

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*

Safety Harbor Neighborhood Family Center Inc DBA Mattie Williams Neighborhood Family Center

Proposal Name*

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

Mattie Williams

EIN*

59-3406671

Incorporation Year*

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

1996

Organizational Mission Statement*

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

We nurture and strengthen children, youth, adults, families, and communities through education, support services, and collaborative partnerships to improve people's lives and help them achieve self-sufficiency.

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

Applied

Annual Operating Budget Size*

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

\$1,100,000.00

Amount Requested*

The maximum grant amount is \$199,999.

\$68,500.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

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?

Mattie Williams NFC has been providing services to the residents of Pinellas County since 1996. The Center is strategically located in Northern Pinellas County to meet the diverse needs of the community living in zip codes 34695, 34677, 33759, 33761.

The Center currently has four core areas of service:

Elimination of Food Insecurity: The Center operates a drive thru food pantry weekly on Thursdays, providing meat, dairy, fruits, vegetables, non-perishable items, and bread to approximately 140 households. The Center also offers emergency food boxes to residents of Pinellas County and maintains a walk-in community refrigerator and pantry that is restocked daily that individuals and households can access as needed. The

Center also offers homedelivery of the weekly food pantry to homebound seniors and disabled individuals that would otherwise not be able to access the food pantry.

Youth Development and Enrichment: The Center operates our Bright Ideas Youth Development After School Program and our Bright Ideas Youth Development Summer Programming. The Center is licensed to provide after school care and summer enrichment programming to 57 youth from Kindergarten to Eighth Grade. The focus of the services and support provided through the programs is to aid in retention and support to the youth and family, improved academic performance and behavior, and youth development.

Family Support Services: The Center provides both intensive case management and wrap around services to a specific caseload of households with minor children and then additional case navigation, support, and wrap around services to an additional 300 households on an annual basis.

Community Support: The Center provides outreach efforts, focused back to school and holiday support, a clothing closet, health clinics, support groups, education classes, etc. to the members of the community to meet a variety of needs and help bridge the gap to avoid crisis or a decline in health or access to services.

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.

The community need for the services Mattie Williams provides to the local community continues to grow. For the Food Pantry, during FY20-21, a total of 350 households were served at least one time via the weekly food pantry. Fiscal Year to Date for FY21-22, with 4 weeks remaining in the fiscal year, the Food Pantry has served 467 households at least once during the year, which represents a 25% increase in the number of households served. In August 2021, the Food Pantry was serving an average of 86 households a week and in August 2022, the Food Pantry served an average of 141 households a week.

The BIYD program is at capacity at this time, with the rooms being at the maximum number of students that licensing will allow the space to support. Additional families continue to reach out to the program and the Education Director maintains a waitlist in the event a space becomes available, which is dependent upon the availability of each age group.

The Family Support program is funded to provide intensive services to 10 households with minor children. Currently the Family Support Director is actively working with 16 households intensively that require support, intervention, and on-going case management. In addition to that increased caseload, the Center staff are providing a variety of case management, wrap around, and referral assistance to over 300 additional clients on an annual basis, ranging from employment searches, housing assistance, one time utility support, ACCESS applications, etc. Additionally, the Center is a VITA site from February to April, and provided tax support to an additional 208 households in 2022.

During the current Fiscal Year, FY 21-22, 50% of the client households served at the Center had an annual income of less than \$20,000, placing them below the Extremely Low Income Limits for the area. An additional 16% of the households served earned less than \$30,000 annually, placing 66% of the client households served at the Very Low Income Level or below

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.

Mattie Williams was negatively impacted financially due to COVID-19 in 2020 and the years following. Previously, Mattie Williams had co-hosted an event "Bands on the Bay" with the Safety Harbor Kiwanis as a fundraiser for unrestricted dollars to support the Center's expenses and unfunded needs and Kiwanis used the fundraiser to support scholarships for families that send their children to the BIYD afterschool program at Mattie Williams. The event for 2020 was scheduled for March 14, 2020 and event bills and expenses had been incurred and paid in preparation for the event. However, the event was cancelled on March 13, 2020 due to COVID-19, resulting in debt to the event and loss of revenue. The event could not be held in 2021, which resulted in further fundraising loss for the agency in 2021. The event was held on March 5th, 2022, however, because of the held-over expenses from 2020 and increases in expenses due to inflation and supply-chain issues, the event only netted the Center and Kiwanis \$500 total, which was not adequate to meet the needs of the agency. Additionally, Mattie Williams has provided back to school bookbags and supplies to children in the service area for the last 21 years. This giveaway was supported by a fundraiser each June and the fundraiser was not able to be held in June 2020, which resulted in revenue loss in 2020, as the agency used reserves to support the purchase of the back to school supplies for the children. The event was modified to a Drive-Thru event in 2021 and also experienced a financial loss and the agency had to again use reserves to support the purchase of back to school supplies in 2021. The Center also historically hosted "Mattie's Magical Holiday" as a fundraiser to support 500 children and 40 Senior Citizens during the holidays. The fundraiser could not be held in person in 2020 or 2021 and while the agency held a "virtual" fundraiser, the proceeds were not enough to cover the expenses to support the children or seniors, resulting in the agency needing to utilize reserve funds to fulfill the holiday wish lists for the children and provide the holiday meal and gift to the homebound seniors.

COVID-19 also negatively impacted the organization's operations and fiscal resources during 2020 and resulted in two part-time employees, the front desk receptionist and maintenance worker, being laid off from the organization. Since the Center re-opened full time, the maintenance position has not been able to be refilled due to the loss in revenue and the front desk duties are being shared by existing personnel.

Because of the financial hardships COVID-19, we have been unable to procure a needed vehicle to be used for the BIYD program, the Food Pantry, and Family Support.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

Mattie Williams would use the ARPA funds to purchase a 12-15 passenger van. A 15 passenger van is preferred, however, with supply-chain issues and the challenges with available automobile inventory at this time, Mattie Williams would procure a 12 or 15 passenger van for the organization.

Additionally, due to DCF and Pinellas County Licensing Regulations, Mattie Williams would also need to procure a DCF Approved Child Care Alarm for the vehicle and have the alarm installed professionally in the vehicle.

Due to supply-chain and automobile inventory issues, it is difficult to determine availability of purchasing a new 12 or 15 passenger van at this time. Quotes have been secured for a used 2020 Ford Passenger Transit-350 van with 71,566 miles for \$61,240 and for a used 2020 Ford Passenger Transit-350 van with 67,996 miles for \$60,989.

Two estimates for the DCF Approved Child Care Alarms are for a Kopilot Childcare Alarm for \$187 and for EP1plus System for \$156.54. Both alarms require professional installation at \$100/hour, for an expected install time of 3 hours.

With maintenance, the average lifespan of a Ford Transit is 150,000 miles, so it is expected a used vehicle such as the two estimates noted, with an average annual usage of 10,000/miles a year, will last the Center at least 8 years. The purchase of the van has been an on-going need for over a year. Mattie Williams purchased a school bus to transport the BIYD youth to allow for one trip, instead of the multiple runs the old van required. However, the bus requires a driver with a CDL passenger license, and the agency has not been to recruit for an additional CDL driver, which causes a hardship for the agency. Also, JWB of Pinellas County requires the agency has a second vehicle for the afterschool program and Mattie Williams does not have the resources to purchase a second vehicle due to losses due to COVID-19.

Our Food Pantry has also been impacted by COVID-19, as previously the food for homebound seniors and disabled citizens was being delivered by volunteer drivers, but since COVID-19 and the dramatic increase in gas prices, the agency has experienced a decline in volunteers willing to deliver food. The new vehicle will be used by agency staff to deliver food weekly.

The Center also wants to expand services to transportation limited clients and offer rides to and from the Center for Senior Citizens. Without the purchase of the new van, the Center does not have a vehicle to meet this need.

Guiding Principles - Client Impact*

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

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

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

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

Mattie Williams provides services to all clients that come to the Center for assistance in a fair and equitable manner and no clients are denied access to any service that is requested. During FY20-21, 44% of the clients served identified as White, 33% of the clients served identified as Hispanic, 18% of the clients served identified as Black, and 5% of the clients served identified as Other. Mattie Williams provides services, assistance, and support to economically disadvantaged clients at the Center. Fiscal Year to Date, FY21-22, 26% of the clients served at the Center earn less \$10,000 annually, 14% earn less than \$15,000 annually, and 10% earn less than \$20,000 annually, which amounts to 50% of the clients served at the Center earn less than \$20,000 annually; placing all of those households in the Extremely Low Income Category within the AMI limits for Tampa-St. Petersburg-Clearwater region.

The purchase of the vehicle will be used to support all of the children in the BIYD program. It will also be used to deliver food to our homebound Senior Citizens aged 60 and older and expand the program to deliver to additional Senior Citizens. The current average age of homebound Senior Citizens receiving weekly food deliveries is 72.2 years old. Additionally, our Food Pantry delivers food to Disabled Citizens in our service delivery area and those deliveries would also be able to increase with the purchase of the van. The purchase of the van would further assist the Center with providing transportation to the transportation limited clients that need to access services at the Center but cannot get to the Center on their own due to a lack of access to public transportation or a lack of access to personal transportation or due to other economic hardships.

Number Served*

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

140

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

N/A

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

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

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

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

Headquarters Location*

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

1003 Dr MLK Jr St N Safety Harbor, FL 34695

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).

