciously and lovingly provided by a parent, aunt, uncle, grandparent or cousin.

RFL works closely with our Community Based Care Lead Agency, Family Support Services, and other provider agencies that work with teens in foster care and independent living to ensure that partner agencies know about RFL services and can make referrals. Conversely, RFL helps connect clients to community resources as need to promote self-sufficiency, education and wellness. RFL also provides office space for several community partners.

Negative Economic Impact on Organization*

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

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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

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

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

Copy of ERC Retention Credit Analysis.pdf

Attached is the income analysis from our CPA. The majority of our reduction in funding occurred due to cancellation of RFL's fundraising events along with our 3rd party events where our organization is the beneficiary. RFL is 95% privately funded and relies heavily on our individual donations as well as our fundraisers. This loss in funding has a severe negative impact on our budget and therefore reduced services. The operational costs remained the same regardless of the fact that the majority of our services were all remote except crisis or stabilization services that were provided to meet basic needs.

Proposal Description*

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

Please describe your purchase proposal and address the following:

What will you be purchasing with these funds?

- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question? Ready For Life will purchase:
- 1. Five desktops to be used at the office for staff along with an extra monitor for dual purpose. This will provide in-the-office technology to meet needs. An additional 2 laptops are needed for work spaces to be used our young adults and for community partners work. Lifespan: 5 years

 The pandemic created a need for more technology to be used on a daily basis and now that we are past the crisis, we are primarily back at the office providing services through our skill center. We are still lagging in available technology to meet our current needs for the staff and those we serve.
- 2. One printer with a maintenance plan to eliminate the higher cost of leasing a printer. Lifespan: 5-10 years Forms and documents need to be provided to young adults so that they can use them as needed and turn them in to community agencies. Since we are a "forever" resource to those who join us annually, our population grows and our need to serve increases.
- 3. Phone system to replace the existing, insufficient network of telephone lines at the office. Lifespan: 5-10 years

The pandemic exposed a weakness that really impacted the agency's ability to work remotely without staff at the office to answer calls and direct resources. Calls were missed and callers needs were delayed, adding stress and strain to already stretched resources.

- 4. Office security system to increase security at the office. Lifespan: 3-5 years
 The pandemic resulted in higher costs of living to include gas prices, housing costs and food costs. Increased stress experienced by vulnerable individuals can often lead to acting out behaviors as well as crisis responses that can become violent. Unfortunately RFL has had to ask several former clients to stay away from the office and enact trespass warrants. With technology improvements, RFL can better protect everyone in the office and create a more secure environment.
- 5. Smart Board, Smart TV and Mount. Lifespan 5-10 years

RFL's initiative to connect youth with education and information, involves using all resources available to develop new strategies and methods for positively impacting the youth we serve. Recent data illustrates that visual learning is imperative to teaching young people, and both items listed would impact the messages and education we seek to provide our youth. Today, it is challenging to convey abstract concepts to young people without some visual learning involved, and both items remedy this obstacle.

Guiding Principles - Client Impact*

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

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

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

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

All children associated with the child welfare system are considered, for statistical purposes, to be living in poverty and inequality. This purchase will benefit the community members defined above by giving us the tools and technology to serve them better and more efficient. Now that we can hold more in-person events, having this equipment will allow us to connect our clients with resources to meet their personal, medical, and mental health needs as they do not always have access to these types of resources.

Additionally, the updated technology would be extremely beneficial engaging and retaining mentors so that the youth we serve that have been adversely affected by poverty and inequality can have a supportive individual in their life. By promoting more effective communication with our youth and mentors, we will be capable of streamlining our services.

We would also benefit from updated technology by using it to pull real-time data, so we have a better understanding of our engagement with the youth we serve as well as their mentors to track services and be able to pivot our direction when needed.

Number Served*

How many people will directly benefit from this capital purchase annually? 500

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated? **Duplicated:** A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

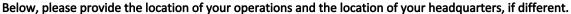
If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

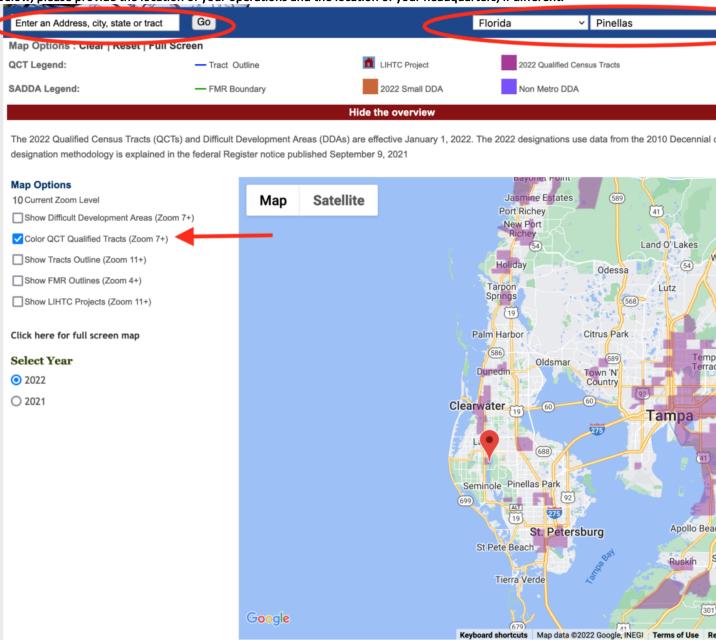
Additional information on duplicated client services can be provided as needed.

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

To assess if your organization serves or is headquartered in a QCT, use the following link: https://www.huduser.gov/portal/sadda/sadda_qct.html

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





Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: https://dos.myflorida.com/sunbiz/search/

2300 Tall Pines Dr., Suite 100, Largo, FL 33771

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

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

Examples

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

All purchases will take place at our office location:

2300 Tall Pines Dr., Suite 100, Largo, FL 33771

QCT Determination - Purchase*

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

No

Community Connection

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

Community Representation and Connection*

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

Ready for Life, Inc. is a family-like support network gathered together to support former foster youth to make a successful transition from Foster Care to Adulthood. The former foster youth whom we serve declared us

their "Ready for Life Family" many years ago when we began service to this vulnerable population, and the name stuck – because that is just what we are, a family.

We have over 1,307 people registered into our supporter network active as Volunteers, Mentors, Community Partners, and Funders, gathered to support the 350 (average) caseloads annually, as well as the Alumni (those who have graduated from the RFL programs and are more stable and on their own), and the 210+ Little Ones who are the children of the former foster youth we serve.

We are led by what we call the "Youth Voice" and 100% of our programming and support measures are generated from the real-world experiences communicated to us through the relationships we have with the young adults we serve. The Youth Voice is at the top of our organizational chart, Youth sit on every committee, and we host regular community gatherings where Former Foster Youth and our entire Support Community come together to learn, celebrate successes, brainstorm solutions, hold each other through grief, and stay connected.

The population we serve is 58% white, 28% black, 10% Latinx, and 4% more than one race identified. 10% identify as LGBTQ+ and 2% identify as neurodiverse/physically disabled.

The volunteer mentors closely resemble the population served.

The staff of 11 employees, is 75% white and 25% Black. Of those staff 25% identifying as LGBTQ+ and 18% identifying as neurodiverse/physically disabled.

The volunteer board consists of 11 members, 7 identify as male, 4 as female, 10 % Hispanic, 30% Black, 60% White, 1 member is a former constituent and represents the Youth Voice. No members of the Board identify as LGBTQ or Neurodiverse/phsically disabled.

Leadership Demographics - Board Membership*

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

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

BIPOC LGBTQ+

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Leadership Demographics - Executive Level Leadership Team*

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

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

Neurodiverse/physically disabled

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

BIPOC

LGBTQ+

Neurodiverse/physically disabled

Leadership Demographics - CEO/Executive Director*

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

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

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable." None of the above

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

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

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

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

ARPA - PCF 2022.pdf

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Sole Source*

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

N/A

Related Parties*

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

Examples of Related Parties

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

If ves, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties below.

Budget Summary*

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

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

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

Budget-Template-Small-Capital-Purchases (1).xlsx

All information contained in the attached document.

Other Funding Sources*

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

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

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

None

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Any additional funds needed for replacement planning purposes will be sought prior to the expected lifespan of each item.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

The changes in operating costs will not be significantly increased due to these purchases and any increased costs will be offset by private donations and future grants from other sources. As for the printer it will be a reduced cost purchasing as opposed to renting.

Organization Documentation

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

Organization Budget*

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

RFL2022 - 2023 Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

2022-2023 RFL Board List.docx

IRS Form 990*

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

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

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

Only PDF files are permitted.

Ready 4 Life June 30 2021 990.PDF

Most Recent Financial Statements*

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

Ready for Life Inc. - Financial Statements 2021-2020.pdf

Attached is the audit for July 1, 2020 - June 30, 2021. Ready for Life is in process with our 2021 - 2022 audit and it will be completed prior to the end of this calendar year.

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

Insurance dec page exp 9-2022.pdf

Our new declaration page will be provided when we receive it. It is scheduled to renew next week. Attached is the current declaration page.

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

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

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

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

Additional Upload

Printed On: 1 October 2022

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

Anything else to share?

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

"National experts estimate that of the 18 year olds that "age out" of foster care each year, up to 40% will face the cruel reality of homelessness, less than 45 percent will have completed high school and less than 50 percent will be employed. Without a support system, 41% will be on some type of public assistance by the time they are 22 years old. This is a national and statewide issue that is being addressed on various public and private levels. As with many vulnerable populations, a comprehensive approach is needed to prepare

foster youth with an alternative to the revolving door of delinquency, alcohol and substance abuse, homelessness and incarceration." https://www.flhousing.org/wp-content/uploads/2012/06/Aging-Out-Of-Foster-Care.pdf

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- Copy of ERC Retention Credit Analysis.pdf
- ARPA PCF 2022.pdf
- Budget-Template-Small-Capital-Purchases (1).xlsx
- RFL2022 2023 Budget.pdf
- 2022-2023 RFL Board List.docx
- Ready 4 Life June 30 2021 990.PDF
- Ready for Life Inc. Financial Statements 2021-2020.pdf
- Insurance dec page exp 9-2022.pdf

Ready for Life, Inc. Employee Retention Credit Analysis

	Fiscal Year 2019	Fiscal Year 2020	% Change
Quarter 2	227,563	273,902	20%
Quarter 3	135,787	46,865	-65%
Quarter 4	265.398	291.660	10%

	Fiscal Year 2019	Fiscal Year 2021	% Change
Quarter 1	239,749	230,297	-4%
Quarter 2	227,563	219,147	-4%
Quarter 3	135.787	111.629	-18%



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Processor	4 Matching results
Intel® Core™ i7 vPro® (2)	
Intel® Core™ i5 (2)	
Operating System	
Windows 11 Home 64 (2)	
Windows 11 Pro 64 (2)	- College
Graphics	
Intel® UHD (4)	IdeaCentre AIO 5i (27")
	Save \$110.00
Memory	Est Value ① \$1,139.99

1-855-253-6686 Option #2

Checkout (3 items)

\$3,061.99

\$3,061.99

\$3,061,99

\$0.00

\$0.00

Place your order

By placing your order, you agree to Amazon's

privacy notice and conditions of use.

Pay \$170.11/month for 18 months, interest-free with your Amazon Prime

your order. (Why aren't all my items eligible?)

Order Summary

Shipping & handling:

Total before tax:

Estimated tax to be collected:

Order total:

Rewards Visa Card.

How are shipping costs calculated? Prime shipping benefits have been applied to

Items (3):

Shipping address

Kathy Mize

1666 FIELDFARE CT

DUNEDIN, FL 34698-7402 Add delivery instructions

Payment method

Amazon Prime Rewards Visa Signature Card

Change

Change

ending in 5607 Earns 5% Back

Billing address: Same as shipping address.

Add a gift card or promotion code or voucher

Enter code

Apply

Apply Amazon Rewards Visa Signature Card Points \$2.17 (217 points) available

3 Review items and shipping

Signature required at time of delivery.

Please ensure someone will be available to sign for this delivery.

Important message

If tax exemption is applied to this order, you acknowledge your tax exemption certificate may be provided to any marketplace seller you purchase from when applicable.

Select FREE Amazon Day Delivery below to have orders delivered together in fewer boxes on a single day.

Delivery: Sept. 14, 2022 If you order in the next 11 hours and 56 minutes (Details) Items shipped from Amazon.com



LG Gram 17Z90P Laptop 17" IPS Ultra-Lightweight, (2560 x 1600), Intel Evo 11th gen Core i7, 16GB RAM, 1TB SSD. Upgradeable Windows 10 Home, Alexa Built-in, 2X USB-C, HDMI, USB-A - Black \$1,499,99

& FREE Returns

Otv: 1

Sold by: AmazinXpress Wholesale

Group

Add gift options

Tax Exemption Applied. Remove

Choose your Prime delivery option:

- Wednesday, Sept. 14 FREE Prime Delivery
- O Wednesday, Sept. 14 FREE Prime Delivery
- O Tuesday, Sept. 20 FREE Amazon Day Delivery

Change day

 $-7 \times 2 = 2,999.98$



Get a \$8 bonus when you reload \$100 or more to your Gift Card balance.

Get Started

Estimated delivery: Sept. 14, 2022

Items shipped from e retailers



Lenovo ThinkVision C27-30 27" Full HD WLED LCD Monitor - 16:9 - Raven Black

\$163.00

Qty: 1

Sold by: e retailers

Not eligible for Amazon Prime

(Learn more)

Gift options not available
Tax Exemption Applied. Remove

Choose a delivery option:

Wednesday, Sept. 14

FREE Standard Shipping

./

x5=815.00



Get a \$8 bonus when you reload \$100 or more to your Gift Card balance.

Get Started

Delivery: Sept. 13, 2022 If you order in the next 56 minutes and 20 seconds (Details)

Items shipped from Hott Tech Geek



Lenovo IdeaCentre AIO 5 Windows 10 Pro Business All-in-One, 27" QHD (2560x1440) Touchscreen, Intel Octa-Core i7-10700T, 16GB DDR4 RAM, 256GB PCIe SSD + 1TB HDD, Wireless Charger, 64GB Flash Stylus \$1,399.00

Qty: 1

Sold by: Hott Tech Geek

Gift options not available
Tax Exemption Applied. Remove

Choose your Prime delivery option:

Tuesday, Sept. 13 FREE Prime Delivery



Place your order

Order total: \$3,061.99

By placing your order, you agree to Amazon's privacy notice and conditions of use.

*Why has sales tax been applied? See tax and seller information.

