

Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.

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 can be downloaded [here](#).

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

Organization Name*

Highpoint Neighborhood Family Center

Proposal Name*

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

Cargo Van

EIN*

85-8012687

Incorporation Year*

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

1998

Organizational Mission Statement*

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

To listen and to respond to the needs of our culturally and economically diverse community, by providing encouragement, assistance, education, and services to promote a better quality of life.

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

CDXEXBW3Y155

Annual Operating Budget Size*

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

\$974,717.00

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

Amount Requested (Annual Operating Budget > \$500,000)

Amount Requested (Annual Operating Budget > \$500,000)*

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$65,000.00

Request Specifics

Priority Areas*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
 - o Mental Health
 - o Dental Care
 - o Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

Yes

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?

If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.

Highpoint Neighborhood Family Center offers a wide variety of family support services. Primarily, free after school and summer camp programs for school aged children. We also offer social service programs such as utility assistance, job placement, system navigation, and since the start of the pandemic a weekly food pantry. We have served on average 70 families every week through our food pantry. We have been serving the High Point community since 1998 and have grown and adapted over time to suit the needs of our diverse and growing community.

The addition of a cargo van to our programs and services will allow us to take advantage of more opportunities to respond to food security challenges in our community. The vehicle we currently use for pick-ups is the same vehicle that is actually designated as a passenger van for the purpose of shuttling the children enrolled in our afterschool and summer camp programs. To pick up food requires removing, and then replacing all the seats. Having a dedicated vehicle for the purpose of picking up and delivering food will allow us to be more responsive to spontaneous opportunities to pick up surplus food, as well as to pick up a greater volume of food from the food banks that we partner with, thus enabling us to serve more families in our community through our food pantry. We have also considered adding food deliver to those with limited transportations and/or mobility. Having a dedicated van will allow us to do this.

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.

Since the start of the pandemic our community's needs have since increased exponentially due to the adverse impact it had on our society and economy. Through various sources like grants, fundraising and partnerships in the community we have been able to keep the pantry going to meet the need of our average of 70 families a week but unfortunately the need continues to increase week to week and the number of families with children that are being displaced from their homes and have to make hard choices between paying rent or buying food for their family is at a critical point. When our pantry began it was funded solely by CARES dollars, but when that ended we had to procure more grants and partner with other agencies because it would have been a huge detriment to our families who had grown to count on our pantry. We have a limited amount of funds available to help the many families that are homeless living, out of hotels, their cars or even in tents, so it's imperative we continue to meet the rising need for food. With summer approaching we will certainly see a big increase in families with children being out of school and not being able to count on school meals. Over the years we have served over 1000 unique families and in that time many have been able to improve their situation but some are worse off than when pandemic began. We realized some time ago that the pantry is now a vital service to the community we cannot afford to lose.

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:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

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

Before the pandemic our fundraising events were essential to keep our usual programming going even before we began our weekly pantry. Once it was no longer possible to have gatherings it brought that income to a halt. Without those crucial funds it became virtually impossible to meet the needs of all the families coming to us in crisis, such as being homeless and needing a place to stay but shelters being full and not being able to afford a hotel room. Because of funds being restricted to be used for very specific expenses, we had to use get

creative to help as many families as we could with our limited funds. In the past we would also rent out the space at the center to bring in additional income for the NFC.

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?

We would like to purchase a cargo van to be used for food distribution. This includes pick-up from our supply sources, as well as potentially delivering to those who are unable to get to HPNFC due to mobility limitations (this is not a service we currently provide, but would like to). We currently have two passenger vans for shuttling children enrolled in our various programs. We use one of these vehicles, with the seats removed, to make our various food pick-ups. We would like to purchase a 2022 (new, unsold inventory), or 2023 Ford Transit EV (electric vehicle) for the dedicated purpose of food pick-up and delivery. We currently work with a number of food retailers, wholesalers, and food banks to provide the food that we distribute through various means to members of the community. We would like to develop relationships with other potential food partners but are limited, in part, due to the limitation of having to use our passenger van for food pick-up. We are looking at the Transit EV (there are currently no practical alternatives to the Ford EV, as they offer the only cargo van of this type) because the idea of using "green" alternatives aligns with our broader philosophies of stewardship and sustainability. The expected lifespan of this vehicle will easily be a decade, as we are looking to purchase a new vehicle with full warranty. The warranty on this particular model is stated as 3YRS/36K miles, Bumper to bumper; and 8 YRS/100,000 miles batteries and components. With regular scheduled maintenance and responsible operation, we can expect much more than the 8 years covered by the warranty.

Many of the families that we serve faced periods of prolonged unemployment and uncertainty during the pandemic. Loss of jobs/income have forced families to resort to multi-generational living situations, which has led to more people in the community in need of services, and food. We hope to restore most, or all of our programs to the pre-COVID states, but most importantly is the food security. With a van dedicated to food pick-up and delivery, we want to address the most basic of needs for the members of our community, to whatever degree we are able. A van will allow us to pick up a greater volume of food with each trip, as well as add more food banks and food sharing partners to our network, thus allowing us to distribute more food more often.

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. According to federal guidance, 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?

This purchase will benefit the members disproportionately effected. The purchase of a cargo van will allow us to continue to do the work we've been doing related to food security, as well as to expand by offering more food to more people. As mentioned above, many of those within Highpoint, and the broader area that we serve, have experienced a variety of economic challenges and hardships, including job/income loss; loss of housing, or increased cost of housing; more mouths to feed due to multiple families having to share housing; increased medical bills due to illness. Having a van for easy, and more frequent pick-ups will allow us to expand our food sharing programs in a variety of ways, thus reducing the number of times per week that these families need to worry about food security issues.