The purchase of the van will be used to support the clients in the Bright Ideas Youth Development Program, which is headquartered in Safety Harbor, zip code 34695 and picks up youth from Safety Harbor Elementary School, McMullen Elementary School, and Safety Harbor Middle School. Children outside of these three schools also attend the BIYD afterschool and summer programming, but the Center does not pick up from additional schools.

The van will also be used to deliver food to homebound senior citizens and disabled clients in zip codes 34695, 34677, 33759, and 33761. The purchase of the van will allow the Center to increase the number of households that can receive home delivery of the needed food to address food insecurity in the service area. The van will also allow the Center to implement the ability to pick up transportation limited or transportation deficient clients and bring them to the Center for services and activities they would otherwise not be able to access.

QCT Determination - Purchase*

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

No

Community Connection

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.

The team of employees at Mattie Williams NFC is diverse and connected to the local community. The employees at the Center range in age from 20 years old to 70 years old and come from a wide variety of

backgrounds, educations, and lived experiences. Of the 17 employees currently employed by Mattie Williams, 13 of those employees live in one of the service area zip codes of 34695, 34677, 33759, or 33761. Many of those 13 employees attended school locally as children and have continued to live and work in their community of origin to help those in need around them. Recently one of Mattie Williams' employees earned his Eagle Scout badge in addition to working at the Center and attending college and it is believed he is the first African American scout in Safety Harbor and in all of Northern Pinellas County to earn that rank and honor. During FY 20-21, 33% of the clients served at Mattie Williams NFC were Hispanic and all three employees in the Family Support Program are Hispanic and bilingual, which aided in their abilities to relate to the Spanish-Speaking clients coming to the Center for assistance and provide the clients the support they needed in the manner that they were most comfortable.

Mattie Williams depends on volunteers to assist with the operation of the Center, including in the Food Pantry, the Clothing Closet, and with events that take place. The vast majority of the volunteers that support Mattie Williams also live locally and they are also involved with civic and community groups for the betterment of the local community. Mattie Williams has 15 youth volunteers that come from the local Rotary Interact Group, are fulfilling their BrightFuture Hours, or are meeting other community service obligations from a local middle school or Countryside High School.

Mattie Williams leadership and Board of Directors are also involved with Civic Organization such as the Rotary Club of Safety Harbor and Safety Harbor Kiwanis and maintains connections to the local community through those organizations as well as involvement with the Safety Harbor Chamber of Commerce and Upper Tampa Bay Chamber of Commerce.

Mattie Williams also partners with local churches of all faiths and denominations to help meet the needs of the local communities. The Center works closely with Espiritu Santo Catholic Church, Bayside Community Church, Harborside Christian Church, and Heritage United Methodist Church to connect to the local community and provide support and assistance.

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

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+

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.

20220908230947208.pdf

Sole Source*

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

N/A

Related Parties*

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

Examples of Related Parties

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

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

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

No related parties

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.

20220908230959354.pdf

Other Funding Sources*

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

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

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

There is none at this time.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?

- If this purchase **does not affect** operating costs, please note so below.

This purchase will impact operational costs for Mattie Williams. This will increase our annual Automobile Insurance costs for the organization, it will increase our annual fuel budget to add another vehicle to the organizational fleet, and it will increase our annual budget for repairs/maintenance for the vehicle. The increases to the organizational budget will be addressed through specific fundraising outreach for the fuel costs for the vehicle and by the allocation of unrestricted donations that are received to the agency for these dedicated purposes. The Executive Director will also include the operating costs of the new vehicle in future community grant opportunities, as appropriate. There is a potential that the purchase of this new vehicle will also increase Food Pantry expenses, as it will allow the agency to serve additional homebound Senior Citizens and Disabled Citizens. In the event there is an increase, this will also be addressed in future grants and fundraising.

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.

20220908231024507.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

20220908231115077.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

20220908231220257.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.

20220908231138941.pdf

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.

20220908231234397.pdf

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

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

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?

Thank you for considering our request.

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- 20220908230947208.pdf
- 20220908230959354.pdf
- 20220908231024507.pdf
- 20220908231115077.pdf
- 20220908231220257.pdf
- 20220908231138941.pdf
- 20220908231234397.pdf

JARRETT SCOTT Plant City (813) 752-4171



PASSENGER VANS TODAY! WE DELIVER!



PROMO



Used 2020 Ford Van, Passenger Van
Transit-350

📍 67,996 Miles # P15198

\$60,989

Jarrett Scott Ford of Plant City

Plant City, FL

Popularity Stats

👁 Loading Data...

♥ Saved by 1 person

↓ The price recently **decreased by \$2,000**

Description

P15198 📍 67,996 Miles

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> [Cookie Settings](#)

✓ OK

Certified.

SMART FINANCE OPTIONS!, WE DELIVER ANYWHERE!, GREAT PASSENGER VAN SELECTION!, ALLOY WHEELS, BACK UP CAMERA, BLUETOOTH, THIRD ROW SEATING, REMAINDER OF FACTORY WARRANTY!, FORD FACTORY CERTIFIED PROTECTION, 4G/LTE WIFI HOTSPOT!, PRICED RIGHT DAILY!, FORD DEALER SERVICED! FORD CERTIFIED!, TURO RENTAL READY!, FULLY SERVICED! READY TO ROLL!, **CARGO VANS TODAY, DELIVERED! **, **PASSENGER VANS TODAY, DELIVERED! **, **LOW MILE CARGO!**, ** #1 CERTIFIED TRANSIT DEALER IN THE USA!**, * SHOWROOM CONDITION MEDIUM ROOF PASSENGER! 3RD ROW! REAR A/C! MUST SEE! WE DELIVER!*, 14-Passenger Seats, 3rd row seats: split-bench, 4th-Row Bench Seat, 8 Speakers (4 Front/4 Rear), ABS brakes, Air conditioning, AM/FM radio, Brake assist, Cloth Front Bucket Seats, Dual front impact airbags, Dual front side impact airbags, Electronic Stability Control, Emergency communication system, Exterior Parking Camera Rear, Front Fog Lamps, Front fog lights, Fully automatic headlights, Heated door mirrors, Illuminated entry, Low tire pressure warning, Order Code 302A, Panic alarm, Power door mirrors, Radio: AM/FM Stereo w/SYNC 3, Rear air conditioning, Rear Parking Sensors, Remote keyless entry, Reverse sensing sys., Side Sensing System, Speed control, SYNC 3 Communications & Entertainment System, Tachometer, Telescoping steering wheel, Tilt steering wheel, Traction control, Trip computer.

Oxford White 2020 Ford Transit-350 XLT RWD 10-Speed Automatic with Overdrive V6


FINANCE WITH US! LOWEST RATES! BEST FINANCE OPTIONS! STRESS FREE PAYMENT PLANS! ASK ABOUT OUR SIGN AND DRIVE PAYMENT OPTIONS! WE MAKE IT EASY! Price includes \$1000 trade assist, vehicle must run and drive, and \$1000 finance assist, must finance through Jarrett Scott Ford., XLT, , Stock Number: P15198, VIN Number: 1FBAX2C86LKA23860

Message From Jarrett Scott Ford Of Plant City

Our commitment to our customers focuses on treating every person who walks through our doors with courtesy, outstanding customer service, and respect. Whether you're looking for a brand-new Ford commercial vehicle right off the assembly line or a pre-owned commercial vehicle, Jarrett Scott Ford can help.

Details

Condition: Used
Year: 2020
Make:
Model:
Class:
Category:
Location:
Fuel Type:
Wheelbase: 148
Stock Number: P15198
VIN: 1FBAX2C86LKA23860
Engine Model:
Transmission Speed:
Transmission Type:
Color: Oxford White
Interior Color: Ebony
Mileage: 67,996

See more Trucks like this 

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Call 1-888-589-6983

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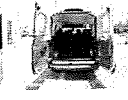
JARRETT SCOTT Plant City (813) 752-4171



PASSENGER MEDIUM ROOF!



PROMO



Used 2020 Ford Van, Passenger Van
Transit-350

71,566 Miles # P15336

\$61,240

Jarrett Scott Ford of Plant City

Plant City, FL

Popularity Stats

Seen 7 times (last 30 days)

Be the first user to .

The price has not decreased recently

Description

P15336 71,566 Miles

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Certified.

SMART FINANCE OPTIONS!, WE DELIVER ANYWHERE!, GREAT PASSENGER VAN SELECTION!, BACK UP CAMERA, FULLY SERVICED!, REMAINDER OF FACTORY WARRANTY!, 4G/LTE WIFI HOTSPOT!, PRICED RIGHT DAILY!, FLAWLESS AUTOCHECK!, GREAT ON GAS! A BLAST TO DRIVE!, 148 WHEEL BASE MEDIUM ROOF!, **PASSENGER VANS TODAY, DELIVERED! **, **LOW MILE CARGO!**, ** #1 CERTIFIED TRANSIT DEALER IN THE USA!**, FACTORY SERVICED! FACTORY CERTIFIED!, NEVER ANY BOGUS MARKET ADJUSTMENTS! WE DELIVER!, ((100K MILE GOLD CERTIFIED PROTECTION!)), ((CERTIFIED MEDIUM ROOF PASSENGER!)), 3rd row seats: split-bench, 4th-Row Bench Seat, 8 Speakers (4 Front/4 Rear), ABS brakes, Air conditioning, AM/FM radio, Auto High-beam Headlights, Dark Palazzo Gray Cloth Bucket Seats, Dual front impact airbags, Dual front side impact airbags, Electronic Stability Control, Emergency communication system, Exterior Parking Camera Rear, Front Bucket Seats, Front Fog Lamps, Front fog lights, Fully automatic headlights, Heated door mirrors, Illuminated entry, Low tire pressure warning, Panic alarm, Power door mirrors, Power steering, Power windows, Radio: AM/FM Stereo w/SYNC 3, Rain sensing wipers, Rear air conditioning, Remote keyless entry, Speed control, Steering wheel mounted audio controls, SYNC 3 Communications & Entertainment System, Tachometer, Telescoping steering wheel, Tilt steering wheel, Traction control, Trip computer, Variably intermittent wipers.