Need help? Check our Help pages or contact us

For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

Important information about sales tax you may owe in your state

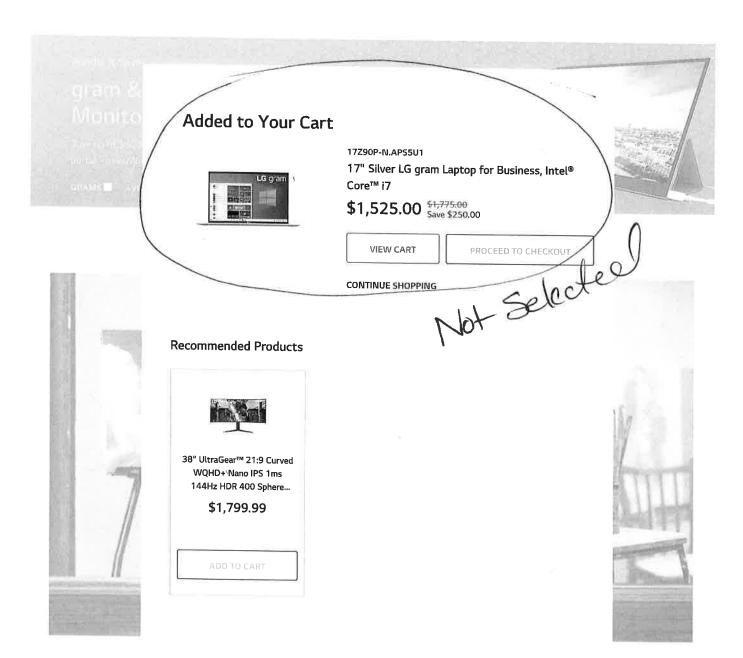
You may return new, unopened merchandise in original condition within 30 days of delivery. Exceptions and restrictions apply. See Amazon.com's Returns Policy.

Need to add more items to your order? Continue shopping on the Amazon.com homepage.





Laptops for Small Business



Take Your Small Business With You - No Matter the View

Prefuse dus your latest client want i to go bior some of the details 1 ou grab wer. If gram, so lightweight and slim you can take it anywhere and meet her at the local cuby Or the grice correct of the office. Or even or it independs from your backward.

You have a lot to scork on thet with 22 hours of battery life, sometion medican take sometime looking even every aption

The Intel Fis Ke Guaphies and various screen sizes mean that you can help confidence your broads are matter the project. Comeivent planning to web development midea editing to online solving t



Ready for Life

Client:

INSTALLATION ADDRESS

SALES/SERVICE AGREEMENT

2100 SW 71st Ter

Davie, FL 33317 954-493-7422

Deal #:	
Rep	Jon Mota
	Date

KYDCERA 🌘 Canon

Client:

SAME

09/08/2022

BILLING ADDRESS

en e	2300 Tall Pines Drive S		Address:			
City/State:	Largo	Zip: 33771	City/State:			
Phone No:	(727) 954-3989	Fax:	Phone No:			
Contact:	Kathy Mize		A/R Conta	ct:		
Email Addr	ress: kmize@readyforli	fepinellas.org	Email Add	ress:		
QTY Cano	on 357 Colon ComulDolatil	Description		SN	ID	Price
Cario	on 337 Color Copy/Print/	Fax/Scan-Email Device with	Two Trays & Stand			\$ 5,722.01
		0				
0 Ser	ntinelOne Advanced End I	Point Protection / Monthly Cost	(Please Put Quantity)			\$ 0.00
Full se	ervice maintenance agreeme	ent includes all service calls, par	rts, labor and consumable	supplies (excludia	ng paper & stap	oles) for the entire term.
Allowance		Service Agreement		Image Charge	Additional	Price
Allowance 1,100	All plans exclude paper, staple:	de parts, service & supplies. MONT s, freight and toner waste bottles unle	ess otherwise stated	Image Charge	Additional 0.012	Price \$13.20
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imageRUNNER ADVANCE DX C357iF C257iF

imageRUNNER ADVANCE DX C357iF Series

Print up to 36 ppm (BW/color)

Scan up to 200 ipm (300 dpi) (BW/color, duplex)

Print up to 8-1/2" × 14"

2,300-sheet maximum paper capacity

Canon's comprehensive portfolio of imageRUNNER ADVANCE DX multifunction printers and integrated solutions can help **simplify** the end user experience and management of technology, better **control** sensitive information and print-related costs, and help ensure that technology investments proactively **evolve** with changing needs.





WORKFLOW EFFICIENCY

- 10.1" intuitive touch screen with smartphone-like usability.
- A unique, customized experience tailored to individual preferences using My ADVANCE.
- Supports mobile solutions and integration with many popular cloud services like Google Drive!
- Scan and convert documents to searchable digital files in a variety of file formats.
- Integration with Canon and various third-party software with embedded application platform.
- Hot Folders allow users to drag and drop a file into a hot folder and automatically print with pre-defined settings such as number of copies and finishing requirements.



SECURITY

- Advanced standard security feature set to help safeguard sensitive information and assist in regulatory compliance.
- Integrates with existing, third-party SIEM*.² systems to help provide real-time, comprehensive insights into potential threats to the network and printers.
- Technology to verify that the device boot process, firmware, and applications initialize without alteration at startup, McAfee Embedded Control³ utilizes a whitelist to protect against malware and tampering of firmware and applications.
- Security policy settings can be controlled with a dedicated password, configured from a central location, and exported to other supported devices.
- Control access to the device and specific features, using a host of flexible authentication methods—PIN code, user name/password, or card access.⁴



QUALITY AND RELIABILITY

- Canon's signature reliability and engine technologies help keep productivity high and minimize the impact on support resources.
- Outstanding imaging technologies and toner allow for consistently striking images, thanks to Canon's V² color profile.
- Designed to achieve maximum uptime with status notifications that help keep supplies replenished plus intuitive maintenance videos for consumables replacement.
- imageRUNNER ADVANCE models have received many awards and recognition from leading industry analysts, often referencing strong reliability.

^{*} Security Information and Event Management



- Designed for quick, easy deployment.
- Remote diagnostics and parts life management for proactive maintenance and rapid fixes.
- Easy and intuitive to monitor device status and consumable levels, turn off devices remotely, observe meter readings, manage settings, and implement security policies.
- Common firmware and regular updates with Unified Firmware Platform (UFP) for continuous improvements and consistency across a fleet.



COST MANAGEMENT

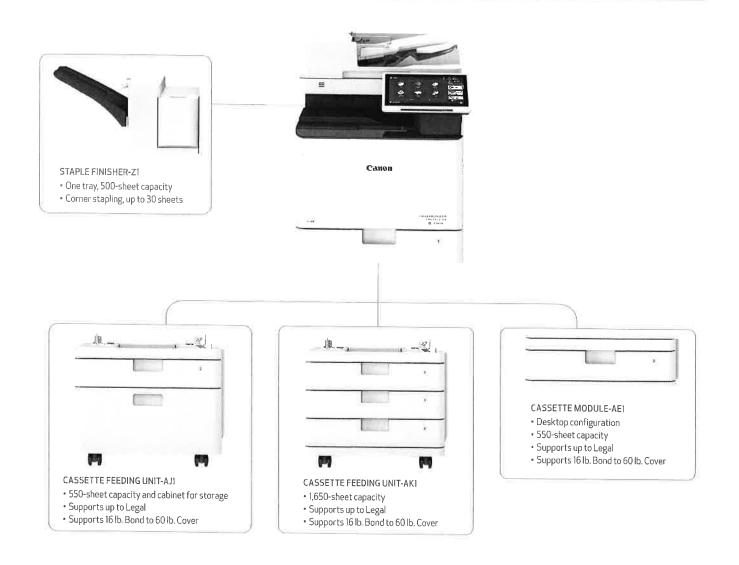
- Track and assess print, copy, scan, and fax usage and allocate costs to departments or projects.
- Apply print policies and restrict usage by user to help reduce unnecessary printing and contribute to cost efficiency.
- Standard cloud-based solution provides a centralized dashboard with up-to-theminute insights into printer activity.
- Upgrade to uniFLOW server or cloud-based solutions for full accounting and reporting for compatible Canon and third-party devices, pull printing, job routing, and powerful scan workflows.



SUSTAINABILITY

- A combination of fusing technologies and low-melting-point toner minimizes power requirements and helps achieve low energy consumption.
- Encourage environmentally conscious work practices by enabling multiple settings that can help save paper and energy.
- ENERGY STAR® certified and rated EPEAT® Gold.5

CONFIGURATION OPTIONS



SPECIFICATIONS

Main Unit

Color Laser Multifunctional

Core Functions

Print, Copy, Scan, Send, Store, Fax

Processor

1.75GHz Dual Core Processor

Control Panel

10.1" TFT LCD WSVGA Color Touch-panel

Memory

3.0 GB RAM

Hard Disk Drive

320 GB (available disk space: 200 GB)

Interface Connection

1000Base-T/100Base-TX/10Base-T, Network: Wireless LAN (IEEE 802,11 b/g/n)

Optional:

Bluetooth Low Energy Others

Standard USB 2.0 x1 (Host), USB 3.0 x1 (Host),

USB 2.0 x1 (Device) Optional: Serial Interface, Copy Control Interface

Paper Capacity (LTR, 20 lb. Bond) Standard: 650 Sheets Maximum: 2,300 Sheets

Paper Sources (LTR, 20 lb. Bond)

550-sheet Paper Cassette, 100-sheet Standard:

Multi-Purpose Tray 550-sheet Paper Cassette (CASSETTE Optional:

MODULE-AEI), 550-sheet Paper Cassette with cabinet (CASSETTE FEEDING UNIT-AJI), Triple 550-sheet Paper Cassettes (CASSETTE FEEDING UNIT-AKI)

Paper Output Capacity (LTR, 20 lb. Bond)

Standard: 250 Sheets

Maximum: 500 Sheets (with STAPLE FINISHER-Z1)

Finishing Capabilities

Standard: Collate, Group

With External

Finisher Collate, Group, Offset, Staple

Supported Media Types

Multi-Purpose Thin, Plain, Heavy, Recycled, Color, Тгау: Transparency, Pre-punched, Bond,

Label, Envelope

Thin, Plain, Heavy, Recycled, Color, Paper . Cassette Pre-punched, Bond, Envelope

Supported Media Sizes

Standard Size: Legal, Letter, Executive, Statement Custom Size: 3-7/8" x 5-7/8" to 8-1/2" x 14" (98.0 × 148.0 mm to 216.0 × 355.6 mm)

COM10 No.10, Monarch, DL, ISO-C5 3-7/8" x 5-7/8" to 8-1/2" x 14" Envelopes: Envelope Custom Size: (98.0 x 148.0 mm to 216.0 x 355.6 mm)

Paper Cassette

Legal, Letter, Executive, Statement $3-7/8" \times 7-1/2"$ to $8-1/2" \times 14"$ (98.0 \times 190.5 mm to 216.0 \times 355.6 mm) Standard size: Custom Size: Envelopes: COM10 No 10, Monarch, DL, ISO-C5

Supported Media Weights

Cassettes 16 lb Bond to 60 lb Cover (60 to 163 g/m²) Multi-Purpose 16 lb. Bond to 80 lb. Cover (60 to 220 g/m²)

Tray:

Duplexing 16 lb. Bond to 60 lb. Cover (60 to 163 g/m²) Print/Copy Speed (BW and Color)

Up to 36 ppm (Letter); C357iF Up to 29 ppm (Legal) Up to 26 ppm (Letter); C257iF-

Warm-up Time

From Power Approx. 10 Seconds⁶

Оп: From Sleep

Approx: 10 Seconds²

Up to 21 ppm (Legal)

Mode: Quick Startup Approx 4 Seconds⁸ Mode:

Dimensions (W \times D \times H)

Standard 20-1/2" x 25-7/8" x 25-1/8" (Desktop) (519 mm x 658 mm x 638 mm)

Installation Space (W x D)

Basic: 33-1/2" x 35-3/4" (852 mm x 908 mm)

(with Paper Cassette Open + Multi-Purpose

Tray Extended)

Fully 55-3/8" x 35-3/4" (1407 mm x 908 mm) Configured: (with Staple Finisher-Z1 + Paper Cassette Open + Multi-Purpose Tray Extended)

Weight9

Standard (Desktop):

Approx. 108 lb. (49 kg)

Print Specifications

Print Resolution (dpi)

1200 x 600

Standard Page Description Languages UFR II, PCL®6, Adobe® PS® 3

Supported File Types PDF, TIFF, JPEG, EPS, XPS

Printing from Mobile Devices and Cloud-based Services

A range of standard and optional software and MEAP-based solutions (including AirPrint, Mopria, Universal Print by Microsoft®, Canon PRINT Business, and uniFLOW Online) are available to provide printing from mobile devices or internet-connected devices and cloud-based services depending on your requirements. Please contact your sales representative for further information.

Fonts

PS:

PCL:

PCL: 93 Roman, 10 Bitmap fonts, 2 OCR fonts,

Andalé Mono WT J/K/S/T (Japanese, Korean, Simplified and Traditional Chinese),10

Barcode Fonts^{II} 136 Roman

Operating System¹²

UFRII/PS:

Windows* 7/8.1/10/Server 2008/ Server 2008 R2/Server 2012/ Server 2012 R2/Server 2016/ Server 2019, Mac OS X (10.10 or later) Windows 7/8.1/10/Server 2008/Server

2008 R2/Server 2012/Server 2012 R2/

Server 2016/Server 2019

Windows* 7/8.1/10, Mac OS X (10.9 or later) PPD:

Copy Specifications

First-Copy-Out Time (LTR)

C357iF: As fast as 5.1 seconds (BW)/

9.4 seconds (Color)

6.9 seconds (Color) C257iF: As fast as 6.9 seconds (BW)/

Copy Resolution (dpi) With Platen: With DADF: 600 x 600

 300×600 Multiple Copies

Up to 999

Magnification

25%-400% (1% Increments)

Preset Reduction/Enlargement:

25%, 50%, 64%, 78%, 100% (1:1), 129%, 200%, 400%

Scan Specifications

Single-pass Duplexing Automatic Document Feeder¹³

Document Feeder Paper Capacity

Up to 100 Sheets (20 lb Bond)

Document Feeder Supported Media Sizes

Legal, Letter, Statement

1-7/8" x 5" to 8-1/2" x 14" (48.0 mm x Custom Size: 128.0 mm to 216.0 mm x 355.6 mm) Business Card: 1-7/8" x 3-3/8" to 2-1/8" x 3-5/8" (48 0 mm x

85 0 mm to 55 0 mm x 91.0 mm)

Document Feeder Supported Media Weights

One-Sided 13,3 to 34 lb, Bond (50 to 128 gsm) (BW), 17 to Scanning: Two-Sided 34 lb. Bond (64 to 128 gsm) (CL) 13.3 to 34 lb. Bond (50 to 128 gsm) (BW), 17 to

Scanning: 34 lb, Bond (64 to 128 gsm) (CL) Note:

Business Card: 21.3 lb bond to 80 lb cover (80 to 220 gsm)

Platen Acceptable Originals Sheet, Book, 3-Dimensional Objects

Pull Scan

Color Network ScanGear2 for both Twain and WIA Supported OS: Windows® 7/8.1/10/Server 2008/

Server 2008 R2/Server 2012/ Server 2012 R2/Server 2016

Scan Resolution (dpl)

Scan for Copy: 600 x 600

Scan for Send: (Push) 600 x 600 (SMB/FTP/WebDAV/IFAX),

(Pull) 600 x 600

Scan for Fax: 600 x 600

Scan to Mobile Devices and Cloud-based Services

A range of solutions is available to provide scanning to compatible mobile devices and certain cloud-based services depending on your requirements