Number Served*

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

10920

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**.

Duplicated

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.

Geographic Impact & Priority Populations

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
 - 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.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

Benefits and Geography of Purchase*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

High Point lies within a QCT

HPNFC serves low- and moderate-income household and communities

Pantry households we serve do qualify for federal assistance programs, such as SNAP and TANF

Our clients come from all the aforementioned marginalized communities especially non English speaking Hispanic and Latin American backgrounds.

The van will be used principally within the Highpoint geographic boundaries - Roosevelt Blvd to the north; Ulmerton to the south; SR 19 to the west; 49th ST to the east - and in the 33760 zip code. It will also be used, to a lesser degree, in the other zip codes we serve: 33762, 33764, 33770, 33771, 33773, & 33782. It will also be used to drive to other areas within Pinellas County for the purpose of picking up food for redistribution.

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/>

5812 150th Ave N Clearwater FL 33760

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Further determination required

Community Connection

PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities 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.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

Highpoint Neighborhood Family Center is very proud of its role in this community, and equally as proud of the ways in which our team is invested in, and truly a part of the community we serve. Our leadership team is evenly comprised of BIPOC and Caucasian members. We also have a 1:1 male to female ratio. Our broader staff - beyond the leadership team - and volunteer network, are also made up of a wide diversity of backgrounds and ethnicities, and includes several bilingual/native Spanish speaking staff members, as well as several who are actively learning a second language. We have an age demographic range, amongst our entire team, from early 20s to mid 70s, with the mean age of the leadership team being in the mid 40s. Many of our staff members live either within the Highpoint geographic boundaries, or within one of the zip codes that we serve. All of our staff, even those outside of the geographic boundaries, are completely invested, and interested, in this community. Each member of our team has joined the team out of an interest in this community and the growth thereof. And, beyond the numbers, and demographics, and racial makeup of our team, what is common amongst the entire group is humanity and compassion. We are all here because we love this work, we love this community, and we love the people who live and work here.

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. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

BIPOC

Neurodiverse/physically disabled

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. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

BIPOC
 LGBTQ+
 Neurodiverse/physically disabled

Leadership Demographics - CEO/Executive Director*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

BIPOC
 Neurodiverse/physically disabled

Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

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

- If your purchase is ABOVE \$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.

Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.

If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.

Bid/Estimate #1*

PDF files are accepted.

DOC033123-03312023221927.pdf

Bid/Estimate #2*

PDF files are accepted.

DOC033123-03312023221945.pdf

Bid/Estimate #3

PDF files are accepted.

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, and contact Rose Cervantes at rcervantes@pinellascf.org.

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.

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

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.

Highpoint- Small-Capital-Purchases.xlsx

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.

no other funding sources.

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.

Any increase in operational costs for fuel and auto insurance will be addressed in our annual budget. By purchasing an EV, however, we expect that the cost of operation will be reduced, as the cost of electricity to operate, per 1000 miles, will be less than the cost to operate a gasoline vehicle for the same 1000 miles. There will be an initial cost to install the charging port - \$2500-4000 are the early, informal estimates that we have received. We are doing research into ways to provide for this installation through various "green initiative" grants and abatements. We are also looking at various revenue generating opportunities that will allow the vehicle to help 'pay for itself'. Things such as revenue from local businesses paying a monthly fee to have their business advertised, via vinyl wrap, on the sides of the van; as well as an app that allows us to rent out the van on days that is idle.

Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

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.

Certificate (3).pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may 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.

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.

FY23 HPNFC Budget Template V6.xlsx

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

DOC033123-03312023144132.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.

HPCP990-06282022153323 (1).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.

HPNFC 2022 Draft FS 3-29-23.pdf

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

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?

We are asking for enough to cover the cost of the van, and the installation of the charging port. The quotes attached are for 2023 models but we have, just in the final hours of the grant window, located a stock of new, unsold 2022 models. These models are cheaper, and if still available at the time of the grant award, would allow us to purchase at significant savings over the proposed 2023 models.

Agreements

Affirmation of Application Materials*

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

Public Application and Grant Process*

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

Final Approval for Grant Award*

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.

File Attachment Summary

Applicant File Uploads

- DOC033123-03312023221927.pdf
- DOC033123-03312023221945.pdf
- Highpoint- Small-Capital-Purchases.xlsx
- Certificate (3).pdf
- FY23 HPNFC Budget Template V6.xlsx
- DOC033123-03312023144132.pdf
- HPCP990-06282022153323 (1).pdf
- HPNFC 2022 Draft FS 3-29-23.pdf



Preview Order E031 - W3X 350 Hi Roof ELWB Cargo RWD: Order Summary Time of Preview: 03/29/2023 13:30:57 Receipt: NA

Dealership Name: Ferman Ford

Sales Code : F24205

Dealer Rep.	Eric Hager	Type	Retail	Vehicle Line	Transit	Order Code	E031
Customer Name	X XXXXX	Priority Code	19	Model Year	2023	Price Level	355

DESCRIPTION	MSRP	DESCRIPTION	MSRP
W3X0 T350 HR CARGO RWD BEV	\$58970	9500# GVWR PACKAGE	\$0
148" WHEELBASE	\$0	B-PILLAR ASSIST HANDLE	\$25
OXFORD WHITE	\$0	50 STATE EMISSIONS	\$0
VINYL	\$0	ELEC AIR TEMP CONTROL	\$0
DARK PALAZZO GRAY	\$0	SYNC 4 AM/FM BLUETOOTH	\$0
PREFERRED EQUIPMENT PKG.101A	\$0	HIGH RES REAR VIEW CAMERA	\$0
.XL TRIM	\$0	SRW - STEEL W/ SILVER COVER	\$0
ELECTRIC MOTOR	\$0	FRONT OVERHEAD SHELF	\$70
1-SPEED TRANSMISSION	\$0	2 ADDITIONAL KEYS	\$70
.235/65R16C BSW ALL-SEASON	\$0	LOAD AREA PROTECTION PKG	\$535
ELECTRIC AXLE	\$0	.VINYL F/R FLOOR COVERING	\$0
JOB #1 ORDER	\$0	FUEL CHARGE	\$0
CV LOT MANAGEMENT	\$0	PRICED DORA	\$0
FRONT LICENSE PLATE BRACKET	\$0	DESTINATION & DELIVERY	\$1895