Oxford White 2020 Ford Transit-350 XLT RWD 10-Speed Automatic with Overdrive V6


FINANCE WITH US! LOWEST RATES! BEST FINANCE OPTIONS! STRESS FREE PAYMENT PLANS! ASK ABOUT OUR SIGN AND DRIVE PAYMENT OPTIONS! WE MAKE IT EASY! Price includes \$1000 trade assist, vehicle must run and drive, and \$1000 finance assist, must finance through Jarrett Scott Ford., XLT, , Stock Number: P15336, VIN Number: 1FBAX2C82LKA23516

Message From Jarrett Scott Ford Of Plant City

Our commitment to our customers focuses on treating every person who walks through our doors with courtesy, outstanding customer service, and respect. Whether you're looking for a brand-new Ford commercial vehicle right off the assembly line or a pre-owned commercial vehicle, Jarrett Scott Ford can help.

Details

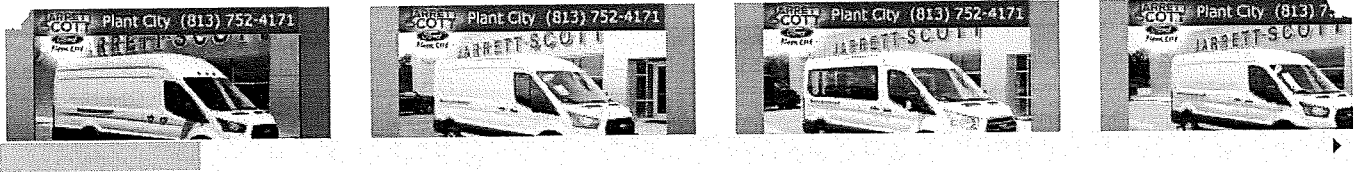
Condition: Used
Year: 2020
Make:
Model:
Class:
Category: ,
Location:
Fuel Type:
Wheelbase: 148
Stock Number: P15336
VIN: 1FBAX2C82LKA23516
Engine Model:
Transmission Speed:
Transmission Type:
Color: Oxford White
Interior Color: Ebony
Mileage: 71,566

See more Trucks like this 

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✓ OK



Shop

Home > Device > Kopilot Childcare



Kopilot Childcare

\$187.00



Kopilot ChildCare is a device that alerts the vehicle driver to inspect the vehicle for unintentionally left children. Once the driver inspects the vehicle and touches "verified for children", the system acknowledges the inspection. But don't worry, in case the vehicle inspection is delayed, the alarm will sound to remind the driver to inspect the vehicle.

1 Add to cart

SKU: 01 Category: Device

Share [f](#) [t](#) [in](#) [p](#)

Description

We only do the best to protect our children and that's why we designed Kopilot and Kopilot ChildCare. Our mission is to avoid injuries and accidents



Vendors

OTS Mobile Audio -

Will Streker

3166 Tampa Rd
#4, Oldsmar -
FL. Zip code:
34677

(727) 787-
1010

will@otsmobil
eaudio.com

www.otsmobile
audio.com/


*uninstall 3 hrs -
\$100/hr \$300*


Creative Bus Sales -

Emanuel Dean

8600 Atlantic
Blvd.
Jacksonville
- FL. Zip
code: 32211

(904) 241-
6004

 EDean@creativ
ebussales.com

 www.creativeb
ussales.com/

when people is transported in
vehicles.

+ Reviews (0)

--KOPILLOT®

Contact us

DST America LLC

contact@drivekopilot.com



Address

5401 West Kennedy Boulevard,
Suite 100
33609-2457
Tampa, FL

About us

DST America LLC

EP1PLUS SYSTEM (FLORIDA – DAYCARES)

[Home](#) / [Product](#) / [EP1plus System \(Florida – Daycares\)](#)

EP1plus System (Florida – Daycares)

\$156.54

SKU: A007ETW-AC01-DAYCARE-VAN

EP1 Components*

- EP1plus Essential Components (AC01)
- EP1plus Flex Components (AC31 - optional)
- EP1plus Upgraded Components (AC35 - optional)

User Type*

- School District
- Daycare

Vehicle Type*

- School Bus
- Passenger Van

Disclaimer*

- Click here to indicate that you have read and agree to the terms presented in the Terms and Conditions agreement.

Quantity:

1



Product Description

EP1plus System (Florida: Daycares)

Includes:

- EP1plus Module
- Instructional Decal
- Software: ETW

This module is programmed with software that is tailored to the Miami Dade Florida specifications.

Component Description

EP1plus Essential Components

Includes:

- Deactivation Button
- 6-Pin Wire Harness

EP1plus Flex Components

Includes:

- Deactivation Button
- 6-Pin Wire Harness
- 2-Pin Wire Harness
- 3-Pin Diode Harness



EP1plus Upgraded Components

Include:

- Deactivation Button
- 6-Pin Wire Harness
- Upgrade Dome Light Harness
- 3-Pin Diode Harness

Accommodates additional connections to the doors, accessory position and dome lights using a harness that includes a relay.

Specifications

Weight: 0.5 kg

Width: 20 cm

Depth: 25 cm

Height: 5 cm



CANADIAN PATENT
NUMBER: 2238249
CANADIAN TRADEMARK
NUMBER: TMA491584
CANADIAN TRADEMARK
NUMBER: TMA562124 USA
PATENT NUMBER: 5874891
USA TRADEMARK NUMBER:
2402344

[Terms and Conditions](#)

FY22 Approved Budget

Budget Category*	Description (Narrative)	Total Program Cost*	JWB Amount*	SOR Amount*
Administrative Costs				\$0
Bank Services	estimated bank fees \$18.25/month JWB and \$980 in cc fees SOR	\$1,200	\$220	\$980
Capital				\$0
Competitive Capital				\$0
Contractual Services	Accounting/auditing \$12,000 (JWB) professional services Paycor \$2509, Navigator fees \$132, COA fee \$400, Licensing Fee \$50 + \$1 per child = \$107 for 57 children, Cleaning service \$8996 \$4,494 JWB, \$4502 SOR. Fingerprinting 6@ \$77 \$462 SOR, Certipay \$99 per month \$1,188 SOR Volunteer hours 309.37*24=\$7,425; ASO in-kind \$32,754; computer services \$520*12 =\$6240.	\$72,213	\$19,642	\$52,571
Educational Dues & Memberships	Memberships = \$2500 SOR Business Expenses \$900 SOR	\$3,400	\$0	\$3,400
Insurance	Cyber - \$3096; Umbrella \$4536; General Liability \$3262; Marine \$379; Crime \$2087; Auto \$8646 (includes van and bus); Abuse \$1007; Professional Liability \$2680; property \$6,237.85; Directors and Officers \$768. Total for insurance is \$32,698 plus 10% increase of \$3,270	\$35,968	\$35,968	\$0
Local Travel	Travel per diem based on 893 miles @.56 per mile =500	\$500		\$500
Operating Expense	Postage \$ delivery \$1,199, printing \$3000, Advertising \$1,000, Office Supplies \$3,000, Operating General \$6364 which includes software subscriptions (nfocus \$1350, \$2100 etapestry, Microsoft 365 \$1200) computer accessories, storage unit and vehicle tags for both vehicles.all SOR Computer services were moved to contractual services.	\$14,563		\$14,563
Other/Miscellaneous				\$0

	Program Supplies 8,914 includes \$2,500 for playground equipment (basketballs, footballs soccer balls tennis racquets and balls, jump ropes etc.), \$5,000 for overlay programs such as reading program or second step, \$1,414 or craft and art supplies for after school and summer camp programs. Potential filed trips \$1,593 to places such as Mosi, Florida Aquarium, etc. Adopt a child \$11,000, Adopt a Family \$2000, Utility support \$17,000 and additional supplies in kind of \$743. Food & Nutrition food pantry \$5,613 JWB, \$20,921 SOR; Books \$600,			
Participant Expense		\$68,384	\$5,613	\$62,771
Participant Transportation	Fuel for bus and van 83.35*12 months=\$1000	\$1,000		\$1,000
Positions	Salaries \$441,192 for 15 positions JWB; \$31,372 for 4 positions SOR. Average pay increase for JWB 2.16% due to no pay increases for recently hired staff. Majority of staff received 3% COLA.. No pay increases for SOR. Reduced FTEs by 2.82 due to the elimination of several part time youth development coaches as a result of licensing requirements.	\$472,564	\$441,193	\$31,371
Promotional				\$0
Rentals & Leases	Lease of the refrigerated van \$964/month* 12 = \$11,568 and WaterBoy \$66.66 * 12 =\$800 SOR	\$12,368		\$12,368
Repairs & Maintenance	Property repairs/maintenance \$650 per month * 12=\$7,800 AC, electrical, building repairs including but not limited to paint, wall repair, replacement locks, toilet and plumbing issues, pest control, ADT security; grounds repair/maintenance \$250 per month * 12 = \$3000 and vehicle repair \$900 all SOR	\$11,700		\$11,700
Benefits	Health insurance 6@\$9152 = \$54,912 JWB (Executive Director, Family Support Director, Education Director, Facilities Director, Food Pantry Director, Food Pantry/Social Media Coordinator); FICA \$33,651 JWB \$2,400 SOR; WC \$6,133 JWB \$436 SOR; Re-employment \$112 JWB \$23 SOR	\$97,667	\$94,807	\$2,860
Training & Conference	COA and PCLB requires ongoing training - SOR	\$1,020		\$1,020
Utilities	Electric \$750 per month * 12 months= \$9,000 (solar on the 1003 building), Telephone \$650 per month * 12 months=\$7,800, both JWB; water sewer \$450 per month * 12 months = \$5,400 SOR	\$22,200	\$16,800	\$5,400
		\$814,747	\$614,243	\$200,504