Scan Speed (LTR)

Automatic Color Select "OFF" (300 x 300 dpi):

Single-Sided Scanning: 100 ipm Double-Sided Scanning: 100 ipm Automatic Color Select "ON" (300 x 300 dpi): Single-Sided Scanning: 50 ipm

Double-Sided Scanning: 100 ipm Scan Speed priority (300 x 600 dpi): Single-Sided Scanning: 50 ipm Double-Sided Scanning: 100 ipm Image Quality priority (600 x 600 dpi): Single-Sided Scanning: 30 ipm Double-Sided Scanning: 50 ipm

Send Specifications

Copy

Email/Internet Fax (SMTP), SMB v3.0, FTP, WebDAV, Mail

Box, Super G3 Fax, IP Fax (Optional)

Address Book

LDAP (2,000)/Local (1,600)/Speed Dial (200)

Send Resolution (dpi)

Push: Pull: Up to 600 x 600 Up to 600 x 600

Communication Protocol

FTP (TCP/IP), SMB v3.0, WebDAV SMTP, POP3 File:

Email:

File Format

TIFF, JPEG, PDF (Compact, Searchable, Apply policy, Optimize for Web, PDF A/1-b, Trace & Smooth, Encrypted, Device Signature, User Signature), XPS (Compact, Searchable, Device Signature, User Signature), Office Open XML (PowerPoint, Word)

Fax Specifications

Maximum Number of Connection Lines

Modem Speed

Super G3: 33 6 Kbps G3: 14.4 Kbps

Compression Method MH, MR, MMR, JBIG

Resolution (dpi)

400x400 (Ultra Fine), 200x400 (Super Fine), 200x200 (Fine),

200x100 (Normal)

Sending and Recording Size

Statement to Legal

Fax Memory

Up to 30,000 Pages (2,000 jobs)

Speed Dials Max 200

Group Dials/Destinations

Max 199 Dials

Sequential Broadcast Max 256 Addresses Memory Backup

Store Specifications

Mail Box (Number Supported)

100 User In-boxes, 1 Memory RX Inbox, 50 Confidential Fax In-boxes, Maximum 10,000 Pages (2,000 jobs) Stored

Advanced Box

Communication SMB or WebDAV

Protocol:

Supported Windows (Windows 8,1/10)

Client PC

Concurrent Connections (Max.) SMB: WebDAV: 3 (Active Sessions)

Advanced Box Available Disc Space

Approx. 16 GB

Security Specifications

Authentication

Standard: Universal Login Manager, uniFLOW Online Express,14 User Authentication, Department

ID Authentication, Access Management System, Device and Function Level Log-in

Optional: uniFLOW

Data

Standard: Trusted Platform Module (TPM),

Hard Disk Password Lock, Hard Disk Drive Erase, Mail Box Password Protection, Hard Disk Drive Encryption (FIPS140-2 Validated), Verify System at Startup,3

McAfee Embedded Control³

IEEE 2600.2 Common Criteria Certification, Data Loss Prevention (Requires uniFLOW)

Optional: Network

Standard: Encrypted Secure Print, IP/Mac

Address Filtering, IPsec, TLS Encrypted Communication (v1.0/1.1/1.2/1.3), SNMP V3.0, IEEE 802 IX, IPv6, SMTP Authentication, POP Authentication before SMTP, S/MIME, SIEM Integration

Document

Standard Secure Watermarks, Secure Print, Adobe LiveCycle* Rights Management ES2.5

Integration, Encrypted PDF, Encrypted Secure Print, Device Signature

User Signatures Optional

Environmental Specifications

Operating Environment

Temperature: 50 to 86 °F

Humidity 20 to 80% RH (Relative Humidity)

Power Requirements 110-127V AC 60 Hz, 6,9 A

Plug (Main Unit) NEMA S-15P

Power Consumption

Maximum Approx. 1,500 W Approx. 38.9 W¹⁵ Standby: Sleep Mode Approx. 0.8 W or Less16 Typical Electricity Consumption (TEC) Rating¹⁷

C357iF 0 36 kWh C257iF:

Standards

ENERGY STAR® Certified Rated EPEAT® Golds

Consumables

Toner

NPG-58 Toner

Toner Yield (Estimated @ 5% Coverage)

Black 23,000 Pages Color (C, M, Y): 18,000 Pages

Subscription to a third-party cloud service required. Subject to third-party cloud service providers' Terms and Conditions.

² Third-party SIEM system required. Subject to third-party SIEM system's Terms and Conditions. Canon cannot ensure compatibility with all third-party SIEM systems

³ This feature is off by default and must be turned on by the user. Warm-up times are affected once turned on.

⁴ Requires additional option

For current EPEAT rating (Gold/Silver/Bronze). please visit www.epeat.net

6 Time from device power-on until copy ready (not print

⁷ Time from exiting Sleep Mode to when printing is operational,

⁸ Time from device power ON to when the copy icon appears and is enabled to operate on the touch panel display.

3 Includes consumables

¹⁰ Requires the optional PCL International Font Set-Al,

Requires the optional Barcode Printer Kit-DI

Other operating systems and environments, including AS/400, UNIX, Linux, and Citrix may be supported. Some of these solutions are chargeable. SAP Device Types are available via the SAP Market Place. For more information, contact your authorized sales representative.

13 Multi-Sheet Feed Detector Supported

14 No charge for this solution; however, activation is required.

is Reference value (measured one unit),

% 0,8 W Sleep Mode not available in all circumstances due to certain settings

" Based on ENERGY STAR Product Specification for Imaging Equipment Version 3.0.

For more information, call 1800 815 4000 or visit csa.canon.com/enterprisesolutions











As an ENERGY STAR* Partner, Canon LLSA, Inc. has certified these models as meeting the ENERGY STAR energy efficiency criteria through an EPA recognized certification body, ENERGY STAR and the ENERGY STAR mark are registered U.S. marks. AirPrint and the AirPrint logo are trademarks of Apple Inc. Canon, imageRUNNER imagePASS, and the GENUINE logo are registered trademarks or trademarks of Canon Inc. in the United States and may also be registered trademarks or trademarks in other countries. Canon products of the certain security features, yet many variables can impact the security of your devices and data. Canon does not warrant that use of its features will prevent security issues. Some security features may impact functionality/performance, you may want to test these settings in your environment. Nothing herein should be construed as legal or regulatory advice concerning applicable laws, customers must have their own qualified counsel determine the feasibility of a solution as it relates to regulatory and statutory compliance. McAfee and the McAfee logo are trademarks of McAfee LLC in the US and/or other countries. All other referenced product names and marks are trademarks of their respective owners. All printer output images are simulated, All features presented in this brochure may not apply to all Series and/or products and may be optional, please check with your Canon Solutions America sales representative for details. Products shown with optional accessories. Canon U.S.A. and Canon Solutions America do not provide legal counsel or regulatory compliance consultancy, including without limitation, Sarbanes-Oxley. do not provide legal counsel or regulatory compliance consultancy, including without impation, Sarbanes-Oxley, HIPAA, GLBA, Check 2I or the USA Patriot Act. Each customer must have its own qualified counsel determine the advisability of a particular solution as it relates to regulatory and statutory compliance. Specifications and availability subject to change without notice. Not responsible for typographical errors. ©2021 Canon U.S.A., Inc. All rights reserved.

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Kathy Mize

From:

Rick Carter < rick.carter@deximaging.com>

Sent:

Friday, September 2, 2022 10:11 AM

To:

Kathy Mize

Cc:

Laura M. Broadie

Subject:

RE: Konica Minolta and HP

Attachments:

9.2.2022 DEX imaging Lease or Outright Purchase Konica Minolta C3320 and HP 47528

Color Multi-functional Systems Proposal for Ready for Life.pdf

Hi Kathy, See attached proposal with lease and outright purchase options. I've summarized below. The DEX ESP Maintenance/ Supply contract will be the same with lease or outright purchase. Checking product availability as we are expecting them in shortly. Thanks Rick

Konica Minolta C3320 Color Multi-functional System, HP 47528 desktop Color Multi-functional System

63 Month Lease

\$139.00

Or

Outright Purchase

\$6,988.00

DEX ESP Remains the same of either option.

Rick Carter | DEXimaging

11205 Blue Heron Blvd. | St. Petersburg, FL 33716

Office: 727-570-8868 ext. 2939

Cell: 727-647-1669

http://www.deximaging.com Rick.Carter@deximaging.com

From: Kathy Mize < kmize@readyforlifepinellas.org>

Sent: Friday, September 2, 2022 9:49 AM

To: Rick Carter < rick.carter@deximaging.com>

Subject: Re: Konica Minolta and HP

I need this quote and info asap thank you!



Proposed Konica Minolta Color Solution



bizhub C3320i

Copy/Print/Scan
35 Sheets Per Minute
Letter Size (Legal thru Doc Feeder only)
Features C3320i:

- 80-sheet Single Pass Duplex Document Feeder
- 4 GB Memory
- 16 GB Micro SD (Secure Digital)
- 7-inch Panel
- (2) x 500 Sheet Paper Drawer, Bypass 100 Sheets
- Includes PS. PCL & XPS Controller
- Duplex Unit (2-sided copy/print)
- Envelope printing (limited quantities)
- Stand

HP 47528 Desktop Color MFP



- Copy, Print, Scan, Fax
- (42 ppm
- 4.3 inch Color Touch Screen
- Auto 2 sided Print
- (250) Sheet Paper Drawer
- (100) Sheet Multi-Purpsoe Tray

(63) Month Lease Or Outright Purchase

\$139.00 = 8,757.00

Monthly DEX imaging ESP Maintenance/Supply Program

Includes: all parts, labor, service calls, preventative maintenance calls, all supplies and performance guarantee for entire term.

Monthly Base

\$50.00

Includes 800 B/W copies/prints/faxes, excess billed at \$.01. Includes 600 Color, excess billed at \$.07.



941-312-7888

Email:

Web:

www.ringauthority.com

We have prepared a quote for you

RA Hosted PBX - Metered 12 Ext

Quote #ra079835

Version 1



941-312-7888

Email:

Web:

www.ringauthority.com



Statement of Work

- Introduction
- Project Management & Planning Tasks
- Onsite Deployment
 - 1. Hardware Installation
 - 2. Unpack and install all equipment
 - 3. Configure IP addresses on all of the equipment (if necessary)
 - 4. Resolve any issues that may arise for on-site install
 - 1. Phone system cut-over
 - 2. Test in-bound and out-bound dialing
 - 3. Test Ring Authority call routing
 - 4. Test 911 for proper address
 - 5. Site Sign-Off
 - 1. Training
 - 2. Ring Authority User Training (Up to 1-Hour)
 - 3. Answer calls
 - 4. Transfer calls
 - 5. Set up and participate in conference calls
 - 6. Access voice mail
 - 7. Use call handling modes
 - 8. Retrieve voice mail notifications
 - 1. Go-Live Engineering Support Tasks (Up to 1-Hour)



941-312-7888

Web:

www.ringauthority.com

Prepared For Ready for Life Kathy Mize 2300 Tall Pines Dr Suite 100 Largo, FL 33771 kmize@readyforlifepinellas.org 7279543989

Prepared By Chuck Walker Phone: Email:



Walker

Hardware	CAT I STEEL TO BE AND THE STEEL STEE	Price	Qty	Extended
rayea-t46u	Designed for busy executives and professional, the SIP-T46U IP phone is an ultimate communication tool that has the better overall performance. The phone employs an appealing high-resolution TFT color display that looks brighter and more vibrant. United Y Designed for busy executives and professional, the SIP-T46U IP	\$208.00	1	\$208.00
o o n	phone is an ultimate communication tool that has the better overall performance. The phone employs an appealing high-resolution TFT color display that looks brighter and more vibrant. United Yealink Optima HD Voice technology and wideband codec of Opus, the T46U awards you the superb audio quality and crystal-clear voice communications. Moreover, the T46U puts dual USB ports in a phone that makes Bluetooth, Wi-Fi, USB headset and USB recording come true, and you can use any two of them freely according to your needs. The Yealink new T4U series offers the same elegant appearance as the T4 line, but with improvements for greater interoperability and better collaboration.	240		
rayea-t43u	The SIP-T43U IP phone is a feature-rich business tool for excellent communications and extended functionality. It is a 12-line IP phone that comes with a 3.7-inch large black-and-white screen and the EXP43 support. United Yealink Optima HD Voice technolog	\$135.00	10	\$1,350.00
# # # # # # # # # # # # # # # # # # #	The SIP-T43U IP phone is a feature-rich business tool for excellent communications and extended functionality. It is a 12-line IP phone that comes with a 3.7-inch large black-and-white screen and the EXP43 support. United Yealink Optima HD Voice technology and wideband codec of Opus, the T43U awards you the superb audio quality and crystal-clear voice communications. The phone feels quicker and more responsive when performing call features. Moreover, the T43U puts dual USB ports in a phone that makes Bluetooth, Wi-Fi, USB headset and USB recording come true, and you can use any two of them freely according to your needs. The Yealink new T4U series offers the same elegant appearance as the T4 line, but with improvements for greater interoperability and better collaboration			



941-312-7888

Email:

Web:

www.ringauthority.com

-lardware		Price	Qty	Extende
rayea-cp935w-base	Yealink CP935W General Features 4" capacitive touch screen Black acoustics fabric, resistant to water/oil/stain Battery capacity: 7800mAH, charging time: 4 hours Up to 167 hours standby time in Wi-Fi mode (in ideal conditions) Vealink CP935W General Features 4" capacitive touch screen Black acoustics fabric, resistant to water/oil/stain Battery capacity: 7800mAH, charging time: 4 hours Up to 167 hours standby time in Wi-Fi mode (in ideal conditions) Up to 20 hours talk time (in ideal conditions) Optimal HD audio Yealink Noise Proof Technology, Smart Noise Filtering 20-foot (6-meter) microphone pickup range Built-in 6-microphone array for 360-degree voice pickup Full-duplex speakerphone with AEC 5-way conference call Connectivity Built-in Bluetooth/Wi-Fi 1 x USB 2.0 Type-C port Supports Yealink Device Management Platform	\$795.00	1	\$795.0
raYEA-PS2	5v 2A Power Supply for POE phone.	\$13.85	0	\$0.00
CIP Mobile App License	Clearly Anywhere Mobile App License Clearly Anywhere Mobile App License	\$0.00	10	\$0.00
raFaxEnableDevic e	Used to connected to legacy fax machines	\$0.00	0	\$0.00
	Harc	lware Subtotal		\$2,353.00

Services		Price	Qty	Extended
raSetup	Ring Authority setup fee Phone setup and programming	\$30.00	12	\$360.00
raLocal port fee	Porting fee for local telephone number Charged per number ported from previous carrier.	\$25.00	1	\$25.00
raToll-free port fee	Porting fee for toll-free and Canadian numbers	\$25.00	0	\$0.00
raOnsiteInstallBas e	Base onsite install charge Includes pre-install site visit, and base onsite install charge	\$350.00	1	\$350.00
		Services Subtotal		\$735.00

ipping		Price	Qty	Extended
Shipping	Shipping and Handling	\$3.00	12	\$36.00
		Shipping Subtotal		\$36.00

eoccurring Exp	Denses	Recurring	Qty	Extended
raHosted Extension	Hosted PBX Extension Provisioned extension for Hosted PBX	\$9.95	12	\$119.40



941-312-7888

Email:

Web:

www.ringauthority.com

Reoccurring Expe		Recurring	Qty	Extended
raSIP Usage	SIP trunk usage	\$0.025	4000	\$100.00
	Minute usage of the raSIP service			,
raLocal number	Local number	\$3.00	1	\$3.00
charge	Monthly charge for local number	1		Ψ0.00
ra911	911 Service	\$3.00	1	\$3.00
	Monthly 911 Service	1	, ,	Ψ5.00
raFax	RA Virtual Fax	\$20.00	1	\$20.00
min =	Virtual fax, with fax to email capability and includes 500 minutes.			420.00
raFaxEnable	FaxEnable device	\$15.00	1	\$15.00
	Gateway device for legacy fax machines		130	+ 10.00
CIP Mobile App	Clearly Anywhere Mobile App-Monthly Usage	\$0.00	10	\$20.00
-Monthly Usage	Clearly Anywhere Mobile App-Monthly Usage	\$40.00	10	Ψ20.00
	Reoccurring Expenses Rec	urring Subtotal		\$280.40

Recap		Amount
	Hardware	\$2,353.00
	Services	\$735.00
	Subtotal	\$3,088.00
	Shipping	\$36.00
	1 x Fee Total	\$3,124.00

Recurring Expenses		Amount
	Reoccurring Expenses	\$280.40
	Recurring Expenses	\$280.40

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

Terms and Conditions

Thank you for your order. Your electronic signature, per the Electronic Signature Act, is considered equivalent to your signed and faxed signature, and allows you to accept and place your order. A copy of this acceptance and the attached quote or proposal document will be sent to your email address to complete your order acceptance. Your are NOT required to electronically sign your order, and you may fax or scan/email your signed order to us if you prefer. If you have any questions, please feel free to contact us.