TOTAL BASE AND OPTIONS	MSRP	\$61565
DISCOUNTS	NA	
TOTAL		\$61565

SHIP TO : F24205
24825 U.S. Hwy 19 North, Clearwater, FL, 33763-3902

Customer Name:
Customer Address:

Customer Email:
Customer Phone:

Customer Signature _____ Date _____

*This order has not been submitted to the order bank.
This is not an invoice.*



Preview Order 5558 - W3X 350 Hi Roof ELWB Cargo RWD: Order Summary Time of Preview: 03/27/2023 16:18:26 Receipt: NA

Dealership Name: Walker Ford Company, Inc.

Sales Code : F24202

Dealer Rep. Joseph Kinney	Type Retail	Vehicle Line Transit	Order Code 5558
Customer Name X XXXXX	Priority Code 19	Model Year 2023	Price Level 355

DESCRIPTION	MSRP	DESCRIPTION	MSRP
W3X0 T350 HR CARGO RWD BEV	\$58970	9500# GVWR PACKAGE	\$0
148" WHEELBASE	\$0	B-PILLAR ASSIST HANDLE	\$25
OXFORD WHITE	\$0	50 STATE EMISSIONS	\$0
VINYL	\$0	ELEC AIR TEMP CONTROL	\$0
DARK PALAZZO GRAY	\$0	SYNC 4 AM/FM BLUETOOTH	\$0
PREFERRED EQUIPMENT PKG.101A	\$0	HIGH RES REAR VIEW CAMERA	\$0
.XL TRIM	\$0	SRW - STEEL W/ SILVER COVER	\$0
ELECTRIC MOTOR	\$0	2 ADDITIONAL KEYS	\$70
1-SPEED TRANSMISSION	\$0	LOAD AREA PROTECTION PKG	\$535
.235/65R16C BSW ALL-SEASON	\$0	.VINYL F/R FLOOR COVERING	\$0
ELECTRIC AXLE	\$0	FUEL CHARGE	\$0
JOB #1 ORDER	\$0	PRICED DORA	\$0
CV LOT MANAGEMENT	\$0	DESTINATION & DELIVERY	\$1895
FRONT LICENSE PLATE BRACKET	\$0		
TOTAL BASE AND OPTIONS			MSRP \$61495
DISCOUNTS			NA
TOTAL			\$61495

Customer Name:
Customer Address:

Customer Email:
Customer Phone:

Customer Signature

Date

*This order has not been submitted to the order bank.
This is not an invoice.*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/10/2023

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 Suite 202 Seminole FL 33772 License#: L100460 HIGHPOI-05	CONTACT NAME: Certificate Team PHONE (A/C, No, Ext): 727-393-5000 E-MAIL ADDRESS: COI-Seminole@Acentria.com	FAX (A/C, No): 727-391-1204													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B: Markel American Insurance Company</td> <td>28932</td> </tr> <tr> <td>INSURER C: United States Liability Insurance Company</td> <td>25895</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance Company	18058	INSURER B: Markel American Insurance Company	28932	INSURER C: United States Liability Insurance Company	25895	INSURER D:		INSURER E:		INSURER F:
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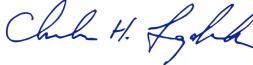
COVERAGES **CERTIFICATE NUMBER:** 1521988386 **REVISION NUMBER:**

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:	Y		PHPK2438442	8/22/2022	8/22/2023	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" 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			PHPK2438442	8/22/2022	8/22/2023	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PHUB823835	8/22/2022	8/22/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC0059288-10	1/1/2023	1/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A C C	Cyber Liability Employment Practices Directors & Officers			PHSD1766401 EPL1566908D NDO1554970J	1/15/2023 8/3/2022 8/21/2022	1/15/2024 8/3/2023 8/21/2023	Aggregate Limit \$500/\$500k Aggregate Limit \$1M/\$1M Aggregate Limit \$1M/\$1M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Crime- PHPK24384421 08/22/22-08/22/23 Limit/\$300,000 Deductible \$2,500. Crime includes Employee Theft, Forgery, Computer Fraud, Funds Transfer Coverage, Inside Premises-Theft of M&S, and Outside Premises
 Professional Liability PHPK24384421 2317131 08/22/22-08/22/23 Limit/\$2,000,000 Deductible \$0
 Abuse PHPK24384421 08/22/22-08/22/23 Limit/\$1,000,000 Deductible \$0
 Directors & Officers deductible \$0
 Employment Practiced deductible \$1,000 each claim
 Cyber deductible \$5,000 each claim
 Umbrella covers the underlying General Liability/Auto Liability
 See Attached...

CERTIFICATE HOLDER **CANCELLATION**

Juvenile Welfare Board 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 High Point Community Pride, Inc. 5812 150th Ave. North Clearwater FL 33760	
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 Auto are 2018 Chevy Passenger Van- VIN 1GAZGNFP0J1243543 AND 2018 CHEVY PASSENGER VAN VIN 1GAZGNFP8J1243662
 \$500 DED'T FOR BODILY INJURY & PROPERTY DAMAGE PER CLAIM
 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).