**FY22 Budget
Award Positions**

Position	Position Name	Position Number	Staff First Name	Staff Last Name
POS01 - Facility & Operations Director	Facility & Operations Director	POS01	Cary	Nevins
POS02 - Food Pantry/Social Media Coordinator	Food Pantry/Social Media Coordinator	POS02	Adrianna	Palacio
POS03 - Food Pantry Director	Food Pantry Director	POS03	Ellen	Young
POS04 - Food Pantry Assistant	Food Pantry Assistant	POS04	Cameron	Macleisch
POS05 - Administrative Assistant/Receptionist	Administrative Assistant/Receptionist	POS05	Grace	Sexton
POS06 - Youth Program Administration	Youth Program Administration	POS06	Sara	Brewer
POS07 - Accounting Assistant	Accounting Assistant	POS07	Patricia	Grimminger
POS1414 - Youth Development Coach	Youth Development Coach	POS1414	James	Manders
POS2175 - PR & Community Development Specialist	PR & Community Development Specialist	POS2175	Grant	Writer
POS3336 - MS Youth Development Coach !	MS Youth Development Coach !	POS3336	Nicole	Davids
POS3599 - Data /Volunteer Coordinator	Data /Volunteer Coordinator	POS3599	Lucy	Myers
POS3601 - Youth Development Coach	Youth Development Coach	POS3601	Kayla	Dixon
POS3899 - Executive Assistant	Executive Assistant	POS3899	Kris	Boyle
POS4087 - Youth Development Coach	Youth Development Coach	POS4087	Maria	Carrero
POS866 - Youth Development Coach	Youth Development Coach	POS866	Esmeralda	Barrios

Total Agency Gross Salary	Program Salary	JWB Salary	% to Program	% of JWB Support	FTE
\$44,340	\$44,340	\$44,340	1.00	1.00	1
\$34,986	\$34,986	\$34,986	1.00	1.00	1
\$40,040	\$40,040	\$40,040	1.00	1.00	1
\$19,666	\$19,666	\$19,666	1.00	1.00	0.5
\$18,434	\$18,434	\$18,434	1.00	1.00	0.6
\$12,291	\$12,291	\$0	1.00	1.00	0.4
\$3,640	\$3,640	\$0	1.00	0.00	0.05
\$5,440	\$5,440	\$0	1.00	0.00	0.38
\$10,000	\$10,000	\$0	1.00	0.00	0.19
\$18,911	\$18,911	\$18,911	1.00	1.00	0.5
\$16,946	\$16,946	\$16,946	1.00	1.00	0.5
\$19,348	\$19,348	\$19,348	1.00	1.00	0.6
\$18,748	\$18,748	\$18,748	1.00	0.00	0.6
\$13,596	\$13,596	\$13,596	1.00	1.00	0.6
\$17,304	\$17,304	\$17,304	1.00	1.00	0.6

MATTIE WILLIAMS NEIGHBORHOOD FAMILY CENTER BOARD OF DIRECTORS

Marcie Falco-Salazar, President

3107 Ashwood Lane, Safety Harbor, FL 34695
727-439-5600

Acumar62@yahoo.com

Acupuncture Physician

William Tieder (Chip), Vice President

3241 San Bernadino St., Clearwater, FL 33759
813-401-8998

wtieder@blaxberglaw.com

Attorney, Blaxberg Law

Jenny Hall, Treasurer

3229 San Jose Street, Clearwater, FL 33759
727-712-9045, 813-390-2806

jennyhall@tampabay.rr.com

Retired, HR Consultant

Karen McKenney

1407 N. Bayshore Dr., Safety Harbor, FL 34695
571-214-7270 (cell)

kmandwam@gmail.com

Retired, Federal Senior Executive

DIRECTORS

Leesther Davis - Williams

1651 Lakeview LN, Apt. A, Dunedin, FL 34698
727-754-2405 (home) 727-424-9593 (cell)

Lwilliams258@tampabay.rr.com

Retired, Training Consultant

Aline Solis-Bang

910 Woodbridge Ct., Safety Harbor, FL 34695
727-599-6880

solisaline@hotmail.com

Business Owner, Retail

David Lishan, Ph.D

1851 Castle Wood Dr. Clearwater, FL 33759
727-251-9056 (cell)

David.Lishan@plasmatherm.com

Scientist, Plasma-Therm LLC

Patricia Kent

1117 N. Bayshore Dr., Safety Harbor, FL 34695
727-724-1391(home); 727-515-4852 cell

Pattykent20@msn.com

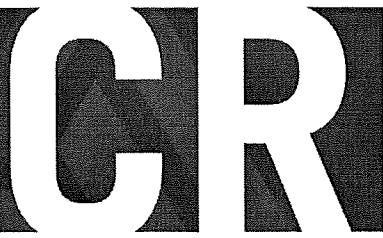
Retired Sales

Eric Davis

650 Pine St., Safety Harbor, FL 34695
727-278-7501

Eadavis2020@gmail.com

Public Works, City of Safety Harbor



CRI CARR
RIGGS &
INGRAM
CPAs and Advisors
CRIcpa.com

July 25, 2022

SAFETY HARBOR NEIGHBORHOOD
FAMILY CENTER
1003 ML KING STREET NORTH
SAFETY HARBOR, FL 34695

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Carr, Riggs & Ingram, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

September 30, 2021

Prepared For:

SAFETY HARBOR NEIGHBORHOOD
FAMILY CENTER
1003 ML KING STREET NORTH
SAFETY HARBOR, FL 34695

Prepared By:

Carr, Riggs & Ingram, LLC
600 Cleveland Street, Suite 1000
Clearwater, FL 33755

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – <https://cricpa.sharefile.com/share/filedrop> . We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2022

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

2020

Department of the Treasury Internal Revenue Service

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

Name of exempt organization or person subject to tax SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER Taxpayer identification number 59-3406671

Name and title of officer or person subject to tax JANET HOOPER EXECUTIVE DIRECTOR

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1,141,264. 2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b 4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here [] b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here [] b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here [] b Total tax (Form 4720, Part III, line 1) 7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [] I am a person subject to tax with respect to (name of organization) CARR, RIGGS & INGRAM, LLC, (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 71190 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date

Part III Certification and Authentication

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

61989636331 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CARR, RIGGS & INGRAM, LLC Date 07/25/22

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

Form **990**

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER Doing business as MATTIE WILLIAMS NEIGHBORHOOD FAM Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1003 ML KING STREET NORTH City or town, state or province, country, and ZIP or foreign postal code SAFETY HARBOR, FL 34695 F Name and address of principal officer: JANET HOOPER SAME AS C ABOVE	D Employer identification number 59-3406671 E Telephone number (727) 791-8255 G Gross receipts \$ 1,154,693. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MWNFC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1996 M State of legal domicile: FL		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO NURTURE & STRENGTHEN FAMILIES THROUGH EDUCATION, SUPPORT SERVICES & PARTNERSHIPS.		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	994,731.	1,138,254.
	9 Program service revenue (Part VIII, line 2g)	9,137.	7,176.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,548.	25.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,880.	-4,191.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,000,440.	1,141,264.
Expenses		Prior Year	Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	136,773.	146,326.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	487,943.	528,811.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,439.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	276,635.	333,128.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	901,351.	1,008,265.
	19 Revenue less expenses. Subtract line 18 from line 12	99,089.	132,999.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	917,157.	1,069,424.
	21 Total liabilities (Part X, line 26)	152,610.	171,878.
	22 Net assets or fund balances. Subtract line 21 from line 20	764,547.	897,546.

Part II Signature Block

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

Sign Here	Signature of officer JANET HOOPER, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name DAN SHUEY	Preparer's signature	Date Check <input type="checkbox"/> if self-employed PTIN P00593908
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC Firm's address ▶ 600 CLEVELAND STREET, SUITE 1000 CLEARWATER, FL 33755	Firm's EIN ▶ 72-1396621	Phone no. 727.446.0504

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO NURTURE AND STRENGTHEN CHILDREN, YOUTH, ADULTS, THEIR FAMILIES, AND COMMUNITIES THROUGH SUPPORT SERVICES, EDUCATION, AND COLLABORATIVE PARTNERSHIPS TO IMPORVE LIVES AND ACHIEVE SELF-SUFFICIENCY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 830,602. including grants of \$ 146,326.) (Revenue \$ 7,176.)
BRIDGING THE GAP FOR INDIVIDUALS AND FAMILIES BY PROVIDING AT NO COST CRITICAL BASIC NEEDS SUCH AS FOOD, HYGIENE PRODUCTS, CLOTHING, DIAPERS AND PET FOOD, FINANCIAL ASSISTANCE THROUGH UTILITY FUNDING AND ACCESS (STATE OF FLORIDA AID), APPLICATION ASSISTANCE, CAREER DEVELOPMENT THROUGH COMPUTER TRAINING AND FAMILY SUPPORT FUNDING, AND SCHOOL READINESS/SCHOOL SUCCESS THROUGH EDUCATIONALLY BASED AFTER SCHOOL PRGRAMS AND SUMMER CAMPS. THE CENTER ALSO PROVIDES SCHOOL SUPPLIES AND HOLIDAY GIFTS ANNUALLY TO CHILDREN IN NEED, FOOD BAGS FOR CHILDREN IN NEED ON WEEKENDS AS WELL AS FREE HOLIDAY COMMUNITY MEALS. THE CENTER ALSO PARTNERS WITH OTHER AGENCIES TO PROVIDE SERVICES IN THE COMMUNITY. IT PROVIDES FREE SPACE FOR KINSHIP CARE, VITA, AND OTHER COMMUNITY GROUPS.