To place your order:

Please check the "I accept" box. Provide your initials and your correct email address in the space provided below. You are electronically signing the attached document as well as this order page.

Pricing shown is based on payment using cash equivalents. Payment by credit card is subject to 3% increase due to loss of cash discount.

Signature

Date





Sales proposal



QUOTE PREPARED FOR Ready For Life Pinellas

PREPARED BY

Maria Victoria Beckley

Account Executive

maria.beckley@ringcentral.com

Budgetary Quote

Prepared for:

Ready For Life Pinellas 2300 Tall Pines Dr

Largo Florida 33771

United States

Kathy Mize

CEO

kmize@readyforlifepinellas.org

7276311778

Quote Name:

Ready For Life Pinellas 1

Quote Creation Date:

September 7th, 2022

Quote Expiration Date:

October 7th, 2022

Estimated Contract Start Date: October 17th, 2022

Initial Term:

24 Months

Renewal Term:

24 Months

Currency: Payment Plan: USD

Annual

RingCentral MVP Services

Recurring Services		100 TO 10	The second
Summary of Service	Qty	Rate	Subtotal
DigitalLine Unlimited Standard	11	\$395.88	\$4,354.68
DigitalLine Unlimited Standard		\$335.88	
Compliance and Administrative Cost Recovery Fee		\$48.00	
e911 Service Fee		\$12.00	
RingCentral Video	1	\$0.00	\$0.00
	Tota	IAnnualPrice*	\$4,354.68

AND THE PARTY OF T		l otal Amoun	t* \$4,354.68	
Taxes	37 00 30 340			
Recurring Taxes	Qty	Rate	Subtotal	
Statutory Gross Receipts (Business)	1	\$3.20	\$3.20	
Communications Service Tax	1	\$237.49	\$237.49	
Statutory Gross Receipts	1	\$50.53	\$50.53	



RingCentral Inc., 20 Davis Drive, Belmont, CA 94002, United States

Taxes			
Recurring Taxes	Qty	Rate	Subtotal
FUSF (VoIP)	1	\$195.82	\$195.82
E911 (VoIP)	1	\$52.80	\$52.80
	TotalAnnual	Tax Amount*	\$539.84

_			
Total	Ama	unt with	Tarrant
TOLA	AHO	unu with	Taxes"

\$4,894.52

RingCentral Office is now RingCentral MVP. All references to "RingCentral Office", whether in the Agreement or its attachments, Order Forms or descriptions, mean "RingCentral MVP"



^{*}These are estimated taxes and fees. Actual taxes and fees will be calculated when the invoices are processed.



Sales proposal



QUOTE PREPARED FOR Ready For Life Pinellas

PREPARED BY

Maria Victoria Beckley
Account Executive
maria.beckley@ringcentral.com

Our mission is to make communications simple and effortless for everyone

Say goodbye to complicated legacy systems and hello to cutting-edge technology with a secure, one-stop solution for all your communications needs. Your teams will have all the accessibility they need to seamlessly communicate and collaborate from anywhere, becoming more productive, effective, and efficient as a result.

Our cloud-based communications and collaboration platform offers much more than traditional office phone systems, VoIP business phone service, or virtual PBX. It includes a comprehensive set of business capabilities that unify voice, video, team messaging and collaboration, SMS, conferencing and online meetings, contact center, and fax.



30+

All-inclusive cloud communications and collaboration system

Ease of management

- Manage all offices and users with a single easy-to-use interface from anywhere, including mobile devices
- Enjoy complete administrative control, self-service capabilities for users, and reduced dependence on service providers

Customer Suppor 5 **7K**

Global Operations

Open platform

- Over 230 ready-to-use integrations with business cloud apps, including Microsoft Office 365, Salesforce,
- ServiceNow, Zendesk, and Google G Suite; for the latest, refer to https://www.ringcentral.com/apps
- Developer platform with open APIs and SDKs to enhance business workflows with custom integrations

Global availability: Wherever you are, we're there for you!

- Deploy and manage a single solution globally in 40+ countries
- Instantly provision and activate employees in countries with local capabilities
- Number availability in over 100 countries
- Multi-lingual product and support
- Product localization in 15+ languages and multi-lingual support



Awards and industry recognition

RingCentral is a leader in cloud-based business communications and collaboration solutions.

Gartner	A Gartner Magic Quadrant Leader for UCaaS, Worldwide, 6 years in a row
The service of the se	#1 Leader in the IHS Markit North American UCaaS Scorecard, 3 years in a row
FORRESTER	Leader in The Forrester Wave for UCaaS Providers, 2019
PRESE	Frost & Sullivan Company of the Year 2019, 2017, and 2016
Aragon Research	Leader in the Aragon Research Globe for UCC, 3 years in a row
{API:WORLD}	Best in Communications APIs, 2019
2021 DEXPURTAL AWARDS	API the Docs - Best Developer Dashboard
DEVIES	Developer Week Devies - Best in Communications Innovations 2020
In the	IDC MarketScape names RingCentral a Worldwide Leader for UCaaS Service Providers for Enterprise and SMB

Resources

RingCentral service portal—login.ringcentral.com

Trust Center-ringcentral.com/trust-center.html

Online training and educational resources—support.ringcentral.com

See our ever growing list of customers and industry-relevant case studies here: https://ringcentral.com/whyringcentral/casestudies.html



RingCentral Inc., 20 Davis Drive, Belmont, CA 94002, United States

Budgetary Quote

Prepared for:
Ready For Life Pinellas
2300 Tall Pines Dr
Largo Florida 33771
United States

Kathy Mize

CEO

kmize@readyforlifepinellas.org
7276311778

Quote Name:

Quote Creation Date:

Quote Expiration Date:

Cotober 7th, 2022

Cotober 7th, 2022

Estimated Contract Start Date:
Initial Term:
Renewal Term:

Currency:

USD

Payment Plan:

Monthly

RingCentral MVP Services

Summary of Service	Qty	Rate	Subtotal
DigitalLine Unlimited Standard	11	\$42.99	\$472.89
DigitalLine Unlimited Standard		\$37.99	
Compliance and Administrative Cost Recovery Fee		\$4.00	
e911 Service Fee		\$1.00	
RingCentral Video	1	\$0.00	\$0.00
	TotalM	onthlyPrice*	\$472.89

^{*}Does not include taxes and fees.

RingCentral Office is now RingCentral MVP. All references to "RingCentral Office," whether in the Agreement or its attachments, Order Forms or descriptions, mean "RingCentral MVP".





We have prepared a quote for you

New Cabling

Quote # TC079843 Version 1

Prepared for:

Ready for Life

Kathy Mize kmize@readyforlifepinellas.org



Thursday, September 08, 2022

Ready for Life
Kathy Mize
2300 Tall Pines Dr
Suite 100
Largo, FL 33771
kmize@readyforlifepinellas.org

Dear Kathy,

Alliance IT wishes to thank you for the opportunity to provide you with a proposal for the cabling project at your facility. .

Alliance IT can provide you with a data cabling solution that will not only meet your needs of today, but will also handle the requirements of tomorrow.

With factory trained and certified technicians; Alliance IT has the knowledge and ability to ensure that your wiring will be installed properly.

Installation of all equipment is performed in accordance with all local, state, National Electric Code (NEC), Building Industry Consultant Services International (BICSI) specifications and standards and Nortel Technical Practices (NTP).

Travis Cannon Estimator Alliance IT



Hardware

	Price	Qty	Ext. Price
Cat6 48-Port Patch Panel Leviton	\$539.44	1	\$539.44
Cat6 48-Port Patch Panel Leviton			
CAB CUBE IT PLEX24X24 BK	\$1,115.01	1	\$1,115.01
Backboard Backboard	\$75.00	1	\$75.00
	Cat6 48-Port Patch Panel Leviton CAB CUBE IT PLEX24X24 BK	Cat6 48-Port Patch Panel Leviton Cat6 48-Port Patch Panel Leviton CAB CUBE IT PLEX24X24 BK \$1,115.01 Backboard \$75.00	Cat6 48-Port Patch Panel Leviton \$539.44 1 Cat6 48-Port Patch Panel Leviton \$1,115.01 1 CAB CUBE IT PLEX24X24 BK \$1,115.01 1 Backboard \$75.00 1

Subtotal

\$1,729.45

Services

Description		Price	Qty	Ext. Price
Cat6 Cable Drop Plenum	Cat6 Cable Drop Plenum	\$150.00	24	\$3,600.00
	Cat6 Cable Drop Plenum			
Comm Labor	Labor and installation Labor and installation		24	
Cat6 Cable Plenum	Cat6 Cable Plenum		4800	
	Cat6 Cable Plenum			
Cat6 Jack	Cat6 Jack Cat6 Jack		24	
Wall Plate	Wall Plates Wall Plates		24	
comm labor	Labor and installation Labor and installation	\$90.00	8	\$720.00

Subtotal:

\$4,320.00

Shipping

Qty
1





Statement of Work

Introduction

Project Management & Planning Tasks

Scope of Work
Install, Terminate, Test and label (24) cat6 cables
Install backboard and wall mount enclose cabinet
Extend Providers service and move equipment

Change Orders



New Cabling



Prepared by:
Alliance IT
Travis Cannon
941-556-4460
Fax 9418708942
tcannon@allianceitllc.com

Prepared for:

Ready for Life

2300 Tall Pines Dr
Suite 100
Largo, FL 33771
Kathy Mize
7279543989

Quote Information: Quote #: TC079843

Version: 1

Delivery Date: 09/08/2022 Expiration Date: 10/06/2022

Quote Summary

Description	Amount
Hardware	\$1,729.45
Services	\$4,320.00
	Subtota: \$6,049.45
	Total: \$6,472.90
	Total: \$6.472.90

kmize@readyforlifepinellas.org

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

Terms and Conditions

Thank you for your order. Your electronic signature, per the Electronic Signature Act, is considered equivalent to your signed and faxed signature, and allows you to accept and place your order. A copy of this acceptance and the attached quote or proposal document will be sent to your email address to complete your order acceptance. Your are NOT required to electronically sign your order, and you may fax or scan/email your signed order to us if you prefer. If you have any questions, please feel free to contact us.

To place your order:

Please check the "I accept" box. Provide your initials and your correct email address in the space provided below. You are electronically signing the attached document as well as this order page.

Pricing shown is based on payment using cash equivalents. Payment by credit card is subject to 3% increase due to loss of cash discount.



(813) 997-8049

Prepared For:

Ready for Life: Kathy Mize Kathy Mize Phone: (727) 954-3989 2300 Tall Pines Dr Suite 100 Largo, 33771 kmize@readyforlifepinellas.org

Prepared By:

Ryan Louden Phone: (813) 997-8049

Email: ryan@blueskytechs.com

Valid through October 7, 2022





For the full presentation proposal, <u>click here</u> to view or download the PDF version of this quote. You can sign and fax this in, or you can save time by simply electronically accepting this quote below.

Line Item Detail

Qty	Description	Picture	Unit Price	Ext Price
Came	ra System Upgrade			\$2,563,00
1	8CH IP 1U SHELFMOUNT NVR - 2HDD - IP 4TB RESOLUTION UP TO 8MP/30FPS (128MBPS) - 8 PORT EMBEDDED POE SWITCH - 4TB		\$598.00	\$598.00
5	8 Megapixel Outdoor 4K Network Camera - Color - Eyeball - 98.43 ft Infrared Night Vision - Smart H.265+, H.265, Smart H.264+, H.264, H.264B, H.264H, Motion JPEG - 3840 x 2160 - 2.80 mm Fixed Lens - CMOS - Junction Box Mount, Corner Mount, Pole Mount, Wall Mount, Celling Mount - IP67 - Water Proof, Water Resistant, Dust Resistant		\$218.00	\$1,090.00
5	Cat6, Single Cable Drop, Non-Plenum, Normal		\$175.00	\$875.00
Optio	nal Outdoor Cameras			\$956.00
2	8 Megapixel Outdoor 4K Network Camera - Color - Eyeball - 98.43 ft Infrared Night Vision - Smart H.265+, H.265, Smart H.264+, H.264, H.264B, H.264H, Motion JPEG - 3840 x 2160 - 2.80 mm Fixed Lens - CMOS - Junction Box Mount, Corner Mount, Pole Mount, Wall Mount, Ceiling Mount - IP67 - Water Proof, Water Resistant, Dust Resistant		\$218.00	\$436.00
2	Cat6, Single Cable Drop, Non-Plenum, Normal		\$175.00	\$350,00
2	Outdoor Cameras Install Standard Hourly Rate		\$85.00	\$170.00

SubTotal: \$3,519.00 Shipping: \$0.00

Sales Tax:

\$0.00

Total:

\$3,519.00

Deposit Required: \$1,759.50

Payment Options

0	Credit Card Purchase (deposit amount \$1,821.08) [includes +\$61.58 payment type Surcharge]	\$1,821.08 deposit payment (Quote Total \$3,642.17)
0	Check Purchase (deposit amount \$1,759.50)	\$1,759.50 deposit payment (Quote Total \$3,519.00)
0	eCheck/ACH Purchase (deposit amount \$1,759.50)	\$1,759.50 deposit payment (Quote Total \$3,519.00)
0	Wire Transfer Purchase (deposit amount \$1,759.50)	\$1,759.50 deposit payment (Quote Total \$3,519.00)

Ready to Accept?