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s): Juvenile Welfare Board</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

FY23 Budget Instructions

Overview

Budget Templates will be emailed to Providers to complete for each of their funded programs.

The budget review process will be completed using these spreadsheets and sent via email.

The template consists of 5 tabs: Instructions, Budget Template, FY22 & FY23 Positions, FY22 & FY23 SOR, and FY22 & FY23 SOF. FY22 information is provided on each tab to aid in the completion of the FY23 budget.

The 3 red highlighted tabs named "Budget Template", "FY22 & FY23 Positions" and "FY22 & FY23 SOF" are the ones to be used.

IMPORTANT: These are the templates that will be used to import the program budgets into AmpliFund. Do not delete any cells as this will prevent successful imports and cause delays in budget approval with the creation of new positions on the FY22 & FY23 Positions tabs.

General Instructions

Your allocation is based on your FY22 budget plus a 10.2% COLA on non-personnel costs and a 3% COLA on personnel costs.

The additional 3% funding should be related to the enhancement of recruitment and retention.

If your program already received WFS funding please include a reference to that funding in the appropriate narrative.

Build your FY23 budget by category. Subtotals within narratives should be limited to JWB Amount and SOR Amount only. Subtotals within narratives must equal the amounts requested in Columns G & H. The SOR funding should tie to the FY23 SOR tab. JWB does not require a narrative breakdown of costs by previously used category. For example, there is no need to delineate each expense that is included in the requested amount for Office Supplies. You need the total amount and JWB amount requested for this kind of expense.

****Please note - if you are copying and pasting narratives from the FY22 budget, the narrative should follow the directions above****

Budget Template

Enter a Description (Narrative) for all projected program costs that delineates what is being requested.

Enter the Total Program Cost for each Budget Category in Column G

Enter the JWB Amount for each Budget Category in Column H

The SOR amount in Column I will automatically calculate based on the information entered into Columns G & H.

The Budget Category for Positions should equal the program salary and JWB salary totals from the FY22 Budget Template.

The Total JWB Amount should equal the preliminary funding allocation

The Total SOR Amount should equal the total from the SOR tab

FY22 & FY23 Positions

FY22 & FY23 Positions tab lists all current position data from AmpliFund as of April 29, 2022

Review the FY22 information and make updates to staff names, salaries, etc. in the FY23 fields to the current information. The position number should be entered in columns B & C.

For new positions, please use the next available position number; i.e. POS001.

Please note that the Program and JWB Salary amounts reflect amended amounts so it is important to update the Gross Salary, if applicable.

FY22 & FY23 SOR

FY22 & FY23 SOR tab includes all current revenue sources and amounts from AmpliFund as of April 29, 2022

Review the FY22 table and make updates to the FY23 table based on current and projected amounts

Funding sources must be selected from the list on the FY22 & FY23 SOR tab

SOR, and Salary Analysis.
R" must be completed.
nd. Please do not add, edit, or exception of adding rows to
OLA on personnel costs.
ppropriate budget category
nd Total Program Amount
ding is a calculation and
used line item expenses. For
office supplies. We would just
be updated to align with the
ed from JWB in Column F
mns G & H
2 & FY23 Positions tab
right. The positon title and
o review and update the
9, 2022
for FY23

High Point - NFC

FY22 Approved Budget

Budget Category*	Description (Narrative)	Total Program Cost*	JWB Amount*	SOR Amount*
Administrative Costs				\$0
Bank Services	Monthly Bank Fees \$16.75/mo x 12 = \$201	\$201	\$201	\$0
Capital				\$0
Competitive Capital				\$0
Contractual Services	Audit Fees for FY21 = \$10,400.00; Archive \$54.75/mo x 12 = \$657; Background screens required by organization \$800.00/yr. JWB - Paycor fees 195.32/mo x 12 = \$2,343.84; Employee navigator fee for 15 employees = \$90.00. COA annual review = \$400. SOR: SPC & UMA. have the HPNFC as a designated place for their students to do their internships. We normally have 2 from UMA & 1 from SPC during the year & a pay rate of 10.00 an hour for 20 hours a week. (3*20*10.00*52) = \$31,200. AARP is providing 2 employees for administration/office work and other light duties as assigned. They receive \$10.00 an hour for 18 hours a week for 52 weeks = \$18,720.00. 3 Career Source staff at average of 20 hours a week for 52 weeks at \$10.00 an hour. (3*10.00*52*20) = \$31,200. In-Kind: 1,500 volunteer service hours @ 23.07/hour = \$34,606. CRI In-Kind services of \$35,466.00. This In-Kind is provided by JWB for CRI ASO services. \$31,200 + \$18,720 + \$31,200 + \$35,466 + \$34,606 = \$151,192.00. Archiving/shredding in house cloud storage versus outsourcing this service is not warranted due to cost and time involved. Background screening for all new hires at \$75 each, and every volunteer at \$65 each.	\$165,883	\$14,691	\$151,192
Educational Dues & Memberships	Dues - Rotary Memberships (2) = \$1080.00; Other educational memberships/dues as appropriate.	\$1,080	\$1,080	\$0
Insurance	Property & General Liability - \$6400.00; Board/Directors - \$628.00; Auto - \$7558.00; Cyber - \$400.00; Employment Practices - \$1700.00; Umbrella - \$4029.00. Property & General Liability for Youth Empowerment Center = \$2229.00. Increased coverages as per JWB to \$5M have increased the auto insurance premium.	\$22,944	\$22,944	\$0
Local Travel	Travel for 4 staff (as needed) at 56.0 cents per mile.	\$60	\$60	\$0
Operating Expense	Operating Supplies: Cleaning supplies, paper products \$416.66/mo x 12 = \$5,000.00; Includes operating, licensing, and registrations; Postage \$15/mo x 12 = \$180. Office Supplies: Paper, Toner, ink, etc. Average of \$318.33/mo x 12 = \$3,820.00. JWB: \$5,000 + \$180 + \$3,820 = \$9,000. SOR: CDBG grant to be used for Operating Expenses: \$1,500. Additional program costs for alarms for vans at approximately \$1000.00. \$1,500 + \$1,000 = \$2,500.	\$11,500	\$9,000	\$2,500