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

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

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

4e Total program service expenses **830,602.**

Part IV Checklist of Required Schedules

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

**SAFETY HARBOR NEIGHBORHOOD
FAMILY CENTER**

Part IV Checklist of Required Schedules *(continued)*

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		8
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**SAFETY HARBOR NEIGHBORHOOD
FAMILY CENTER**

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 28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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
c	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 any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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?		X
Note: 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?		X
Note: 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

Section 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	1a	10		
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	10		
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			X
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			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
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			X
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			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

Section 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		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
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?				
a The organization's CEO, Executive Director, or top management official	15a			X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JANET HOOPER - 727-791-8255
1003 ML KING STREET NORTH, SAFETY HARBOR, FL 34695

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCIE FALCO-SALAZAR PRESIDENT	0.25	X		X				0.	0.	0.
(2) WILLIAM TIEDER VICE PRESIDENT	0.25	X		X				0.	0.	0.
(3) JENNY HALL TREASURER	0.75	X		X				0.	0.	0.
(4) KAREN MCKENNEY SECRETARY	0.50	X		X				0.	0.	0.
(5) DR. DAVID BECKER DIRECTOR	0.25	X						0.	0.	0.
(6) ERIC DAVIS DIRECTOR	0.25	X						0.	0.	0.
(7) LEESTHER DAVIS-WILLIAMS DIRECTOR	0.25	X						0.	0.	0.
(8) PATRICIA KENT DIRECTOR	0.25	X						0.	0.	0.
(9) DAVID LISHAN DIRECTOR	0.25	X						0.	0.	0.
(10) ALINE SOLIS-BANG DIRECTOR	0.25	X						0.	0.	0.
(11) JANET HOOPER EXECUTIVE DIRECTOR	40.00			X				69,303.	0.	9,958.

**SAFETY HARBOR NEIGHBORHOOD
FAMILY CENTER**

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	12,082.				
	d	Related organizations					
	e	Government grants (contributions)	747,815.				
	f	All other contributions, gifts, grants, and similar amounts not included above	378,357.				
	g	Noncash contributions included in lines 1a-1f	\$ 126,636.				
	h	Total. Add lines 1a-1f		1,138,254.			
Program Service Revenue	2 a	AFTER SCHOOL FEES	Business Code 624100	4,091.	4,091.		
	b	SUMMER CAMP FEES	624100	3,085.	3,085.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		7,176.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		25.		25.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
	7 c	Gain or (loss)					
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 12,082. of contributions reported on line 1c). See Part IV, line 18						
		8 a	8,945.				
		8 b	13,429.				
c	Net income or (loss) from fundraising events		-4,484.		-4,484.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
		9 b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
		10 b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	Business Code 900099	293.		293.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		293.			
12	Total revenue. See instructions		1,141,264.	7,176.	0.	-4,166.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	146,326.	146,326.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	78,095.	62,476.	11,714.	3,905.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	370,778.	296,622.	55,617.	18,539.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	46,211.	36,970.	6,931.	2,310.
10 Payroll taxes	33,727.	26,982.	5,059.	1,686.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,800.		10,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	15,612.	10,460.	3,279.	1,873.
12 Advertising and promotion	1,215.	1,215.		
13 Office expenses	47,392.	32,603.	8,251.	6,538.
14 Information technology				
15 Royalties				
16 Occupancy	49,896.	37,755.	8,482.	3,659.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,933.	2,346.	440.	147.
20 Interest	3,018.		3,018.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,222.	51,378.	9,633.	3,211.
23 Insurance	30,809.	20,642.	6,470.	3,697.
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 O.)				
a PARTICIPANT EXPENSES	92,598.	92,598.		
b OTHER	7,351.	7,351.		
c EQUIPMENT RENTAL	7,282.	4,878.	1,530.	874.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,008,265.	830,602.	131,224.	46,439.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	43,526.	1	159,653.	
	2	Savings and temporary cash investments	28,711.	2	28,736.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	139,335.	4	59,087.	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	38,214.	9	43,093.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,117,938.		
	b	Less: accumulated depreciation	10b	425,053.	10c	692,885.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	34,300.	15	85,970.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	917,157.	16	1,069,424.		
Liabilities	17	Accounts payable and accrued expenses	142,389.	17	163,269.	
	18	Grants payable		18		
	19	Deferred revenue	6,175.	19	6,175.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,046.	25	2,434.	
	26	Total liabilities. Add lines 17 through 25	152,610.	26	171,878.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	761,597.	27	887,612.	
	28	Net assets with donor restrictions	2,950.	28	9,934.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	764,547.	32	897,546.		
33	Total liabilities and net assets/fund balances	917,157.	33	1,069,424.		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,141,264.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,008,265.
3	Revenue less expenses. Subtract line 2 from line 1	3	132,999.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	764,547.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	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	897,546.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	688,466.	737,677.	986,322.	994,731.	1138254.	4545450.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	18,905.	15,955.	36,331.	32,754.	32,754.	136,699.
4 Total. Add lines 1 through 3	707,371.	753,632.	1022653.	1027485.	1171008.	4682149.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4682149.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	707,371.	753,632.	1022653.	1027485.	1171008.	4682149.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23.	16.	267.	353.	25.	684.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,157.	172.	431.	1,741.	293.	13,794.
11 Total support. Add lines 7 through 10						4696627.
12 Gross receipts from related activities, etc. (see instructions)					12	81,069.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.69	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.66	%

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
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)?
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ("foreign supported organization")?
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
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)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
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?
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?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
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))?
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?
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?
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)?
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.)

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

SAFETY HARBOR NEIGHBORHOOD

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	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 the 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	10

Section 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 (reasonable 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		
e	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)		
j	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:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

2020

Name of the organization SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER	Employer identification number 59-3406671
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER	Employer identification number 59-3406671
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JUVENILE WELFARE BOARD OF PINELLAS 14155 58TH STREET NORTH CLEARWATER, FL 33760	\$ 666,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CITY OF OLDSMAR 110 STATE ST WEST OLDSMAR, FL 34677	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CITY OF SAFETY HARBOR 750 MAIN ST SAFETY HARBOR, FL 34596	\$ 48,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PINELLAS COUNTY PLANNING COMMUNITY DEVELOPMENT DIVISION 440 COURT ST. 2ND FLOOR CLEARWATER, FL 33756	\$ 69,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER	Employer identification number 59-3406671
---	---

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

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

Name of organization SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER	Employer identification number 59-3406671
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER

Employer identification number 59-3406671

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Form with sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under 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 furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		109,800.		109,800.
b Buildings		645,061.	284,783.	360,278.
c Leasehold improvements				
d Equipment		276,364.	98,980.	177,384.
e Other		86,713.	41,290.	45,423.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				692,885.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSIT	1,400.
(2) CONSTRUCTION IN PROGRESS	84,570.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	85,970.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE LIABILITY	2,434.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,434.

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 ...

SAFETY HARBOR NEIGHBORHOOD
FAMILY CENTER

Schedule D (Form 990) 2020

59-3406671 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,184,949.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	32,754.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	10,931.	
	e Add lines 2a through 2d	2e		43,685.
3	Subtract line 2e from line 1		3	1,141,264.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,141,264.

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

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

1	Total expenses and losses per audited financial statements		1	1,051,950.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	32,754.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	10,931.	
	e Add lines 2a through 2d	2e		43,685.
3	Subtract line 2e from line 1		3	1,008,265.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,008,265.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE STANDARD FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THE STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFIED FUNDRAISING EXPENSES 10,931.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASSIFIED FUNDRAISING EXPENSES 10,931.

SAFETY HARBOR NEIGHBORHOOD

Schedule G (Form 990 or 990-EZ) 2020 FAMILY CENTER

59-3406671 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BACK TO SCHOOL (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	14,245.		14,245.
	2	Less: Contributions	6,116.		6,116.
	3	Gross income (line 1 minus line 2)	8,129.		8,129.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	10,931.		10,931.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			10,931.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-2,802.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

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

b If "Yes," explain: _____

SAFETY HARBOR NEIGHBORHOOD

Schedule G (Form 990 or 990-EZ) 2020 FAMILY CENTER

59-3406671 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		%
b An outside facility		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SAFETY HARBOR NEIGHBORHOOD
FAMILY CENTER**

59 - 3406671 Page 2

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLOTHING AND HOUSEHOLD ASSISTANCE	759	0.	53,377.	FMV	CLOTHING & HOUSEHOLD ITEMS
FOOD ASSISTANCE	1050	0.	73,259.	FMV	CASES OF FOOD
EMERGENCY ASSISTANCE	219	19,690.	0.		