Order Confirmation

Terms & Conditions: Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from errors, inaccuracies, or omissions. Deposit of 50% of the total quote is required, remainder due upon completion. Once Deposit is received parts and equipment will be ordered, once parts and equipment are received job will be scheduled with you. Deposit can be paid by eCheck or Credit Card. Proposal Expires 30 days from the date delivered. Certain jurisdictions may require a permit. If a permit is required a flat fee of \$250 plus the cost of the actual permit will be added to the finale bill. All past due invoices are subject to a 3% past due fee to be charged monthly until payment is received. All accounts not paid when due will be subject to all cost of collections and attorney's fees.

☐ I agree to the terms and conditions of the above document and PDF attachment with an electronic signature below.

IP Address

144.129.197.138

PO Number

(Optional: Enter PO Number as your reference only.)

Comments

1

Email

kmize@readyforlifepinellas.org

Address

Printed Name

Signature

"signatures" could include: /john smith/; /js/; /js123/, etc

Click to Accept

(Note: After accepting you will have the opportunity to provide payment.)



Lic. # FL EC13005767

Vortex Security Solutions 2202 N West Shore Blvd Tampa FL 33607 844-2Vortex Cell: (727) 421-9342

August 26, 2022

Michael Forster Ready For Life (Access Control / Camera System Upgrade) 2300 Tall Pine Dr. (Suite 100) Largo, FL 33771 Phone: (727) 954-3989 ext 229

Email: mforster@readyforlifepinellas.org

When it comes to the protection and security of your business, home, or loved ones, you know how important it is to make the right choice. Vortex Security has been a leader in business and home security for quite a number of years, and is currently one of the largest independent security providers in the Southeast. Our success is simple: we provide the highest quality products and services from a trustworthy and knowledgeable staff.

You can rely on Vortex Security to monitor your business or home security system every day of the year and every minute of the day. We have a monitoring center and backup facilities right here in Florida to ensure reliability, in addition to 2 other monitoring centers throughout the USA. Response time matters for alarm monitoring services. That is why we are always less than a 15 second response time with our 5 Diamond Awarded U.L. monitoring center.

Security System Proposal

I thank you for giving me the opportunity to offer our ADC Smart Access / Hikvision camera system. I hope you will be pleased with the proposals I have worked out for you. Below, I have listed several traits which set Vortex 1 Security Systems apart from other companies.

Vortex 1 Security Advantage

- Highest customer retention rate in the Southeast
- Over 90 years experience in security industry
- Lifetime Guarantee on all Alarm Equipment
- Lightning Damage Guarantee
- Dedicated Customer Care Center and On-line Account Access
- Lowest False Alarms in the Southeast
- Quickest Response Time (Less than 10 seconds)
- Certified and tested Technicians (Our people. No Subcontractors!)
- All our employees are criminal background checked 100%
- Redundant multiple monitoring stations with multiple back up systems
- Optional Verified alarms, using 2 Way communicator! (Priority 1 Police Dispatch)

Below is an outline of the access control and camera system upgrade based our meeting and walk through Wednesday 08-24-2022:

Access Control (New Installation / Upgrade) Integrates to Hikvision camera system

- 1 5 Door Access panel and master control panel with power Supply
- 5 Hikvision Facial recognition reader (Replace old finger print reader) Reader also has 2-way voice that works with remote access to communicate with people at access points
- 1 Battery Back up

Installation of equipment above, labor, programing, tying in all existing mag locks and right to exit systems /, setting up remote access, and training on the system.

You will also get a lifetime warranty on all parts, which will also include lightning damage. No extra cost for service calls, Batteries Included! Installation Including labor, = $\frac{$9590.00}{5013c}$ None profit Discount (\$1918.00) = $\frac{$7672.00}{100}$ and \$109.99/month.

Camera System (New Installation / Upgrade)

- 1 16 Port 4TB NVR (Replace old recorder / switch)
- 6 Hikvision HD I/R Turret Darkfighter cameras (4 new locations: 1 new location in Large Great Room by exit sign in front, 1 in Pantry supply room, 1 in back of apparel supply Room, 1 in back hallway intersection near lavatories, 1 out back by back door number 1, and 1 to replace old camera in back near 2nd back door.
- 1 Battery Back-up / UPS

Installation of equipment above, labor, programing, tying in all existing cameras as long as they are compatible, setting up remote access, and training on the system.

You will also get a lifetime warranty on all parts, which will also include lightning damage. No extra cost for service calls, Batteries Included! Installation Including labor, = \$5168.75 -5013c None profit Discount (\$1033.75) = \$4135.00 and \$44.99/month.

Wish list for additional HD Darfighter Turret cameras:

1 in hallway intersection by conference room, 3 strategically positioned on the outside of the building with no more blind spots. \$2156.25 -5013c Discount (\$431.25) = \$1725.00 and an additional \$19.99/month.

Please feel free to contact me with any questions or concerns. I look forward to hearing from you soon.

Best regards,

Chris Heinisch Vortex Security Solutions (727) 421-9342

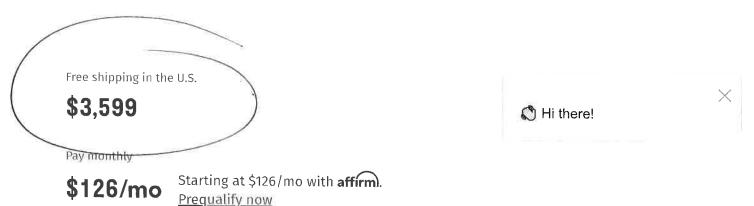


Second Second



Vibe Board \$1 55" + Vibe SmartCam + Vibe Stand

All-in-one huddle room solution for hybrid teams. Built for next-level visual communication, client engagement, and team collaboration.





A quick look at Vibe Board \$1 55"

Intuitive tools on an

infinite

4K Screen

i5 Intel Processor

128G ssD

WiFi 6

Autoenhance
made
pictureperfect



Give great ideas room to grow with



Manage files and devices together with



Deliver to Kathy Dunedin 34598

All ▼

Account & Lists =

All Back to School Off to College Supporting: Ready For Lif. . - Buy Again Amazon Basics



Kathy, get a \$8 bonus when you reload \$100 or more to your Gift Card balance.

Get Started

prime try before you buy



Subtotal (1 item): \$26.00 Total due today: \$0.00

Free for 7 days. Only pay for what you keep

Check out Try Before You Buy Cart

Go to Try Before You Buy Cart

Delivery to Kathy Mize- DUNEDIN

Continue shopping on Try Before You...

Subtotal (1 item): \$4,199.00 ☐ This order contains a gift

Proceed to checkout

Shopping Cart

Deselect all items

Price

\$4,199.00

Save \$300.00 Clip Coupon



TIBURN 75 inch Interactive Whiteboard, 4K UHD

In Stock

This is a gift Learn more

Qty: 1

Delete

Save for later

Compare with similar items

ASURION 3 Year Desktop Computer Protection Plan with Tech Suppor... was removed from Shopping Cart.

Subtotal (1 item): \$4,199.00

Your Items

Saved for later (50 items)

Buy it again

Your recently viewed items TIBURN 75 inch \$4,199.00 Add to Cart LG 65NANO90UPA 610 \$896.99 Add to Cart SAMSUNG 65-Inch 1,815 \$997,99 Add to Cart [Original] Vibe 55" 4K \$2,199.00 Add to Cart

Checkout (2 items)

1 Shipping address

Kathy Mize 1666 FIELDFARE CT DUNEDIN, FL 34698-7402

Add delivery instructions

Change

2 **Payment** method

Amazon Prime Rewards Visa Signature Card ending in 5607

Change

Earns 5% Back

Billing address: Same as shipping address.

Add a gift card or promotion code or voucher

Enter code

Apply

Apply Amazon Rewards Visa Signature Card Points \$2.17 (217 points) available

Review items and shipping

Signature required at time of delivery.

Please ensure someone will be available to sign for this delivery.

Important message

If tax exemption is applied to this order, you acknowledge your tax exemption certificate may be provided to any marketplace seller you purchase from when applicable.

Select FREE Amazon Day Delivery below to have orders delivered together in fewer boxes on a single day.

Delivery: Sept. 14, 2022 If you order in the next 9 hours and 35 minutes (Details) Items shipped from Amazon.com

Vibe 55" Interactive Four Lockable Wheels, Sleek Design for The Modern Office or Classroom (White)

Part 1 of 2 - [Original] Vibe 55" 4K UHD Smart Digital Whiteboard, Interactive Touch Screen Computer for Classroom and Business, Robust App Ecosystem for Hybrid Collaboration (Stand Included)

Bundle total: \$2,199.00

Item 1 of 2 & FREE Returns Qty: 1 Sold by: Vibe Inc

Add gift options

Item arrives in packaging that shows what's inside and can't be hidden. If this is a gift, consider shipping to a different address.

Place your order

By placing your order, you agree to Amazon's privacy notice and conditions of use.

Order Summary

Items (2): Shipping & handling:

\$2,199,00

Total before tax:

\$0.00 \$2,199.00

Estimated tax to be

Order total:

\$0.00

collected:

\$2,199.00 Pay \$122.17/month for 18 months.

interest-free with your Amazon Prime Rewards Visa Card.

How are shipping costs calculated? Prime shipping benefits have been applied to your order.

Choose your Prime delivery option:

FREE Prime Delivery

O Tuesday, Sept. 20

FREE Amazon Day Delivery Change day

9/8/22, 3:00 PM Cart - Best Buy Q Menu Search Best Buy Back to School Top Deals Deal of the Day Account **Recently Viewed** Your Cart Unlock up to \$59.761 in savings on protection You'll also get discounted services, totaltech **Unlock Savings** extended returns, included 24 months protection on most purchases and more with an active membership. Special Offers We found offers available based on items in your cart! See all Insignia''' - 65" Pickup at Clearwater \$389.99 Class F30 Ready for pickup in 1hr Save \$180 Series LED 4K Eligible for curbside pickup Was \$569.99 **UHD Smart Fire** Remove Save Delivery to 33770 Delivery as soon as Mon, Sep Delivery + Installation as soon as Wed, Sep 21 Included free FuboTV - Free for 30 days (new subscribers Remove **FREE** only, not billed unless activated) [Digital] Apple - Free Apple TV+ for 3 months (new Remove **s**tv FREE or returning subscribers only) **Protection plans** Standard Geek Squad Protection See All Plans (20369)Professional services Installation & setup services are See All Services available in 33770 X e've removed this item from your Undo Save

Order Summary

Order Status MoreSaved Items

Cart

Clearwater

Original Price \$569.99

Savings -\$180.00 Store Pickup FREE Estimated Sales Tax \$27.30

Total \$417.29

Checkout

Sign in or create an account now to get My Best Buy™ Points

Apply today, shop today.

Show

how

10% back in rewards on your first day of purchases when approved for the My Best Buy® Credit Card.

\$34.78/month* suggested monthly payments with 12 month financing on this purchase of \$417.29

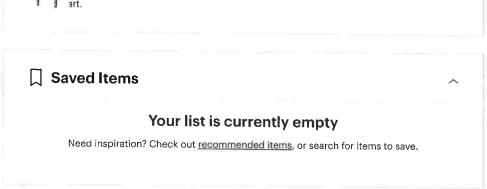
Looking for a lease to own option?

Enjoy the tech you want today.

Learn more

⊞ Buying a gift for someone special?

Gift options can be added in checkout. Learn more >









Review your order

Delivery address Change Shelby Lynne Davis 732 CALM DR

BRANDON, FL 33511-6247 United States Phone: 8133170724

Add delivery instructions

Payment method Change VISA ending in 6018

Billing address Change Same as shipping address Add a gift card, promotion code, or voucher

Enter Code

Apply

Get a \$1 digital reward with FREE No-Rush Shipping.

Select No-Rush Shipping below to receive a reward towards e-books, digital movies, and music.

Scheduled delivery time for this item: 9:00 AM - 12:00 PM September 11, 2022



TCL 65" Class 4-Series 4K UHD HDR Smart Roku TV - 65S455 \$429.99 & FREE Returns

Quantity: 1 Delete

Sold by: Amazon.com Services LLC With Deluxe Delivery and Unpack

\$29.99 Provided by: Amazon.com Services, LLC

Item arrives in packaging that shows what's inside and can't be hidden. If this is a gift, consider shipping to a different address.

Delivery Method: Room of Choice

Arrival Window:

Sunday, Sept. 11, 09:00 am - 12:00 pm Change

Get text updates

You consent to receive texts from us for this delivery at 8133170724. Change

Prepare for your scheduled delivery by following our Delivery Guidelines

Place your order

By placing your order, you agree to Amazon's privacy notice and conditions of use.

Order Summary

Items (2): \$459.98 Shipping & handling: \$0.00 FREE Deluxe Deli...: -\$29.99

Total before tax: \$429.99 Estimated tax to be collected:*

Order total:

\$462.24

\$32.25

Qualifying offers:

FREE Deluxe Deli...

How are shipping costs calculated?

Prime shipping benefits have been applied to your order. (Why aren't all my items eligible?)

Do you need help? Explore our Help pages or contact us

For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

Colorado, Louisiana and Puerto Rico Purchasers: Important information regarding sales tax you may owe in your State

Within 30 days of delivery, you may return new, unopened merchandise in its original condition. Exceptions and restrictions apply, See Amazon.com's Returns Policy. In the unlikely event that the service provider does not meet the specifications listed, please contact Amazon.com within 30 days of service completion. Go to Amazon.com without completing your order.

Conditions of Use | Privacy Notice © 1996-2022, Amazon.com, Inc.

amazonsmile

Checkout (1 item)



1 Shipping address

Kathy Mize 1666 FIELDFARE CT

DUNEDIN, FL 34698-7402

Add delivery instructions

2 **Payment** method

Amazon Prime Rewards Visa Signature Card ending in 5607

Change

Change

Earns 5% Back

Billing address: Same as shipping address.

Add a gift card or promotion code or voucher

Enter code

Apply

Apply Amazon Rewards Visa Signature Card Points \$2.17 (217 points) available

Review items and shipping

Important message

If tax exemption is applied to this order, you acknowledge your tax exemption certificate may be provided to any marketplace seller you purchase from when applicable.

Select FREE Amazon Day Delivery below to have orders delivered together in fewer boxes on a single day.

Guaranteed Delivery: Today 5 PM - 10 PM

Items shipped from Amazon.com



USX MOUNT Full Motion TV Wall Mount for Most 47-84 inch Flat Screen/LED/4K TV, TV Mount Bracket Dual Swivel Articulating Tilt 6 Arms, Max VESA 600x400mm, Holds up to 132lbs, Fits 8" 12" 16" **Wood Studs**

\$55,96

& FREE Returns

Qty: 1

Sold by: X-Mount

Add gift options

Tax Exemption Applied. Remove

Choose your Prime delivery option:

Today & Overnight

FREE Fastest Delivery

Today 5 PM - 10 PM

Overnight 4 AM - 8 AM

See more delivery slots

- O Saturday, Sept. 10
 - FREE Prime Delivery
- O Tuesday, Sept. 13

FREE Amazon Day Delivery

Change day

Place your order

Order total: \$55.96

By placing your order, you agree to Amazon's privacy notice and conditions of

*Why has sales tax been applied? See tax and seller information.