Other/Miscellaneous				\$0
	<p>JWB: Educational Supplies (such as workbooks, and other curriculum supplies) for the facilities: \$41.66/mo x 12 = \$500. Food & Nutrition: \$400/mo x 12 = \$4,800; Afterschool, summer camp participants, and special events Also utilize funds for Food Pantry when needed; Participant Expense: Events, activities and field trips to museums, recreational activities, special events, etc., contracted instructors (karate, music instruction, art, etc.), and supplies, etc. \$203.26/mo x 12 = \$2,439.12. JWB total: \$500 + \$4,800 + \$2,439.12 = \$7,739.12. SOR: CARES Grant from Pinellas County Community Foundation (Largo), to be used for COVID assistance for food pantry needs and related equipment \$34,267. Donations of food for participants and food pantry, from Beth Foundation, RCS weekly food truck, and donations from various retailers and churches @ \$100,000. Family Support funds from Pinellas County Urban League. \$2000/mo x 12 = \$24,000. Pinellas County CDBG to be used for food & supplies (\$13,733). In-kind donations of clothing, toys, sewing materials, etc @ \$8,175. Fundraising/donations from various events @ \$15,000. Participant fees (room rentals) @ \$3,200. SOR funds will be utilized for food pantry which will decrease the need for JWB funds for this purpose. SOR: \$34,267 + \$100,000 + \$24,000 + \$13,733 + \$8,175 + \$15,000 + \$3,200 = \$198,375</p>			
Participant Expense		\$206,114	\$7,739	\$198,375
Participant Transportation	\$60/mo x 12 = \$720. For gas and vehicle upkeep for vans. Not using the facility vans for transporting children.	\$720	\$720	\$0
Positions	Total number of employees is 18. 6 FT positions funded by JWB, 9 PT positions funded by JWB. JWB total payroll: \$400,759. SOR funded positions by CDB Grants include 2 Youth staff and food pantry worker. CDBG grants to pay for 2 new youth staff positions for new facility and a food pantry PT employee at HP (this position will be converted from Bilingual Assistant to the Food Pantry worker). SOR total payroll: \$49,140. Replacing employees that have resigned with new hires. The Board of Directors voted to authorize a 3% increase in pay for all employees.	\$449,899	\$400,759	\$49,140
Promotional				\$0
Rentals & Leases	Wells Fargo (Toshiba Copier) \$256.77/mo x 12 = \$3081.24; Copy Concepts (copier usage/maintenance) \$137.79/mo x 12 = \$1653.48. SOR: Pinellas County CBDG to be used for rent on new facility (\$1,500 x 12 mo = \$18,000). New facility was opened in 2020-2021.	\$22,735	\$4,735	\$18,000

Repairs & Maintenance	Pest Control \$65/mo = \$780.00; Lawn service \$170/mo = \$2040.00. Maintenance funds for the facilities from Pinch a Penny (\$10,000). Additional repairs/maintenance to the facility such as air condition, plumbing, electrical, security, etc. at \$83.33/mo x 12 = \$1000.00	\$13,820	\$3,820	\$10,000
Benefits	JWB: FICA - \$400,759 x 0.0765 = \$30,658.06; Benefits: 6 staff x \$9,825 each for group health = \$58,950; Workers Comp: \$4,438.74; Unemployment = \$2005.50. Total JWB benefits = \$96,052.30. SOR: FICA - \$49,140 x 0.0765 = \$3,759.21; Workers Comp: \$544.27; Unemployment = \$401.10. Total SOR benefits = \$4,704.58. CDBG grant to be used for benefits for new youth worker positions (\$4373.94). One full time position was shifted to part time so health insurance benefits decreased the need for additional JWB funds.	\$100,757	\$96,052	\$4,705
Training & Conference	Training for youth staff and CEU's for other staff at \$50.00/mo x 12 = \$600; Other training needs at \$15/mo x 12 = \$180. \$600 + \$180 = \$780. Training costs increased due to licensing requirements.	\$780	\$780	\$0
Utilities	Communications: Frontier \$284/mo x 12 = \$3408.00; Cell phone stipends for 6 employees at \$20/mo x 12 = \$1,440.00; Spectrum internet \$230/mo x 12 = \$2760.00; Utilities: Electric \$700/mo x 12 = \$8400.00; Water \$126/mo x 12 = \$1512.00; Garbage \$700/mo x 12 = \$8400.00. Graybar (phone sys.) \$140/mo x 12 = 1680.00; No utilities costs associated with the new Youth Empowerment Center (YEC). Rental agreement with CHAF includes all utilities at the YEC, so no increase in utilities will be needed.	\$27,600	\$27,600	\$0
		\$1,024,093	\$590,181	\$433,912