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

PART I, LINE 2:

THE ORGANIZATION PROVIDES EMERGENCY ASSISTANCE TO INDIVIDUALS THAT MEET CERTAIN NEEDS CRITERIA. PAYMENTS ARE MADE DIRECTLY TO SERVICE PROVIDERS ON BEHALF OF THE INDIVIDUALS IN NEED. PARTICIPATION AND EXPENSES ARE DOCUMENTED BY THE ORGANIZATION AND REVIEWED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SAFETY HARBOR NEIGHBORHOOD
FAMILY CENTER** Employer identification number **59-3406671**

Part I Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		53,377	FMV
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	X	4,460	73,259	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

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

Part II

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

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER	Employer identification number	59-3406671
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FORM 990, PART I, DOING BUSINESS AS:

MATTIE WILLIAMS NEIGHBORHOOD FAMILY CENTER

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

THE ORGANIZATION E-MAILS A COPY OF THE DRAFT FORM 990 TO EACH BOARD MEMBER
FOR THEIR REVIEW PRIOR TO FILING THE RETURN.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY BY ALL
BOARD MEMBERS AND STAFF.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.

FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2020 AND 2019



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CONSULTING

**SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
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YEARS ENDED SEPTEMBER 30, 2020 AND 2019**

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Safety Harbor Neighborhood Family Center, Inc.
Safety Harbor, Florida

We have audited the accompanying financial statements of Safety Harbor Neighborhood Family Center, Inc. (a nonprofit organization), which comprise the statements of financial position as of September 30, 2020 and 2019, and the related statements of activities, functional expenses, and cash flows 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.

Auditors' Responsibility

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

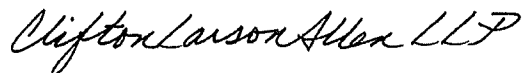
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Safety Harbor Neighborhood Family Center, Inc. as of September 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 26, 2021, on our consideration of Safety Harbor Neighborhood Family Center, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the result of that testing, and not to provide an opinion on the effectiveness of Safety Harbor Neighborhood Family Center, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Safety Harbor Neighborhood Family Center, Inc.'s internal control over financial reporting and compliance.



CliftonLarsonAllen LLP

Lakeland, Florida
February 26, 2021

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2020 AND 2019

	2020	2019
ASSETS		
CURRENT ASSETS		
Cash	\$ 49,444	\$ 97,624
Certificates of Deposit	22,793	22,441
Grants and Other Receivables	139,335	59,826
Prepaid Expenses	38,214	14,823
Other Assets	1,400	1,400
Total Current Assets	251,186	196,114
NON-CURRENT ASSETS		
Property and Equipment, Net	665,971	604,391
Total Assets	\$ 917,157	\$ 800,505
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 5,104	\$ 4,038
Accrued Expenses	29,672	18,267
Capital Lease Obligation - Current Portion	1,612	845
Deferred Revenue	6,175	375
Total Current Liabilities	42,563	23,525
LONG-TERM LIABILITIES		
Other Liabilities	107,613	107,613
Capital Lease Obligation	2,434	3,909
Total Long-Term Liabilities	110,047	111,522
Total Liabilities	152,610	135,047
NET ASSETS		
Without Donor Restrictions	761,597	658,795
With Donor Restrictions	2,950	6,663
Total Net Assets	764,547	665,458
Total Liabilities and Net Assets	\$ 917,157	\$ 800,505

See accompanying Notes to Financial Statements.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
STATEMENT OF ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2020

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
REVENUES AND OTHER SUPPORT			
Juvenile Welfare Board of Pinellas County, Inc.	\$ 511,915	\$ -	\$ 511,915
Contributions and Other Grants	221,691	123,741	345,432
In-Kind Donations	119,876	-	119,876
Donated Services	32,754	-	32,754
Net Special Events:			
Proceeds	27,390	-	27,390
Special Events Expenses	(13,967)	-	(13,967)
Program Income	15,137	-	15,137
Interest Income	353	-	353
Other	4,763	-	4,763
Net Assets Released From Restrictions:			
Satisfaction of Program Restrictions	127,454	(127,454)	-
Total Revenues and Other Support	<u>1,047,366</u>	<u>(3,713)</u>	<u>1,043,653</u>
EXPENSES			
Program Services	782,727	-	782,727
Management and General	120,397	-	120,397
Fundraising	41,440	-	41,440
Total Expenses	<u>944,564</u>	<u>-</u>	<u>944,564</u>
CHANGE IN NET ASSETS	102,802	(3,713)	99,089
Net Assets - Beginning of Year	<u>658,795</u>	<u>6,663</u>	<u>665,458</u>
NET ASSETS - END OF YEAR	<u>\$ 761,597</u>	<u>\$ 2,950</u>	<u>\$ 764,547</u>

See accompanying Notes to Financial Statements.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
STATEMENT OF ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2019

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES AND OTHER SUPPORT			
Juvenile Welfare Board of Pinellas County, Inc.	\$ 553,639	\$ -	\$ 553,639
Contributions and Other Grants	131,771	97,471	229,242
In-Kind Donations	135,097	-	135,097
Donated Services	36,331	-	36,331
Net Special Events:			
Proceeds	80,445	-	80,445
Special Events Expenses	(50,596)	-	(50,596)
Program Income	22,363	-	22,363
Interest Income	267	-	267
Other	431	-	431
Net Assets Released From Restrictions:			
Satisfaction of Program Restrictions	101,664	(101,664)	-
Total Revenues and Other Support	1,011,412	(4,193)	1,007,219
EXPENSES			
Program Services	749,089	-	749,089
Management and General	110,344	-	110,344
Fundraising	36,224	-	36,224
Total Expenses	895,657	-	895,657
CHANGE IN NET ASSETS	115,755	(4,193)	111,562
Net Assets - Beginning of Year	543,040	10,856	553,896
NET ASSETS - END OF YEAR	\$ 658,795	\$ 6,663	\$ 665,458

See accompanying Notes to Financial Statements.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED SEPTEMBER 30, 2020

	Program		Total Program Services	Support		Totals
	Juvenile Welfare Board	Other Program Services		Management and General	Fundraising	
SALARIES AND RELATED EXPENSES						
Salaries	\$ 214,217	\$ 115,151	\$ 329,368	\$ 61,757	\$ 20,586	\$ 411,711
Employee Benefits	33,179	3,306	36,485	6,841	2,280	45,606
Payroll Taxes	15,356	9,145	24,501	4,594	1,531	30,626
Total Salaries and Related Expenses	<u>262,752</u>	<u>127,602</u>	<u>390,354</u>	<u>73,192</u>	<u>24,397</u>	<u>487,943</u>
EXPENSES						
Accounting and Auditing	-	-	-	11,231	-	11,231
Advertising and Promotion	-	1,249	1,249	-	-	1,249
Back to School Celebration	-	3,156	3,156	-	-	3,156
Children Programs	-	568	568	-	-	568
Clothing and Other In-Kind Assistance	32,754	119,876	152,630	-	-	152,630
Contractual Services	3,570	2,175	5,745	1,801	1,029	8,575
Equipment Rental	3,451	572	4,022	1,261	720	6,003
Participant Expenses	1,902	89,068	90,970	-	-	90,970
Insurance	21,202	-	21,201	6,645	3,797	31,643
Interest Expense	-	-	-	3,923	-	3,923
Operating and Office Supplies	2,052	16,061	18,113	5,677	3,244	27,034
Other Expenses	150	8,887	9,037	-	-	9,037
Repairs and Maintenance	22,513	-	22,513	4,221	1,407	28,141
Telephone and Internet	406	7,003	7,409	494	1,976	9,879
Special Event Expenses	-	-	-	-	13,967	13,967
Training	-	798	798	150	50	998
Travel and Auto Mileage	-	98	98	18	6	122
Utilities	9,015	2,868	11,883	3,725	2,128	17,736
Total Expenses	<u>359,767</u>	<u>379,981</u>	<u>739,746</u>	<u>112,338</u>	<u>52,721</u>	<u>904,805</u>
Less Expenses Netted Against Revenues on the Statement of Activities:						
Special Event Expenses	-	-	-	-	(13,967)	(13,967)
Total Expenses Before Depreciation	<u>359,767</u>	<u>379,981</u>	<u>739,746</u>	<u>112,338</u>	<u>38,754</u>	<u>890,838</u>
Depreciation	-	42,981	42,981	8,059	2,686	53,726
Total Expenses Included in the Expense Section of the Statement of Activities	<u>\$ 359,767</u>	<u>\$ 422,962</u>	<u>\$ 782,727</u>	<u>\$ 120,397</u>	<u>\$ 41,440</u>	<u>\$ 944,564</u>

See accompanying Notes to Financial Statements.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED SEPTEMBER 30, 2019