Need help? Check our Help pages or contact us

For an item sold by Amazon.com: When you click the "Place your order" button, we'll send you'an email message acknowledging receipt of your order. Your contract to purchase an item will not be complete until we send you an email notifying you that the item has been shipped.

Important information about sales tax you may owe in your state

Place your order

By placing your order, you agree to Amazon's privacy notice and conditions of use.

Order Summary

\$55.96 Shipping & handling: \$2.99 Free Shipping: -\$2.99 Total before tax: \$55.96 Estimated tax to be collected:

Order total:

\$55.96

Pay \$9.33/month for 6 months, interest-free with your Amazon Prime Rewards Visa Card.

Qualifying offers:

· Free Shipping

Supporting: Ready For Life Inc

How are shipping costs calculated?

Prime shipping benefits have been applied to your order.

Menu

Search Best Buy

Q

Port Richey

Cart

Back to School

Top Deals Deal of the Day

Account

Remove

\$59.99

Recently Viewed

Order Status MoreSaved Items

Your Cart



Best Buy essentials™ -Full Motion TV Wall Mount for 47-84" TVs -Black

We recommend shipping - Learn why

Pickup at Port Richey

Available Today at a store 18 miles away
Eligible for curbside pickup

FREE Shipping to 33773

Get it by tomorrow if you order within 6hr 46min More shipping options are available in checkout

Order Summary

Item Total\$59,99ShippingFREE

Estimated Sales Tax

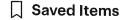
FREE \$4.20

Total

\$64.19

Checkout

<u>Sign in or create an account now</u> to get My Best Buy™ Points





Need inspiration? Check out recommended items, or search for items to save.



10% back in rewards

on first day of purchases or flexible financing for new My Best Buy® Credit Cardmembers.

Show me how >

Looking for a lease to own option?

Enjoy the tech you want today.

Learn more



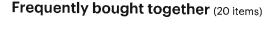
4 payments starting at **\$16.05**

Learn more >

Select Zip under 'Other payment options' when checking out.

Buying a gift for someone special?

Gift options can be added in checkout. Learn more >





Legrand - In-Wall Flat Screen
Power and Cable Concealment...

(2,489)

\$99.99

🚍 Add to Cart



Best Buy® - Totaltech™ Yearly Membership

<u>(6,712)</u>

\$199.99

😾 Add to Cart



Visit our Support Center



Check your Order Status



Shipping, Delivery & Store Pickup



Returns & Exchanges



Price Match Guarantee

Order & Purchases

Support & Services

Partnerships

Sign in or Create Account

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Ready for Life, Inc.

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Α	В	С	D	Ε	F	G	Н
Line		Price Per	Quantity of	Purchase	ARPA Grant Funds		
Item	Item (Description)	Item	Item	Total	Requested	Applicant Match	Funding Total
1	5 All in One Desktops	\$ 1,029.99	5	\$ 5,150	\$ 5,150	\$ -	\$ 5,150
2	Monitors - Dual work purpose	\$ 163.00	5	\$ 815	\$ 815	\$ -	\$ 815
3	Laptops	\$ 1,499.99	2	\$ 3,000	\$ 3,000	\$ -	\$ 3,000
4	Labor to Install all computers	\$ 80.00	10	\$ 800	\$ 800	\$ -	\$ 800
5	Office Printer / Copier	\$ 5,722.01	1	\$ 5,722	\$ 5,722	\$ -	\$ 5,722
6	Phone system for office	\$ 3,124.00	1	\$ 3,124	\$ 3,124	\$ -	\$ 3,124
7	Labor for wiring all offices	\$ 6,049.45	1	\$ 6,049	\$ 6,049	\$ -	\$ 6,049
8	Security Monitoring System	\$ 3,519.00	1	\$ 3,519	\$ 3,519	\$ -	\$ 3,519
9	Smart Digital Whiteboard	\$ 3,599.00	1	\$ 3,599	\$ 3,599	\$ -	\$ 3,599
10	65" Smart TV	\$ 389.99	1	\$ 390	\$ 390	\$ -	\$ 390
11	TV Mount for TV	\$ 55.96	1	\$ 56	\$ 56	\$ -	\$ 56
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		TOTAL	29	\$ 32,224	\$ 32,224	\$ -	\$ 32,224

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

Key

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

READY FOR LIFE, INC. BUDGET - STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS JULY 1, 2022 - JUNE 31, 2023

REVENUE AND SUPPORT:	2022-2023				
CONTRIBUTIONS:					
Individual		\$250,000.00			
Corporation		\$ 75,000.00			
Foundations		\$125,000.00			
Group / Clubs	V	\$110,000.00			
Government		\$ 48,000.00	\$	608,000.00	
REIMBURSED EXPENSES:					
BayCare Ready for Health grant		\$ 25,000.00			
Facility		\$ 5,000.00			
Staff cost		\$ 71,000.00			
Youth assistance		\$ 40,000.00			
			\$	131,500.00	
SPECIAL EVENT REVENUE:					
Fundraising events - RFL:					
	Night in the park	\$ 70,000.00	\$	70,000.00	
Fundraising events - Third party:					
	Bowl-a-thon	\$ 10,000.00			
	Fishing tournaments	\$ 25,000.00			
	PolyWogs	\$ 24,000.00			
	Porsche Club	\$ 12,000.00			
	Other	\$ 15,000.00	\$	112,000.00	
			\$	182,000.00	
TOTAL REVENUE AND SUPPORT			\$	921,500.00	
EXPENSES:					
PAYROLL:					
Salary expense				540,000.00	
Payroll taxes			_		
Benefits		†	\$	49,000.00 54,000.00	
Total salary and benefits		<u> </u>	۶ \$		
FINANCIAL PROCESSING FEES:			7	643,000.00	
Bank service charges		-	\$	105.00	
Credit card processing fees			\$		
Total financial processing fees			\$ \$	2,375.00 2,480.0 0	
			7	2,400.00	
DUES AND SUBSCRIPTIONS			\$	1,500.00	

READY FOR LIFE, INC. BUDGET - STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS JULY 1, 2022 - JUNE 31, 2023

DONATIONS-IN-KIND		
Rent (in-kind)		
Donated goods (in-kind)		
Volunteer hours (in-kind)		
Total donations-in-kind	\$	
FUNDRAISING EXPENSES:	7	
Annual luncheon		
RFL fundraising expenses		
Total fundraising expenses	\$	15,000.00
INFORMATION TECHNOLOGY:		15,000.00
Hardware	\$	2 000 00
Software	\$	3,000.00
Support	\$	5,000.00
Total information tech expenses	\$	3,500.00
	3	11,500.00
INSURANCE	\$	2 500 00
	- 3	3,500.00
MEETINGS EXPENSE	\$	2 000 00
OFFICE EXPENSE:	3	2,000.00
Office supplies	\$	2.000.00
Postage and delivery	\$	2,000.00
Printer / copier	\$	420.00
Total office expenses	\$	2,800.00
OTHER EXPENSES:	- 3	5,220.00
Licenses and permits		500.00
Printing and reproduction	\$	500.00
Total other expenses	\$	500.00
PROFESSIONAL SERVICES:	\$	1,000.00
Professional Fees		25.000.00
Accounting fees	\$	25,000.00
Attorney fees	\$	9,000.00
Total professional fees	\$	24 000 00
Total Provider (CC)	3	34,000.00
PROMOTIONAL EXPENSES/Mktg. Cord	\$	24 000 00
OCCUPANCY EXPENSES:	3	24,000.00
Rent		76 000 00
Repairs and maintenance	\$	76,000.00
Utilities - gas and electric	\$	1,000.00
Phone and cable services		8,800.00
Janitorial expenses	\$	5,500.00
Pest control	\$	1,500.00
Total occupancy expenses	\$	500.00 93,300.00

READY FOR LIFE, INC. BUDGET - STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS JULY 1, 2022 - JUNE 31, 2023

YOUTH SUPPORT:		
Education expense	\$	4,000.00
Employment readiness	\$	3,500.00
Health / Medical	\$	15,000.00
Housing assistance	\$	20,000.00
Intern program	\$	1,000.00
KIT program	\$	1,000.00
Meetings - youth related	\$	3,000.00
Mental health & counseling	\$	1,500.00
Mentor / Volunteer program	\$	4,000.00
Mommy and Me / Wingmen programs	\$	5,000.00
Outreach and promotion	\$	1,000.00
Pantry program	\$	500.00
Professional development	\$	2,500.00
Special youth events	\$	5,000.00
Transportation expenses	\$	13,000.00
Youth incentives	\$	5,000.00
Total youth support expenses	\$	85,000.00
TOTAL EXPENSES	\$	921,500.00
	- 3	921,300.00
CHANGE IN NET ASSETS	\$	
	- J	



2022 - 2023 Board of Director List

Founders: David Fischer

Gerry Hogan

Bud Risser

Members: Yvette Bean

Kenneth Beattie (Chair)

Scott Clendening

Ben Coughanour

Bob Dillinger

Deonte' Echols-

Mary Pat McLain

Sally McLane

Crystal Moore – Youth Voice

Bud Risser

Nathan Thomas

* Kathy Mize- CEO / Non-Voting

ggn

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury

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

Open to Public Inspection

JUL 1, 2020 and ending JUN 30, A For the 2020 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change READY FOR LIFE, INC. Name change 26-4032979 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 727-954-3989 2300 TALL PINES DRIVE, #100 termin-ated 934,583. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return LARGO, FL 33771 H(a) Is this a group return Applica-F Name and address of principal officer: KATHY MIZE Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.READYFORLIFEPINELLAS.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Trust Association L Year of formation: 2009 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: TO ASSIST THE YOUTH OF THE Activities & Governance COMMUNITY IN TRANSITIONING FROM FOSTER CARE TO ADULTHOOD. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 <u>11</u> Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 200 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 773,200. 894,645. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 2,524. 1,143. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 32,240. 45,033. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 820,757. 928,028. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 532,610. 490,916. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 232,727. 467,462. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 958,378. -30,350. 765,337. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 55,420. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 409,686. 388,690. 20 Total assets (Part X, line 16) 117,315. 126,670. 21 Total liabilities (Part X, line 26) 292,371. 262,020. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KATHY MIZE, DIRECTOR/CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid KEVIN R. BASS P01290719 Firm's name RIVERO, GORDIMER & COMPANY. Firm's EIN **▶** 59-3040705 Preparer Firm's address P. O. BOX 172359 Use Only Phone no. (813) 875-7774TAMPA, FL 33672 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Ра	rt 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										
2											
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No										
3	If "Yes," describe these changes on Schedule O.										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.										
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and										
	revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$807,818. 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. THE FOUNDATION'S GOAL IS TO BE A LINK BETWEEN										
	THE YOUTH AND THE MANY RESOURCES AVAILABLE TO ASSIST THEM AS WELL AS										
	GIVE THE YOUTH THE VOICE TO HELP CREATE AND RUN THE FOUNDATION'S MANY										
	PROGRAMS.										
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
	, (,,,,,										
											
											
											
4-											
4c	(Code:) (Expenses \$										
4d	Other program services (Describe on Schedule O.)										
	(Expenses \$ including grants of \$) (Revenue \$)										
4e	Total program service expenses ► 807,818.										
	Form 990 (2020)										

Page 3

Form 990 (2020) READY FOR LIFE, INC. Part IV Checklist of Required Schedules

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

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
اء ما	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	• • • • • • • • • • • • • • • • • • • •	240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		22
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	222	
	4 40 00 00	Гоим	aan	$(\Omega \cap \Omega \cap \Omega)$

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

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		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?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
b	Other officers or key employees of the organization	15b	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?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
_	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup 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) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website X Another's website Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial								
_	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 DRIVE, #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.

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

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

(A)	(B)	l		((C)		ilout	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per					on is both an ctor/trustee)		compensation	compensation from related	amount of
	week (list any	_					Ė	from the	organizations	other compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer of the order	Key employee	Highest compensated employee	Former			organizations
(1) KATHY MIZE	40.00	=	_	0	Σ.	工 む	ш.			
CEO		1		Х				100,499.	0.	0.
(2) KENNETH BEATTIE	3.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) MARY PAT MCLAIN	2.00									
VICE-CHAIRMAN		Х		Х				0.	0.	0.
(4) SUSAN DOLL	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) CRISSY PETTINEO	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(6) PHARES N. RISSER, III	2.00								_	
DIRECTOR		Х						0.	0.	0.
(7) YVETTE BEAN	2.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(8) KAY DILLINGER	1.00									0
DIRECTOR	1 00	Х						0.	0.	0.
(9) EDIE BANKS	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) MELISSA HILL	1.00	x		x				0.	0.	0
SECRETARY	3.00	^		^				0.	0.	0.
(11) SCOTT CLENDENING	3.00	x						0.	0.	0.
DIRECTOR		^						0.	0.	0.
		1								
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		1								
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Form **990** (2020)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(A) (B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		1	timate	
	hours per week		oox, unless pe officer and a d					compensation from	compensation			nount o other	of
	(list any	tor						the	from related organizations			pensa	tion
	hours for	r direc				ted		organization	(W-2/1099-MI			om the	
	related	stee o	trustee			bensa		(W-2/1099-MISC)			_	anizati	
	organizations below	ual tru	ional t		ployee	t com	۱.					d relate anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				l	ıı ıızatı	JI 13
			_	J		1	 						
						-							
		1											
								100 100					
1b Subtotal	VII Cootion A							100,499.		0.	—		0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								100,499.		0.			0.
Total (add lines ib and ic) Total number of individuals (including but								<u> </u>	L 0.000 of reportab	-			
compensation from the organization						<i>-</i> ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
										1		Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for	,	,	,		,	,	_	, , ,	,		3		Х
4 For any individual listed on line 1a, is the											3		21
and related organizations greater than \$1	-		-					•	tile organization		4		Х
5 Did any person listed on line 1a receive or									idual for services	3			
rendered to the organization? If "Yes," co	mplete Schedui	le J f	or s	uch	pers	son					5		X
Section B. Independent Contractors		-1			4		1	N4	Φ100 000 -f		-4: 4		
1 Complete this table for your five highest of the organization. Report compensation for										npens	ation i	rom	
(A)								(B)		_	(C		
Name and busines	ss address	NC	INC	E			_	Description of s	services	C	compe	nsation	<u> </u>
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	nization >				(U					F	990 c	2000)
											-arm '		ノロ・フロリ