FY23 Proposed Budget

Description (Narrative)	Total Program Cost*	JWB Amount*	SOR Amount*
			\$0
Monthly bank fees \$16.75 x 12	\$201	\$201	\$0
			\$0
			\$0
Audit Fees \$10,400; Archive (\$55x 12) \$660; Background screens required by licensing (\$75 x 12) \$900. Paycor fees (\$196 x 12) \$2352; Employee navigator fee for 16 employees \$96. COA annual review \$400. Total for JWB is \$14,808. SOR: Staff from Career Source, SPC, UMA, AARP, etc. at average of 20 hours a week for 52 weeks at \$12.00 an hour. (3*12.00*52*20) = \$31,200. Up to 3 various staff at any given time, with some overlapping. In-Kind: 1,500 volunteer service hours @ 23.07/hour =34,606. CRI In-Kind services of \$35,466.00. This In-Kind is provided by JWB for CRI ASO services. \$31,200 + \$34,606 + \$35,466 = \$101,272 for SOR. 30% decrease from prior year is due to recalculating SOR funds based on consolidating various internship programs and a more conservative forecast of the amount of personnel and total hours donated.	\$116,080	\$14,808	\$101,272
Rotary dues for one member (\$45 x 12) 540 plus an additional \$160 for misc as needed The JWB funding decrease is due to having one Rotarian membership instead of two in FY23.	\$700	\$0	\$700
Property & General Liability - \$ 7360; Board/Directors - \$725; Auto - \$8690; Cyber - \$460; Employment Practices - \$1955; Umbrella - \$4635. Property & General Liability for Youth Empowerment Center = \$2565. To adjust to the additional funds need in FY22 we are adding an additional \$7897 to balance the budget and better anticipate insurance increases next year.	\$34,287	\$34,287	\$0
	\$0	\$0	\$0
Operating Supplies: Cleaning supplies, paper products, licensing fees, misc. operating costs (\$355 x 12) \$4,260; Fire inspections (\$150) and monitoring (\$165 x 4 quarterly) \$810; Postage (\$15 x 12) \$180. Office Supplies: Paper, Toner, ink, etc. (\$300 x 12) \$3,600. JWB: \$4260 + 810 + \$180 + \$3600 = \$8850. SOR funds to be used for Operating Expenses for both sites 5560.	\$14,410	\$8,850	\$5,560

Total Program Cost*	Total Program Cost*	JWB Amount*	JWB Amount*	
\$0	0%	\$0	0%	
(\$49,803)	-30%	\$117	1%	10400
(\$380)	-35%	(\$1,080)	-100%	
\$11,343	49%	\$11,343	49%	
\$2,910	25%	(\$150)	-2%	

			\$0
JWB: Educational Supplies (such as workbooks, and other curriculum supplies) for the facilities (\$50 x 12) \$600. Participant Expense: Events, activities and field trips to museums, recreational activities, special events, etc., contracted instructors (karate, music instruction, art, etc.), and supplies, etc. (\$481.66 x 12) \$5780. JWB total: \$600 + \$5780 = \$6380. SOR: Food Pantry donations- churches, GA Food Box Program Dillinger Foundation (40*40*52), St. Pete Free Clinic (800*12), Publix (52*500), Einstein Bagels (500*12), Community Food Drives, JWB Childhood Hunger Initiative etc. Totaling \$144,800. Family Support funds from Pinellas County Urban League. (\$2000 x 12) \$24,000. In-kind donations of clothing, toys, books, art materials, etc. @ \$2400. Various fundraising events, the dollars raised can be specified for items for the kids in our programs, can be designated for holiday gift giving or can be classified as unrestricted and are used as needed @ \$15,000. Room Rental fees for use of space in the facilities \$3200. Back to School Donations for kids in the community to have school supplies \$5000. Partner Programs office rentals (100*3*12) \$3600. Lions Club Summer Scholarships \$2000. Summer camp and after school programs, provided at no cost as a donation to HPNFC \$4,000 Food & Nutrition (\$650 x 12) \$7,800 for our after-school program, summer camp, special events, and supplementing the food pantry for children from ELC Grant JWB 83% increase from prior year is due to increased spending in FY22 on food for participants and a need to better address food scarcity, as well as an increase in costs to provide events and activities during summer camp to broaden the range of experiences for our children.	\$218,180	\$6,380	\$211,800
\$200 month for gas over 12 months The JWB increase from prior year is due to the increased use of the vans (post pandemic) and sharp increase in gas costs.	\$2,400	\$2,400	\$0
Total number of employees is 19, JWB is funding six FT staff and ten PT staff at \$413,146. SOR funds for YEC are for 1 FT at \$16640	\$429,786	\$413,146	\$16,640
			\$0
Wells Fargo (Toshiba Copier) \$256.77/mo x 12 = \$3081.24; Copy Concepts (copier usage/maintenance) \$137.79/mo x 12 = \$1653.48. SOR funds to be used for rent (\$1500 x 6 = \$9000) on YEC and pool services (\$500 x 6 = 3000)	\$16,735	\$4,735	\$12,000

\$12,066	6%	(\$1,359)	-18%
\$1,680	233%	\$1,680	233%
(\$20,113)	-4%	\$12,387	3%
(\$6,000)	-26%	\$0	0%