	Program		Total Program Services	Support		Totals
	Juvenile Welfare Board	Other Program Services		Management and General	Fundraising	
SALARIES AND RELATED EXPENSES						
Salaries	\$ 233,736	\$ 72,382	\$ 306,118	\$ 57,397	\$ 19,132	\$ 382,647
Employee Benefits	23,918	5,242	29,160	5,468	1,823	36,451
Payroll Taxes	17,700	5,554	23,254	4,360	1,453	29,067
Total Salaries and Related Expenses	275,354	83,178	358,532	67,225	22,408	448,165
EXPENSES						
Accounting and Auditing	-	-	-	12,700	-	12,700
Advertising and Promotion	-	5,104	5,104	-	-	5,104
Back to School Celebration	-	9,341	9,341	-	-	9,341
Children Programs	-	-	-	-	-	-
Clothing and Other In-Kind Assistance	-	171,428	171,428	-	-	171,428
Contractual Services	2,492	273	2,765	867	495	4,127
Depreciation	-	30,995	30,995	5,811	1,937	38,743
Educational Materials	-	500	500	-	-	500
Equipment Rental	3,417	621	4,038	1,266	723	6,027
Participant Expenses	10,049	57,467	67,516	-	-	67,516
Insurance	21,688	(4,861)	16,827	5,274	3,014	25,115
Interest Expense	-	-	-	4,179	-	4,179
Operating and Office Supplies	5,170	10,207	15,377	4,820	2,754	22,951
Other Expenses	10,259	16,291	26,550	-	-	26,550
Repairs and Maintenance	1,668	21,168	22,836	4,282	1,427	28,545
Telephone and Internet	-	5,557	5,557	370	1,482	7,409
Special Event Expenses	-	-	-	-	50,596	50,596
Training	-	585	585	110	37	732
Travel and Auto Mileage	-	407	407	76	25	508
Utilities	10,731	-	10,731	3,364	1,922	16,017
Total Expenses	340,828	408,261	749,089	110,344	86,820	946,253
Less Expenses Netted Against Revenues on the Statement of Activities:						
Special Event Expenses	-	-	-	-	(50,596)	(50,596)
Total Expenses Included in the Expense Section of the Statement of Activities	\$ 340,828	\$ 408,261	\$ 749,089	\$ 110,344	\$ 36,224	\$ 895,657

See accompanying Notes to Financial Statements.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED SEPTEMBER 30, 2020 AND 2019

	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 99,089	\$ 111,562
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:		
Depreciation Expense	53,726	38,743
Loss on Disposal of Fixed Assets	1,901	8,226
(Increase) or Decrease in Assets:		
Grants and Other Receivables	(79,509)	(48,474)
Prepaid Expenses	(23,391)	2,772
Other Assets	(352)	(267)
Increase or (Decrease) in Liabilities:		
Accounts Payable	1,066	2,326
Accrued Expenses	11,405	450
Deferred Revenue	5,800	-
Other Liabilities	-	107,613
Net Cash Provided by Operating Activities	69,735	222,951
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Property and Equipment	(117,207)	(143,419)
Net Cash Used by Investing Activities	(117,207)	(143,419)
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of Capital Lease Obligation	(708)	(589)
Net Cash Used by Financing Activities	(708)	(589)
NET INCREASE (DECREASE) IN CASH	(48,180)	78,943
Cash - Beginning of Year	97,624	18,681
CASH - END OF YEAR	\$ 49,444	\$ 97,624
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Interest Paid	\$ 3,923	\$ 4,179

See accompanying Notes to Financial Statements.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Description of Organization

Safety Harbor Neighborhood Family Center, Inc. (the Organization) was chartered as a Florida nonprofit corporation on September 24, 1996. The Organization operates a neighborhood family center with a mission to nurture and strengthen children, youth, adults, families, and communities through education, support services, and collaborative partnerships to improve lives and achieve self-sufficiency. Services are provided primarily to individuals and families residing in the cities of Safety Harbor, Oldsmar, and eastern Clearwater (zip codes 33759 and 33761) in Pinellas County, Florida. The Organization's primary sources of funding are grants and contributions.

The Organization's programs and services fall into four main categories:

- Critical basic needs - providing food, clothing, and hygiene products.
- Financial assistance and referrals - help with water, electric and transportation bills, access site to apply for state of Florida financial assistance, and holiday gifts to children who would go without.
- Career development - provide a job club, assistance in employment searches, technology training, and life coaching.
- School readiness/school success - provide back to school supplies to children, after school tutoring program to improve school success, and summer camp with educational components.

Basis of Accounting

The Organization follows standards of accounting and financial reporting prescribed for voluntary health and welfare organizations. It uses the accrual basis of accounting, which recognizes revenue when earned and expenses as incurred.

Certificates of Deposit

Certificates of deposit having initial maturities of more than three months and are recorded at cost.

Property and Equipment

Furniture, equipment, and vehicles are stated at cost, if purchased, or at estimated market value at the date of receipt if acquired by gift. It is the Organization's policy to capitalize items with cost or donated values in excess of \$1,000. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Property acquired with restricted contributions or government funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition, as well as the ownership of any proceeds there from, is subject to applicable restrictions.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

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

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

Revenue Recognition

Revenue is recognized when earned. The Organization records gifts of cash or other assets as increases in net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is when a stipulated time restriction ends or purpose restriction is accomplished) net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Gifts of long-lived assets and gifts of cash restricted for acquisition of long-lived assets are recognized as restricted revenue when received and released from restrictions when the assets are placed in service.

For those contributions absent of donor-imposed conditions, revenues are recognized at the time the Organization is notified of the contribution and that promise is verified, regardless of the timing of cash receipt. For contributions with donor-imposed conditions – that is, those with a measurable performance or other barrier and a right of return or release – revenues are recognized at the time the conditions are substantially met, regardless of the timing of cash receipt.

A portion of the Organization's revenue is derived from cost-reimbursable contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with certain contract or grant provisions.

Donated Services

In accordance with generally accepted accounting principles the value of donated services is reported in the financial statements when the services require specialized skills that would have been purchased if not donated. All such amounts are included in donated services from Juvenile Welfare Board of Pinellas County, Inc. in the accompanying statements of activities. A number of volunteers have donated significant amounts of time to the Organization's operations. However, they are not reflected on the accompanying financial statements, since they do not meet the requirements.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Functional Expenses

The costs of program and supporting services activities have been summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs such as depreciation, repairs and maintenance, and insurance expenses have been allocated among the programs and supporting services benefited based on the approximate usage of the property and equipment. Costs such as utilities, office supplies, operating expenses and telephone usage are based on the approximate time allocation of the Organization's employees.

Income Taxes

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for federal and state income taxes has been made in the accompanying financial statements.

The Organization has adopted the standard for accounting for uncertain tax positions. The standard prescribes a recognition threshold and measurement principles for the financial statement recognition and measurement of tax positions taken or expected to be taken on a tax return that are not certain to be realized.

The Organization's tax returns are subject to review and examination by federal and state authorities. The Organization is not aware of any activities that would jeopardize its tax-exempt status. The Organization is not aware of any activities that are subject to tax on unrelated business income or excise taxes.

Use of Estimates

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

New Accounting Pronouncements

In May 2014, FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. Subsequent to May 2014, the FASB has issued six ASUs to clarify certain matters related to Topic 606. Topic 606 supersedes the revenue recognition requirements in FASB ASC 605, Revenue Recognition, and requires the recognition of revenue when promised goods or services are transferred to customers in an amount that reflects the consideration to which an entity expects to be entitled in exchange for those goods or services. The updates address the complexity and understandability of revenue recognition and provide sufficient information to enable financial statements users to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization elected to delay implementation of this update until fiscal year ending September 30, 2021.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

New Accounting Pronouncements (continued)

Additionally in June 2018, FASB issued Accounting Standards (ASU) 2018-08, *Accounting Guidance for Contributions Received and Made*. This ASU was issued to clarify accounting guidance for contributions received and contributions made. The amendments to this ASU assists entities in (1) evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) within the scope of Topic 958, *Not-for-Profit Entities*, or as an exchange (reciprocal) transactions subject to other guidance and (2) determining whether a contribution is conditional. The Organization's financial statements reflect the application of ASU 2018-08 beginning October 1, 2019 using the prospective approach. The adoption of this accounting standard does not require prior period results to be restated.

Subsequent Events

Management has performed an analysis of the activities and transactions subsequent to September 30, 2020 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended September 30, 2020. Management has performed their analysis through February 26, 2021, the date the financial statements were available to be issued.

NOTE 2 LIQUIDITY AND AVAILABILITY

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

	2020	2019
Cash	\$ 49,444	\$ 97,624
Certificates of Deposit	22,793	22,441
Other Receivables	139,335	59,826
Total	\$ 211,572	\$ 179,891

The Organization regularly monitors the availability of resources required to meet its operating needs and other contractual commitments. For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing activities as well as the conduct of services undertaken to support those activities to be general expenditures.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

NOTE 3 PROPERTY AND EQUIPMENT

Property and equipment consist of the following at September 30:

	2020	2019	Estimated Original Useful Lives
Land	\$ 109,800	\$ 109,800	
Buildings and Improvements	719,852	662,024	39 Years
Furniture and Fixtures	38,550	39,455	5 Years
Vehicles	73,685	73,685	5 Years
Computers and Office Equipment	60,818	37,569	3 to 5 Years
Signs	6,431	6,431	7 Years
Construction In Process	32,900	-	
Total Property and Equipment	<u>1,042,036</u>	<u>928,964</u>	
Less: Accumulated Depreciation	<u>(376,065)</u>	<u>(324,573)</u>	
Total	<u>\$ 665,971</u>	<u>\$ 604,391</u>	

Depreciation expense for the years ended September 30, 2020 and 2019 was \$53,726 and \$38,743, respectively.

The land, building and improvements are subject to donor restrictions whereby ownership of the land, building, and improvements may revert back to the donor if the Organization fails to follow the restrictions imposed by the donor, which includes using the donated property for the purpose of housing a neighborhood family center and day care facility.

NOTE 4 LONG-TERM LIABILITY

The Organization has recorded a long-term liability that is due to Juvenile Welfare Board of Pinellas County (JWB) for amounts advanced to the Organization. The funds are not required to be paid back while the Organization is engaged in a funding agreement with the JWB. Should either JWB or the Organization choose to discontinue the funding relationship, the payable would be due upon termination of the funding agreement.