Га		<u> </u>			nnse (or note to any lin	e in this Part VIII			
			Check if Schedule O co	intains a respo	onse (or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contrib All other contributions, gifts, gr similar amounts not included al Noncash contributions included in lir Total. Add lines 1a-1f	1b 1c 1d 1d outions) 1e rants, and bove 1f 1g 5	\$	23,940. 96,100. 774,605. 132,989.	894,645.			
<u> </u>		<u>'''</u>	Total: Add lines 1a-11			Business Code	031,0130			
Program Service Revenue	2	a b c d			_					
۵			All other program service re		-					
	3		Total. Add lines 2a-2f	ng dividends, i	intere	st, and	1,143.			1,143.
	4 5		Income from investment of	•	•	-				
	3		Royalties	(i) Rea	······	(ii) Personal				
	6	b	Less: rental expenses	6a 6b 6c						
			Net rental income or (loss)	(2) 0						
ne	7		Less: cost or other basis	(i) Securit	iles	(ii) Other				
Revenue		С	Gain or (loss)							
Other Re	8	d	Net gain or (loss)Gross income from fundraising including \$ 23 ,	events (not , 940 • of						
			contributions reported on lin Part IV, line 18		8a 8b nts	37,806. 6,555.	31,251.			31,251.
	9		Gross income from gaming Part IV, line 19		9a					
	10	c a	Less: direct expenses Net income or (loss) from ga Gross sales of inventory, les and allowances Less: cost of goods sold	aming activitie ss returns	9b s 10a 10b	>				
			Net income or (loss) from sa		-	•				
Miscellaneous Revenue	11		OTHER REVENUE		_	Business Code 900099	989.	989.		
ella		C			— <u> </u>					
/lisc			All other revenue							
			Total. Add lines 11a-11d		_	>	989.			
	12		Total revenue. See instructions	s		>	928,028.	989.	0.	32,394.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	100,498.	80,855.	13 0/1	5,702
_	trustees, and key employees	100,430.	00,033.	13,941.	3,702
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	220 560	265 056	15 056	18,757
7	Other salaries and wages	330,569.	265,956.	45,856.	10,/3/
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	25,225.	20,295.	3,499.	1 /21
9	Other employee benefits	34,624.	27,856.	4,803.	1,431 1,965
10	Payroll taxes	34,024.	27,030.	4,003.	1,905
11	Fees for services (nonemployees):				
a					
b					
C	5 ······				
	Lobbying				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	,	20 704	1 176	15 004	724
	column (A) amount, list line 11g expenses on Sch O.)	20,794.	4,176. 8,329.	15,894.	72 <u>4</u> 2,776
12	Advertising and promotion			2 070	791
13	Office expenses	10,746. 97,730.	7,077.	2,878.	
14	Information technology	91,130.	78,083.	5,038.	14,609
15	Royalties	71 001	6E 001	4 221	1 760
16	Occupancy	71,801.	65,801.	4,231.	1,769
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	022	700	152	
19	Conferences, conventions, and meetings	933.	780.	153.	
20	Interest				
21	Payments to affiliates	17 566	1/ 120	2 427	007
22	Depreciation, depletion, and amortization	17,566.	14,132.	2,437.	997 185
23	Insurance	3,262.	2,624.	453.	185
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	122 000	122 000		
a	IN-KIND DONATIONS YOUTH SUPPORT	132,989. 80,389.	132,989.	0.	^
b			80,389. 18,326.	* 1	0 493
C	UTILITIES DECERCIONAL DEVELOPMEN	19,997.	18,326.	1,178.	493
d	PROFESSIONAL DEVELOPMEN	150.	120.		
е		050 270	007 010	100 261	EA 100
25	Total functional expenses. Add lines 1 through 24e	958,378.	807,818.	100,361.	50,199
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

rar	τX	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			174,521.	1	76,283
	2	Savings and temporary cash investments	67,066.	2	151,082		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	5,677
	5	Loans and other receivables from any current	t or forme	r officer, director,			
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		117,735.			
	b	Less: accumulated depreciation		61,823.	58,944.	10c	55,912
	11	Investments - publicly traded securities			105,017.	11	95,598
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets		4 4 2 2	14	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	15	Other assets. See Part IV, line 11	4,138.	15	4,138		
	16	Total assets. Add lines 1 through 15 (must e			409,686.	16	388,690
	17	Accounts payable and accrued expenses			21,215.	17	26,835
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
les	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
E		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to uni			96,100.	23	00 025
	24	Unsecured notes and loans payable to unrela			90,100.	24	99,835
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	i. Complete Part X		25	
	06	of Schedule D			117,315.	26	126,670
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			117,313.	20	120,070
Ses		and complete lines 27, 28, 32, and 33.	TICOK TICI				
auc	27	Net assets without donor restrictions			174,201.	27	178,110
Ва	28	Net assets with donor restrictions	118,170.	28	83,910		
ם		Organizations that do not follow FASB ASC	·		,		
로		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current fund	ds	1		29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			292,371.	32	262,020
-	33	Total liabilities and net assets/fund balances			409,686.	33	388,690

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)

Total expenses (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 2 from line 1

Part XI Reconciliation of Net Assets

4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	29	2,3	71.
5	Net unrealized gains (losses) on investments			
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 on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B)) 10	26	2,0	21.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	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?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			Y FOR LIFE					6-4032979				
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	See instructions.					
Γhe	organi	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in secti										
3		A hospital or a cooperative					ii).					
4		A medical research organiz					•	the hospital's name.				
		city, and state:		,				,				
5			or the benefit of a co	llege or university owner	d or opera	ted by a n	overnmental unit describ	ned in				
J		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6	H	A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7		•	•	iniai pari oi ils support	rom a gov	emmenta	unit or from the general	public described in				
_		section 170(b)(1)(A)(vi). (C		/// *								
8	\vdash	A community trust describe										
9		An agricultural research org										
		or university or a non-land-o	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state of the collec	ge or				
		university:										
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from				
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving				
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting				
		organization. You must o										
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	avina				
		control or management o	•					-				
		organization(s). You mus					5	1				
С		Type III functionally inte			in connec	tion with.	and functionally integrat	ed with				
_		its supported organization										
d		Type III non-functionally		•				ization(s)				
_		that is not functionally int					• • • • •	* *				
		requirement (see instruct	-		•		•	ilveriess				
е		Check this box if the orga	•									
٦							a Type I, Type II, Type III					
	Ento	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,								
-		r the number of supported o										
9		ride the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(-,,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)				
		-		above (see instructions))	163	140						
Tot:	al											

16070331 795320 303800

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2016	(h) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest.						
0	,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				1		
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stor	•		•	•	. , . ,	>
Sed	tion C. Computation of Publ	ic Support Pe	rcentage				·
	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	this box
	and stop here. The organization qual	ifies as a publicly	supported organi:	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check th	is box and stop he	ere. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances to	st. The organizati	on qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, ch	eck this box and s	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circ		-	· ·			▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	<u>ns</u>
					Sch	edule A (Form 99	0 or 990-EZ) 2020

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

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

Se	ction A. Public Support	,,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	600,092.	486,295.	702,870.	773,200.	665,556.	3228013.
2	Gross receipts from admissions,						_
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	600,092.	486,295.	702,870.	773,200.	665,556.	3228013.
	Total. Add lines 1 through 5	000,092.	400,293.	702,070.	113,200.	003,330.	3220013.
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons	65,000.	42,146.	126,090.	96,120.	55,600.	384,956.
ŀ	Amounts included on lines 2 and 3 received	03,000.	12,110.	120,030.	30,120.	33,000.	304,3301
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	65,000.	42,146.	126,090.	96,120.	55,600.	384,956.
	Public support. (Subtract line 7c from line 6.)	, , , , ,	, -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2843057.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	600,092.	486,295.	702,870.	773,200.	665,556.	3228013.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	840.	2,626.	1,975.	2,524.	1,143.	9,108.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	840.	2,626.	1,975.	2,524.	1,143.	9,108.
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	00 000	105 054	0.41 555	F2 640	27 006	466 000
	assets (Explain in Part VI.)		105,954.		53,640.	37,806.	
	Total support. (Add lines 9, 10c, 11, and 12.)	628,954.	594,875.	946,402.	829,364.	704,505.	3704100.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	ion,
80	check this box and stop here ction C. Computation of Publ						P
	•	• • •		actume (f)		15	76.75 %
	Public support percentage for 2020 (I Public support percentage from 2019		•			16	75.60 %
	ction D. Computation of Inves					10	73.00 %
	Investment income percentage for 20			ne 13 column (fl)		17	.25 %
	Investment income percentage from 2			(1)		18	•30 %
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box a	-					▶ X
ŀ	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation If the organization			•		•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) <u> </u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	r -		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	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		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

OCIT	edule A (1 01111 990 01 990-LZ) 2020 112112 1 1 211 221				
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continued}	d)	
Sect	tion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	S	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	tion E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020	

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

Schedule A (Form 990 or 990-EZ) 2020

Part V	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				В,	LINE	12,	EXP	LANA	TION	I FOR	OTHER	INCOME:
			EVENT									

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2020

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
GERALD HOGAN	40,000.	32,146.	26,100.	39,460.	14,500.
P.N. RISSER, III	20,000.	10,000.	80,940.	27,960.	32,700.
MARY PAT MCLAIN	5,000.	0.	0.	0.	0.
MARY PATRICIA MCLAIN TRUST	0.	0.	6,690.	7,800.	5,000.
EDIE BANKS	0.	0.	7,260.	7,350.	2,000.
YVETTE BEAN, REUSABLE TRANSPORT P	0.	0.	5,100.	8,100.	0.
BETH DILLINGER FOUNDATION	0.	0.	0.	5,450.	1,400.
Total to Schedule A, Part III, Line 7a	65,000.	42,146.	126,090.	96,120.	55,600.

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

Employer identification number Name of the organization READY FOR LIFE, 26-4032979 INC. Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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
• •	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.
contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

READY FOR LIFE, INC.

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	SPEER FOUNDATION 2535 SUCCESS DR ODESSA, FL 33556	\$ <u>115,000</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	GERALD HOGAN 180 BEACH DRIVE #2600 ST. PETERSBURG, FL 33701	\$ <u>14,500.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	ARTHUR FAMILY FOUNDATION 1001 62ND ST S GULFPORT, FL 33707	\$\$22,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	RAYS BASEBALL FOUNDATION 1 TROPICANA DRIVE ST. PETERSBURG, FL 33705	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	P.N. RISSER 2865 EXECUTIVE DRIVE CLEARWATER, FL 33762	\$ 32,700.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	MARY PATRICIA MCLAIN TRUST 555 5TH AVENUE N.E. NO.614 ST. PETERSBURG, FL 33701	\$50,000.	Person X Payroll		

Name of organization Employer identification number

READY FOR LIFE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	PINELLAS COMMUNITY FOUNDATION 17755 US HWY 19 N #150 CLEARWATER, FL 33764	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	THOMAS AND MARY JAMES FOUNDATION 880 CARILLON PKWY ST. PETERSBURG, FL 33716	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	MCLAIN FOODS, INC. 1918 4TH ST. N ST. PETERSBURG, FL 33704	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	SCHULZE FAMILY FOUNDATION 12810 USF MAGNOLIA DR TAMPA, FL 33612	5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	INDIA RIGGS 88 NEW JERSEY DR DUNEDIN, FL 34698	\$ 20,045.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	NEIL AND SUSAN SAVAGE 300 BEACH DR NE #2702 ST. PETERSBURG, FL 33701	\$\$	Person X Payroll		

Name of organization

Employer identification number

READY FOR LIFE, INC.

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	ELIZABETH HEINKEL 650 COLLANY RD. TIERRA VERDE, FL 33715	\$8,500.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14	GODBOLD FOUNDATION, INC 1625 OCEANVIEW DR ST. PETERSBURG, FL 33715	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	SHERYL FORTUNE 175 1 ST. S #2707 ST. PETERSBURG, FL 33701	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

READY FOR LIFE, INC.

u	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		
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

Employer identification number

Name of organization

EADY	FOR LIFE, INC.			26-4032979
art III	Exclusively religious, charitable, etc., contributor any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	a) through (e) and the following line endexisted, contributions of \$1,000 on	ntry For organizations	
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi	ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi		
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gi	 ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
— 		(e) Transfer of gi		
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor 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 Open to Public Inspection

Name of the organization

READY FOR LIFE, INC.

Employer identification number 26-4032979

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 f	unds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring			
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea		storically important land area			
	Protection of natural habitat	Preservation of a ce	ertified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	Total acreage restricted by conservation easements		*			
	Number of conservation easements on a certified historic str		. 2c			
a	Number of conservation easements included in (c) acquired					
•	listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax			
4	year	agment is legated				
4 5	Number of states where property subject to conservation ea					
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
Ū	b	Thanding of violations, and emoreing conserv	ation casements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year			
-	> \$		caccinicate adming the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footi	· · · · · · · · · · · · · · · · · · ·				
	organization's accounting for conservation easements.	-				
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works			
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	erance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB 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 furthera	nce 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 tre	asures, or other similar assets for financial ga	in, provide			
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:				
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·			
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020			

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Par	rt III Organizations Maintaining (Collections of A	rt, Histori	cal Tı	reasures, c	or Othe	r Simila	r Asse	ts (continu	ied)
3	Using the organization's acquisition, access	ion, and other record	ds, check an	y of the	following tha	t make si	gnificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d	I 🔲 Loa	n or exc	change progra	ım				
b	Scholarly research	е	e 🔲 Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they	further t	the organization	on's exen	npt purpos	se in Parl	t XIII.	
5	During the year, did the organization solicit									
	to be sold to raise funds rather than to be m	aintained as part of t	the organiza	tion's c	ollection?				Yes	☐ No
Par	rt IV Escrow and Custodial Arran	igements. Comple	ete if the org	anizatio	on answered "	'Yes" on I	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	ırt X, line 21.								
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for con	tributio	ns or other as	sets not i	ncluded		_	
	on Form 990, Part X?							🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	э:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	form 990, Part X, line	21, for escr	ow or c	ustodial acco	unt liabilit	ty?	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII									
Par	rt V Endowment Funds. Complete	if the organization an	swered "Ye	s" on F						
		(a) Current year	(b) Prior	year	(c) Two year	s back (d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	•									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, c	olumn (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		<u></u> %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that ar	e held a	and administe	red for th	e organiza	ation	_	
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization				?				3b	
4	Describe in Part XIII the intended uses of the		owment fund	ls.						
Par	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 990			Ī	, Part X, I	ine 10.			
	Description of property	(a) Cost or o			t or other	. ,	cumulated	'	(d) Book	value
		basis (investr	ment)	basis	(other)	dep	reciation			
	Land									
	•				1 707		40 00	_		112
	Leasehold improvements				4,727.		40,28			,443.
					3,008.		21,53	٦٠		,469.
	Other									,912.
Total	al. Add lines 1a through 1e. (Column (d) must e	Paual Form 990 Part	x column (∀\ lin≏	7()C)				ככ	. 9 1 /

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 READY FOR L	IFE, INC.	26	5-4032979 _{Page} ;
Part VII Investments - Other Securities.			9 -
Complete if the organization answered "Yes"		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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" of	on Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			•
(2)			
(3)			
(4)		<u> </u>	
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11d See Form 990 Part V line 15	
	Description	e i i d. Gee i oi ii 990, i ai t X, iii e i 5.	(b) Book value
	2000 I PRIORI		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45.1		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)	>	
Part X Other Liabilities.			_
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 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)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(8)

Schr	nedule D (Form 990) 2020 READY FOR LIFE, INC.	26-4	032979 _{Page}
	art XI Reconciliation of Revenue per Audited Financial Statements With Revenue p		OOLO 75 Page
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1		1	970,965
2			370,303
		37	
b		37.	
C			
	d Other (Describe in Part XIII.)		42,937
	e Add lines 2a through 2d		928,028
3		3	920,020
4			
a	, , , , , , , , , , , , , , , , , , , ,		
	b Other (Describe in Part XIII.)		0
_	c Add lines 4a and 4b		928,028
<u>5</u>			-
Га	Reconciliation of Expenses per Audited Financial Statements With Expenses	per neturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.1	1,001,316
1		1	1,001,310
2	, , , , , , , , , , , , , , , , , , ,	27	
а		37.	
b			
С			
	d Other (Describe in Part XIII.)		42 027
	e Add lines 2a through 2d		42,937
3		3	958,379
4			
	a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a		
b	b Other (Describe in Part XIII.)		0
	c Add lines 4a and 4b		0 0 0 0 0 0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	958,379
Pa	art XIII Supplemental Information.		
	vide 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 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	, line 4; Part X,	line 2; Part XI,
PA:	ART X, LINE 2:		
ΓH:	IE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME	TAXES U	NDER
SE	CCTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEME	NT IS NO	OT AWARE
OF	ANY ACTIVITIES THAT WOULD JEOPARDIZE THE ORGANIZATION'	S TAX E	XEMPT
ST	TATUS. THE ORGANIZATION IS NOT AWARE OF ANY TAX POSITION	S IT HA	S TAKEN
ΓH	AT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY.	TAX YEA	RS AFTER
20	18 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE A	UTHORIT	IES.