JWB: Pest Control \$65/mo = \$780.00; Lawn service \$170/mo = \$2040.00. Additional repairs/maintenance to the facility such as air condition, plumbing, electrical, security, fire, etc. \$1000. SOR 5000 for pool maintenance. A decrease of 5000 is due to a temporary change in grant funding to SOR funding for up to 6 months of FY23. This number would be amended when a new grant is applied.	\$8,820	\$3,820	\$5,000	(\$5,000)	-36%	\$0	0%
FICA is \$31,613 (413244 x 0.0765) plus benefits for six staff at \$58950 (9825 x 6); plus Worker's Comp at \$4439 and Unemployment at \$2006 bringing JWB total to \$97,008. SOR FICA is \$1975 (29,250 x 0.0675) plus benefits for one staff \$4915 for a total SOR of \$6890	\$103,898	\$97,008	\$6,890	\$3,141	3%	\$956	1%
New staff need to get licensed at \$150 each for DCF classes and exams, so \$150 x 3 is \$450 and licensed staff need to get annual CEU's at approximately \$75 per staff, \$75 x 6 is \$450. Total cost \$900 The JWB 15% increase from prior year is due to our best estimate of the amount of testing and licensing for staff. More testing and licensing is needed compared to previous years.	\$900	\$900	\$0	\$120	15%	\$120	15%
Communications: Frontier (\$290 x 12) \$3480; Cell phone stipends for 5 employees at \$50 (50 x 12 x 5) \$3000; Spectrum internet (\$230 x 12) \$2760.00; Utilities: Electric (\$750 x 12) \$ 9000; Water (\$140 x 12) \$ 1680; Garbage (\$700 x 12) \$8400.00. Graybar phone system (\$140 x 12) 1680.00; No utilities costs associated with the new Youth Empowerment Center (YEC). Rental agreement with CHAF includes all utilities at the YEC, so no increase in utilities will be needed. 3480 + 3000 + 2760 + 9000 + 1680 + 8400 = 28320	\$28,320	\$28,320	\$0	\$720	3%	\$720	3%
	\$974,717	\$614,855	\$359,862	(\$49,376)	-5%	\$24,674	4%

660 900 2352 96 400 14808

540 160 700

7360 725 8690 460 1955 4635 2565 26390

4260 810 180 3600 8850 150 165 315 1260

600 7800 5780 14180

2400

3081.24 1653.48 4734.72 9000 3000 16734.7

780 2040 1000 3820

\$31,605.67 58950 \$4,439.00 2006 \$97,000.67

450 450 900

3480 3000 2760 9000 1680 8400 28320

FY22 Other Program Funding

Agency	High Point Community Pride Inc.
Program	High Point - NFC
JWB Allocation	\$590,181
Other Program Funding	\$433,912
Total Program Funding	\$1,024,093

Funding Source	Funding Amount	Funding Narrativ
Fundraising/Donations	\$10,000	Pinch-A-Penny h maintenance of
In-Kind	\$8,175	Clothing, art sup
Fundraising/Donations	\$15,000	15,000.00 from '1 for the kids in ou
In-Kind	\$18,720	AARP is providin assigned. They r
In-Kind	\$100,000	Donations of foc donations from '1 amounts with re
Fees for Service	\$3,200	Room Rental fee
In-Kind	\$31,200	3 Career Source (3*10.00*52*20
In-Kind	\$31,200	SPC & UMA. hav internships. We of 10.00 an hour
Other Grants	\$76,638	CBDG Grant to b new facility. Fur
City Government (Largo)	\$45,707	CBDG Grant fror assistance for fo member for foot
In-Kind	\$34,606	1,500 volunteer

Other Grants	\$24,000	Family Support f
In-Kind	\$35,466	In-Kind services
Total	\$433,912	

FY23 Other Program Funding

Agency	High Point Community Pride Inc.
Program	High Point - NFC
JWB Allocation	\$614,758
Other Program Funding	\$359,862
Total Program Funding	\$974,620

Funding Source	Funding Amount	Funding Narrativ
Fundraising/Donations	\$41,000	Pinch-A-Penny (Jo unrestricted. Earn grants are secure
In-Kind	\$8,400	Clothing, art sup month
Fundraising/Donations	\$15,000	from various fun kids in our progr unrestricted and

Summary

ve

has been a private funder throughout the years. The funds are for the facilities.

plies, games, toys, sewing materials, books, etc. @ \$8175.00

various fundraising events. the dollars raised can be specified for items for programs, can be designated for holiday gift giving or can be

ing 2 employees for administration/office work and other light duties as receive \$10.00 an hour for 18 hours a week for 52 weeks = \$18,720.00

od for participants and food pantry, from Beth Foundation, and various retailers and churches. Amount based on previous annual aspect to COVID and community support.

as for use of space in the facilities.

staff at average of 20 hours a week for 52 weeks at \$10.00 an hour.)=\$31,200.

re the HPNFC as a designated place for their students to do their normally have 2 from UMA & 1 from SPC during the year & a pay rate r for 20 hours a week. $(3*20*10.00*52)=\$31,200$.

be used for Programs, Benefits, Operating Expenses, Rent, and food for nding for 2 new Youth staff positions.

n Pinellas County Community Foundation. To be used for COVID od pantry needs and related equipment. Funding for 1 PT staff d pantry.

service hours @ 23.07/hour =34,606

funds from Pinellas County Urban League. \$2000/mo x 12 = \$24,000

provided by JWB for CRI ASO services.

Summary

ve

ohn Thomas) has been a private funder throughout the years. The funds are marked for food pantry and YEC until current grants are renewed or new d

plies, games, toys, sewing materials, books, etc. avg out to 700 a

draising events. the dollars raised can be specified for items for the
ams, can be designated for holiday gift giving or can be classified as
l are used as needed.

er Source, SPC, UMA, AARP, etc. at average of 20 hours a week for 52
l an hour. $(3 * 12.00 * 52 * 20) = \$31,200$. Up to 3 various staff at any given
: overlapping

ations- churches, GA Food Box Program Dillinger Foundation
Pete Free Clinic $(800 * 12)$, Publix $(52 * 500)$, Einstein Bagels $(500 * 12)$,
d Drives, JWB Childhood Hunger Initiative etc. Totaling \$144,800

as for use of space in the facilities.

service hours @ 23.07/hour = 34,606

funds from Pinellas County Urban League. $\$2000/\text{mo} * 12 = \$24,000$

provided by JWB for CRI ASO services.