NOTE 5 OPERATING LEASES

The Organization leases one automobile for \$5,220 per year under a three-year lease agreement expiring May 13, 2023. Future minimum lease payments that are due under these leases are as follows:

<u>Year Ending September 30,</u>	<u>Amount</u>
2021	\$ 5,220
2022	5,220
2023	2,175
Total Future Minimum Lease Payments	<u>\$ 12,615</u>

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

NOTE 5 OPERATING LEASES (CONTINUED)

Lease payments related to operating leases during the year ended September 30, 2020 totaled \$5,120.

NOTE 6 CAPITAL LEASE OBLIGATIONS

The Organization leases equipment under capital lease agreements which expires in 2023. The liability, representing the present value of the future minimum lease payments, is recorded on the accompanying statements of financial position. The leased assets are amortized over their estimated productive lives. Amortization of assets under capital lease is included in depreciation expense. The cost of the leased equipment is \$5,798 and \$5,798 as of September 30, 2020 and 2019, respectively, and related accumulated amortization \$3,772 and \$2,609 as of September 30, 2020 and 2019 respectively.

Aggregate future minimum lease payments under capital lease obligation as of September 30, 2020 are as follows:

<u>Year Ending September 30,</u>	<u>Amount</u>
2021	\$ 4,630
2022	2,958
2023	<u>2,105</u>
Total Future Minimum Lease Payments	9,693
Less: Amount Representing Interest	(5,647)
Present Value of Future Minimum Lease Payments	<u><u>\$ 4,046</u></u>

NOTE 7 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions were available for the following purposes as of September 30:

	<u>2020</u>	<u>2019</u>
Back Pack Buddies	\$ -	\$ 2,243
Food Pantry	996	2,231
Child/Family Support	1,954	1,405
Emergency-SHARE	-	784
Total	<u><u>\$ 2,950</u></u>	<u><u>\$ 6,663</u></u>

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

NOTE 7 NET ASSETS WITH DONOR RESTRICTIONS (CONTINUED)

The net assets released from grant and contract restrictions by incurring expenses satisfying the restricted purpose during September 30 were as follows:

	2020	2019
Safety Harbor Funds	\$ 53,423	\$ 50,177
Food Pantry	40,908	21,952
Child/Family Support	17,621	13,687
Back Pack Buddies	2,243	7,993
Children's' Scholarships	8,650	7,855
Emergency-SHARE	784	-
School Supplies	3,825	-
Total	\$ 127,454	\$ 101,664

NOTE 8 DONATED SERVICES

The Contributions of services were recognized based on the criteria that they created or enhanced nonfinancial assets. A number of volunteers have donated significant amounts of their time to the Organization's operations. However, these donated services are not reflected in the financial statements since these services do not meet the criteria for recognition as contributed services. The value of donated services in the financial statements and the corresponding management and general expenses for the years ended September 30, 2020 and 2019 are \$32,754 and \$36,331, respectively.

NOTE 9 PAYCHECK PROTECTION PROGRAM

On May 1, 2020, the Organization received proceeds in the amount of \$87,906 to fund payroll, rent, utilities, and interest on mortgages and existing debt through the Paycheck Protection Program (the "PPP Loan"). The PPP loan may be forgiven by the U.S. Small Business Administration (SBA) subject to certain performance barriers, as outlined in the loan agreement and the CARES Act. Therefore, the Organization has classified this loan as a conditional contribution for accounting purposes. The Organization recognized \$87,406 of Contributions and Other Grant revenue related to this agreement during the year ended September 30, 2020, which represents the portion of the PPP loan funds for which the performance barriers have been met. The SBA has not formally forgiven any portion of the Organization's obligation under this PPP loan. Payment of principal and interest is deferred until the date on which the amount of forgiveness is remitted to the lender or, if the organization fails to apply for forgiveness within 10 months after the covered period. As of February 10, 2021, the Organization filed for forgiveness for the entire balance of the PPP Loan.

SAFETY HARBOR NEIGHBORHOOD FAMILY CENTER, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2020 AND 2019

NOTE 10 CONTINGENCY

The Organization is subject to audit examination by funding sources to determine compliance with grant conditions. In the event that any expenditure would be disallowed, repayment could be required.

NOTE 11 CONCENTRATIONS AND UNCERTAINTIES

Revenue received from the Juvenile Welfare Board of Pinellas County, Inc. represent 52% and 59% of total revenue for the years ended September 30, 2020 and 2019, respectively. Funds receivable from Juvenile Welfare Board of Pinellas County, Inc. represent 86% and 100% of grants receivable as of September 30, 2020 and 2019 respectively.

The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses, and communities. Specific to the Organization, COVID-19 may impact various parts of its future operations and financial results, including (program services). Management believes the Organization is taking appropriate actions to mitigate the negative impact. However, the full impact of COVID-19 is unknown and cannot be reasonably estimated as these events occurred subsequent to year-end are still developing.



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

Board of Directors
Safety Harbor Neighborhood Family Center, Inc.
Safety Harbor, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Safety Harbor Neighborhood Family Center, Inc. (the Organization), which comprise the statement of financial position as of September 30, 2020, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 26, 2021.

Internal Control Over Financial Reporting

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

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

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

Board of Directors
Safety Harbor Neighborhood Family Center, Inc.

Compliance and Other Matters

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

Purpose of this Report

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

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

Lakeland, Florida
February 26, 2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/20/2022

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).

PRODUCER Acentria Insurance - Seminole 8200 113th St. N Ste 200 Seminole FL 33772	CONTACT NAME: PHONE (A/C, No., Ext): 727-393-5000 FAX (A/C, No.): 800-299-5055 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
License#: L100460 SAFEHAR-03	INSURER A: Philadelphia Indemnity Insurance Company 18058	
INSURED Safety Harbor Neighborhood Family Center Inc 1003 Dr MLK Jr Street N Safety Harbor FL 34695	INSURER B: Technology Insurance Company, Inc. 42376	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1235396299

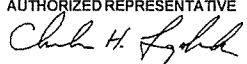
REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2399173	5/22/2022	5/22/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2399173	5/22/2022	5/22/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB809858	5/21/2022	5/21/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			TWC4099593	5/31/2022	5/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse/Molestation			PHPK2399173	5/22/2022	5/22/2023	Limit	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Cyber policy #PHSD1714798 05/22/2022-05/22/2023 \$1,000,000 CLAIM/AGGREGATE W/\$5k deductible. Philadelphia Insurance Directors & Officers policy#NDO1048227R 05/22/22-05/22/23 EACH CLAIM/AGGREGATE \$1MILLION NO DEDUCTIBLE. United States Liability Ins. Employment Practices Liability policy#NDO1048227R 05/22/22-05/22/23 EACH CLAIM/AGGREGATE \$1MILLION NO DEDUCTIBLE. Unites States Liability Insurance.
 Crime policy #PHPK2399173 05/22/2021-05/22/2022 \$300,000 W/\$5K DEDUCTIBLE. THEFT/FORGERY/INSIDE & OUTSIDE PREMISES
 Professional Liability policy #PHPK2399173 05/22/2022-05/22/2023 \$3M AGGREGATE LIMIT NO DEDUCTIBLE
 Sexual Abuse policy #PHPK2399173 05/22/2022-05/22/2023 \$2M AGGREGATE LIMIT NO DEDUCTIBLE
 Underlying policies on the Umbrella are the General Liability, Auto, and Professional
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Juvenile Welfare Board of Pinellas County 14155 58th St. N Clearwater FL 33760	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Acentria Insurance - Seminole		NAMED INSURED Safety Harbor Neighborhood Family Center Inc 1003 Dr MLK Jr Street N Safety Harbor FL 34695	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Scheduled Vehicles are 2019 Eldorado Advantage, VIN: 1FDFE4FS4KDC26013. and 2021 NISSAN NV, 1N6BF0LY0MN802238
 Employee Dishonesty: \$300,000
 Forgery or Alteration: \$300,000
 Robbery (on or off premises): \$300,000
 Computer Fraud: \$300,000
 Funds Transfer Fraud: \$300,000
 JWB and JWB's Board members, employees, and other representatives shall be included as an "Additional Insured" on the Commercial General Liability coverage a form no more restrictive than ISO form CG 20 10 (Additional Insured – Owners, Lessees, or Provider).

PHILADELPHIA INSURANCE COMPANIES
1-877-438-7459
ONE BALA PLAZA, SUITE 100
BALA CYNWYD, PA 19004



0001355-0005417 C0105 001 ----- 384721



2/11/2022

Named Insured and Mailing Address:
Safety Harbor Neighborhood Family Center Inc.
1003 Dr ML King Jr St N
Safety Harbor, FL 34695

Producer Number: 19847
Foundation Risk Partners, Corp. d/b/a Acentria Insurance
8200 113th St Ste 202
Seminole, FL 33772

NOTICE OF POLICY RENEWAL

POLICY NUMBER: PHPK2276038
EFFECTIVE DATE OF RENEWAL: 5/22/2022

This notice is to advise that we are agreeable to renewing the above policy subject to the form changes as described in the enclosed policyholder notice (PI-VIRUSNOTICE 1 (08/21)). Please contact your agent listed above or call our toll-free number if you have any questions concerning this Notice.

Important Note: This Notice does not apply if a notice of nonrenewal or cancellation has been or is subsequently issued on the policy. If such a notice has been issued, it supersedes this Notice.