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization READY FOR LIFE, INC. 26-4032979 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990 or 990-EZ) 2020

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

	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	
			(a) Event #1 ANNUAL LUNCHEON (event type)	(b) Event #2 FISHING TOURNAMENT (event type)	(c) Other events 6 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	12,887.		26,509.	61,746.
Œ		Less: Contributions	10,440.	11,100.	2,400.	23,940.
	3	Gross income (line 1 minus line 2)	2,447.	11,250.	24,109.	37,806.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses		Rent/facility costs Food and beverages				
Dire	8	Entertainment	COO		5,955.	6,555.
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from l	h 9 in column (d)		>	6,555. 31,251.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
Revenue		\$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))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses		Noncash prizes				
Dire		Rent/facility costs				
		Other direct expenses Volunteer labor	Yes % No	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	activities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 READY FOR LIFE, INC.	6-403297	/9 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye:	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
			//
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	•	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t	
	of gaming revenue retained by the third party >\$		
	Fig. If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Nama 🏲		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Ye	s No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
•	organization's own exempt activities during the tax year > \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	nd Part III lines	9 9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	id i ait iii, iii ios	3, 35, 105,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			

Schedule G (Form 990	or 990-EZ) RE A	ADY FOR LIFE,	INC.	26-4032979 _{Pag}	ge 4
Part IV Supple	or 990-EZ) REA emental Information	on (continued)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Open to Public Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

	READY FOR LI	FE, IN	C.		26-4	1032	979	
Pai	rt I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermin	•	ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		100,164.				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (RENT)	X	0	32,825.				
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organi		•					
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	-	• • • •		- ·			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				_
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

READY FOR LIFE, INC.

Employer identification number 26-4032979

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

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
- UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX-EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES, 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 ON GUIDESTAR OR BY REQUEST. PLEASE CALL KATHY MIZE-PLUMMER AT

727-954-3989 OR EMAIL AT INFO@READYFORLIFEPINELLAS.ORG.

FORM 990, PART XII, LINE 2C

THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT READY FOR LIFE, INC.

June 30, 2021 and 2020

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Statements of Cash Flows	8
Statements of Functional Expenses	9 - 10
Notes to Financial Statements	11 - 18

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

Herman V. Lazzara Michael E. Helton
Sam A. Lazzara Christopher F. Terrigino
Kevin R. Bass James K. O'Connor
Jonathan E. Stein David M. Bohnsack
Stephen G. Douglas Julie A. Davis
Marc D. Sasser, of Counsel
Cesar J. Rivero, in Memoriam (1942-2017)

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, 2021 and 2020, 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, 2021 and 2020, 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.

Buiero, Dordiner & Company, O.A

Tampa, Florida April 18, 2022

Ready for Life, Inc.

STATEMENTS OF FINANCIAL POSITION

June 30,

	2021		 2020		
ASSETS					
Cash and cash equivalents (note A4) Accounts receivable (note A5) Investments (notes A6, and D) Property and equipment, net (notes A7 and C) Deposits	\$	227,365 5,677 95,598 55,912 4,138	\$ 241,587 - 105,017 58,944 4,138		
TOTAL ASSETS	\$	388,690	\$ 409,686		
LIABILITIES AND NET ASSETS					
LIABILITIES					
Accounts payable	\$	6,336	\$ 7,040		
Accrued wages and taxes		20,499	14,175		
Note payable - PPP (note H)		99,835	 96,100		
Total liabilities		126,670	 117,315		
NET ASSETS (notes A2 and E)					
Without donor restrictions		243,524	174,201		
With donor restrictions		18,496	118,170		
Total net assets		262,020	 292,371		
TOTAL LIABILITIES AND NET ASSETS	\$	388,690	\$ 409,686		

Ready for Life, Inc.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended June 30, 2021

	Without donor restrictions		With donor restrictions		Total	
REVENUE AND SUPPORT						
Contributions and private grants	\$	641,266	\$	350	\$	641,616
Special event revenue (note F)		55,191		-		55,191
Other		989		-		989
Interest income		1,143		-		1,143
Donations in-kind		175,926		-		175,926
PPP loan forgiveness (note H)		96,100		<u>-</u>		96,100
Total revenue and support		970,615		350		970,965
Net assets released from restrictions		100,024		(100,024)		
Total revenue, support, and net						
assets released from restrictions		1,070,639		(99,674)		970,965
EXPENSES						
Program expenses		850,755				850,755
Supporting services		400.004				400.004
Management and general		100,361		-		100,361
Fundraising		50,200				50,200
Total supporting services		150,561				150,561
Total expenses		1,001,316				1,001,316
CHANGE IN NET ASSETS		69,323		(99,674)		(30,351)
Net assets at beginning of year		174,201		118,170		292,371
Net assets at end of year	\$	243,524	\$	18,496	\$	262,020

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended June 30, 2020

		Without donor restrictions		With donor restrictions		Total
REVENUE AND SUPPORT						
Contributions and private grants	\$	564,971	\$	126,182	\$	691,153
Special event revenue, net (note F)	•	118,447	•	-	*	118,447
Other		8,633		-		8,633
Interest income		2,524				2,524
Total revenue and support		694,575		126,182		820,757
Net assets released from restrictions		8,012		(8,012)		
Total revenue support and not						
Total revenue, support, and net assets released from restrictions		702,587		118,170		820,757
EXPENSES						
Program expenses		630,867		-		630,867
Supporting services						
Management and general		96,015		-		96,015
Fundraising		38,455		-		38,455
Total supporting services		134,470				134,470
Total expenses		765,337		_		765,337
CHANGE IN NET ASSETS		(62,750)		118,170		55,420
Net assets at beginning of year		236,951				236,951
Net assets at end of year	\$	174,201	\$	118,170	\$	292,371

STATEMENTS OF CASH FLOWS

For the year ended June 30,

		2021		2020
Cash flows from operating activities	•	(00.054)	•	55.400
Change in net assets	\$	(30,351)	\$	55,420
Adjustments to reconcile change in net assets to net				
cash (used) provided by operating activities Depreciation		17,565		13,082
PPP loan forgiveness		(96,100)		13,062
Decrease in prepaid expenses		(90,100)		- 1,252
(Increase) in accounts receivable		(5,677)		1,232
(Decrease) increase in accounts payable		(704)		1,201
Increase in accrued wages and taxes		6,324		1,201
Total adjustments		(78,592)	-	17,406
Total adjustifients		(10,392)		17,400
Net cash (used) provided by operating activities		(108,943)		72,826
Cash flows from investing activities				
Purchase of property and equipment		(14,533)		(35,205)
Reinvestment of interest from investments		-		(1,153)
Sale of investments		9,419		
Net cash (used) by investing activities		(5,114)		(36,358)
Cash flows from financing activities activities				
Proceeds from note payable - PPP		99,835		96,100
1 resecute in the payable 111		00,000		00,100
Net cash provided by financing activities		99,835		96,100
Net change in cash		(14,222)		132,568
Cash and cash equivalents at beginning of year		241,587		109,019
Cash and cash equivalents at end of year	\$	227,365	\$	241,587
Supplemental disclosures of cash flow information				
Cash paid during the year				
Interest	\$	-	\$	-
Taxes	\$		\$	

The accompanying notes are an integral part of these statements.

STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2021

			Ma	nagement	Fu	ndraising	
	F	Program		and		and	
	E	xpenses		General	Deve	lopment	Total
Salaries & related expenses	\$	346,811	\$	59,797	\$	24,459	\$ 431,067
Benefits		20,295		3,499		1,431	25,225
Payroll Taxes		27,856		4,803		1,965	34,624
Credit card fees		-		2,466		-	2,466
Depreciation		14,132		2,437		997	17,566
Dues and subscriptions		1,288		562		724	2,574
Donations in-kind		175,926		-		-	175,926
Information technology		78,083		5,038		14,609	97,730
Insurance		2,624		453		185	3,262
Meetings expense		780		153		-	933
Office expense		5,265		100		663	6,028
Other expenses		1,812		312		129	2,253
Professional development		150		-		-	150
Professional fees		-		15,012		-	15,012
Promotional expense		8,329		-		2,776	11,105
Rent		65,801		4,231		1,769	71,801
Repairs and maintenance		2,888		320		-	3,208
Utilities		18,326		1,178		493	19,997
Youth support		80,389		· -		-	80,389
• •		<u> </u>					
	\$	850,755	\$	100,361	\$	50,200	\$ 1,001,316

STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2020

	_		Ma	nagement	Fui	ndraising		
		Program		and	_	and		
		xpenses		General	Deve	lopment		Total
Calarias & related averages	φ	270 405	Φ	CE 404	ф	00.750	ф.	474.005
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
	\$	630,867	\$	96,015	\$	38,455	\$	765,337

NOTES TO FINANCIAL STATEMENTS

June 30, 2021 and 2020

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. <u>Description of the Organization</u>

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:

- <u>Without Donor Restrictions</u> 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.

3. 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.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020

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

4. Cash and cash equivalents

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

5. Accounts receivable

The Organization believes all receivables to be collectible at June 30, 2021. As such, no provision for uncollectible amounts at June 30, 2021 is included in the accompanying financial statements.

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.

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.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020

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

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.

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,:

	2021	2020
Cash and cash equivalents Accounts receivable Investments	\$ 227,365 5,677 95,598	\$ 241,587 - 105,017
Total financial assets available within one year	328,640	346,604
Less: Amounts unavailable for general expenditures within one year, due to:		
Restricted by donors with purpose restrictions	18,496	118,170
Total financial assets available to management for expenditure within one year	\$ 310,144	\$ 228,434

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020

NOTE C - PROPERTY AND EQUIPMENT

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

	 2021		2020
Office and computer equipment	\$ 53,008	\$	52,465
Leasehold improvements	 64,727		50,737
	 117,735		103,202
Less accumulated depreciation	 (61,823)		(44,258)
	\$ 55,912	\$	58,944

Depreciation expense was \$17,565 and \$13,082 for the years ended June 30, 2021 and 2020, 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).

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.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020

NOTE D - FAIR VALUE OF FINANCIAL INSTRUMENTS - Continued

The following is a description of the valuation methodologies used for significant assets and liabilities measured at fair value at June 30, 2021 and 2020:

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:

June 30, 2021		Level 1	Le	vel 2	Le	evel 3	F	air Value
Assets		0.5.500	•		•		•	05.500
Mutual Funds	\$	95,598	\$	-	\$		\$	95,598
	\$	95,598	\$	-	\$	-	\$	95,598
June 30, 2020		Level 1	Le	vel 2	Le	evel 3	F:	air Value
Assets Mutual Funds	\$	105,017	\$	_	\$	_	\$	105,017
	<u> </u>	,-					<u> </u>	,
	\$	105,017	\$	-	\$	-	\$	105,017

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020

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,:

	2021	2020	
Ready for tomorrow Dental funds	\$ - 18,496	\$	99,933 18,237
Total	\$ 18,496	\$	118,170

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 \$100,024 and \$8,012 for the years ended June 30, 2021 and 2020, respectively.

NOTE F - SPECIAL EVENTS

The Organization conducted special events, during the years June 30, 2021 and 2020 to benefit the Organization. Net special event revenue consisted of the following at June 30,:

	2021	2020		
Gross receipts Less direct expenses	\$ 61,746 (6,555)	\$	135,687 (17,240)	
Total special event revenue, net	\$ 55,191	\$	118,447	

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020

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, 2021:

Year ending June 30,

2022 2023 2024	\$ 73,800 76,000 6,300
Total	\$ 156,100

Office lease expense for the years ended June 30, 2021 and 2020 was \$71,802 and \$59,339, respectively.

NOTE H - NOTE PAYABLE - PPP

The Organization obtained a \$99,100 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"). The Organization was granted full forgiveness in February 2021, as the requirements were fully met for loan forgiveness. The forgiveness has been recognized as a gain on forgiveness of PPP loans in the statement of activities for the year ended June 30, 2021.

In February 2021, the Organization received \$99,835 in additional funds from the U.S. Small Business Administration (SBA) Paycheck Protection Program ("PPP") as a second draw for companies who continue to pay their employees during the COVID-19 crisis. The Organization was granted full forgiveness subsequent to year end (see Note K).

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 2018 remain subject to examination by federal and state authorities.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2021 and 2020

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, 2021 as of April 18, 2022 which is the date the financial statements were available to be issued.

In August 2021, the Organization was granted full forgiveness of their second draw PPP loan in the amount of \$99,835.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/8/2022

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). Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor (A/C, No, Ext): 727-522-7777 E-MAIL FAX (A/C, No): 727-521-2902 Saint Petersburg FL 33701 ADDRESS: certificates@w3ins.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Alliance of Nonprofits for Ins. RRG 10023 INSURED READFOR-0 INSURER B : Ready For Life, Inc. 2300 Tallpines Drive INSURER C: Ste 100 INSURER D : Largo FL 33771 INSURER E: INSURER F: COVERAGES **CERTIFICATE NUMBER: 97389058 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS Х COMMERCIAL GENERAL LIABILITY 202045423 9/16/2021 9/16/2022 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 CLAIMS-MADE X OCCUR \$ 500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 POLICY PRODUCTS - COMP/OP AGG \$3,000,000 OTHER: \$ **AUTOMOBILE LIABILITY** OMBINED SINGLE LIMIT (Ea accident) \$ ANY AUTO BODILY INJURY (Per person) \$ OWNED **SCHEDULED** AUTOS ONLY HIRED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) E.L. EACH ACCIDENT N/A \$ E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below \$ E.L. DISEASE - POLICY LIMIT

CERTIFICATE HOLDER	CANCELLATION
For Insurance Purposes Only	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

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