Donations for kids in the community to have school supplies

is office rentals $(100 * 3 * 12) 3600$

ner Scholarships

ind after school programs, provided at no cost as a donation to HPNFC

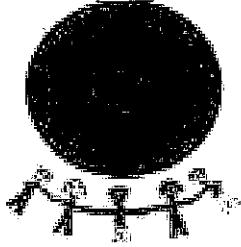
for participant expenses from ELC Grant

Funding Sources
Cash Forward from Fund Balance/Reserves
City Government (Pinellas)
Early Learning Coalition
Federal Government General
Federal - Dept of Housing and Urban Development (HUD)
Federal - Head Start
Federal - Medicaid
Fees for Service
Fundraising/Donations
In-Kind
Insurance non-Medicaid
Other Grants
Pinellas County General
Pinellas County School Board
State Government General
United Way

Position	Expected FTE	Program FTE	JWB FTE	Staff (same or new)	Total Gross Budget			Total Program Budget				JWB Budget				Notes #1				
					FY Gross	CF Gross	Difference (%)	Prior Fiscal Year	Current Fiscal Year	Difference from Prior Year (\$)	Difference from Prior Year (%)	FY % to Program	CF % to Program	Prior Fiscal Year	Current Fiscal Year		Difference from Prior Year (\$)	Difference from Prior Year (%)	FY % to JWB	CF % to JWB
POS01 - Youth Worker	0.00	0.00	0.00	new staff	\$21,112	\$0	-100%	\$21,112	\$0	(\$21,112)	-100%	100%	0%	\$0	\$0	\$0	0%	0%	0%	
POS02 - Youth Worker	0.00	0.00	0.00	new staff	\$16,568	\$0	-100%	\$16,568	\$0	(\$16,568)	-100%	100%	0%	\$0	\$0	\$0	0%	0%	0%	Terminated
POS134 - Bilingual Assistant	0.00	0.00	0.00	new staff	\$11,440	\$0	-100%	\$11,440	\$0	(\$11,440)	-100%	100%	0%	\$0	\$0	\$0	0%	0%	0%	POS134 on FY22 is Bilingual Assistant and in FY23 will it be Admin Assistant? If so, please terminate position and create a new position. Can you please provide job description for new roll?
POS135 - Payroll Assistant	0.00	0.00	0.00	new staff	\$2,833	\$0	-100%	\$2,833	\$0	(\$2,833)	-100%	100%	0%	\$2,833	\$0	(\$2,833)	-100%	100%	0%	
POS226 - Maintenance	1.00	1.00	1.00	new staff	\$16,799	\$17,550	4%	\$16,799	\$17,550	\$751	4%	100%	100%	\$16,799	\$17,550	\$751	4%	100%	100%	
POS349 - Bilingual Family Support	0.00	0.00	0.00	new staff	\$36,504	\$0	-100%	\$36,504	\$0	(\$36,504)	-100%	100%	0%	\$36,504	\$0	(\$36,504)	-100%	100%	0%	Please explain 47% decrease
POS351 - Youth Development	0.60	0.60	0.60	new staff	\$16,799	\$15,600	-7%	\$16,799	\$15,600	(\$1,199)	-7%	100%	100%	\$16,799	\$15,600	(\$1,199)	-7%	100%	100%	
POS3834 - Admin Assistant	0.60	0.60	0.60	new staff	\$16,799	\$16,068	-4%	\$16,799	\$16,068	(\$731)	-4%	100%	100%	\$16,799	\$16,068	(\$731)	-4%	100%	100%	
POS398 - Youth Worker	0.00	0.00	0.00	new staff	\$13,903	\$0	-100%	\$13,903	\$0	(\$13,903)	-100%	100%	0%	\$13,903	\$0	(\$13,903)	-100%	100%	0%	
POS4881 - Operations Manager	1.00	1.00	1.00	new staff	\$47,715	\$56,160	18%	\$47,715	\$56,160	\$8,445	18%	100%	100%	\$47,715	\$56,160	\$8,445	18%	100%	100%	
POS586 - Youth Program Site Supervisor	0.00	0.00	0.00	new staff	\$18,720	\$0	-100%	\$18,720	\$0	(\$18,720)	-100%	100%	0%	\$18,720	\$0	(\$18,720)	-100%	100%	0%	
POS590 - Executive Director	1.00	1.00	1.00	new staff	\$71,138	\$62,400	-12%	\$71,138	\$62,400	(\$8,738)	-12%	100%	100%	\$71,138	\$62,400	(\$8,738)	-12%	100%	100%	Please explain 12% decrease
POS594 - Administrative Assistant	1.00	1.00	1.00	new staff	\$23,754	\$24,336	2%	\$23,754	\$24,336	\$582	2%	100%	100%	\$23,754	\$24,336	\$582	2%	100%	100%	
POS595 - Youth Worker	0.60	0.60	0.60	new staff	\$15,750	\$16,224	3%	\$15,750	\$16,224	\$474	3%	100%	100%	\$15,750	\$16,224	\$474	3%	100%	100%	
POS596 - Program Director	1.00	1.00	1.00	new staff	\$47,278	\$43,680	-8%	\$47,278	\$43,680	(\$3,598)	-8%	100%	100%	\$47,278	\$43,680	(\$3,598)	-8%	100%	100%	Please explain 8% decrease
POS613 - Youth Worker (ASP)	0.50	0.50	0.50	new staff	\$11,586	\$15,600	35%	\$11,586	\$15,600	\$4,014	35%	100%	100%	\$11,586	\$15,600	\$4,014	35%	100%	100%	
POS617 - Youth Worker	0.60	0.60	0.60	new staff	\$13,903	\$15,600	12%	\$13,903	\$15,600	\$1,697	12%	100%	100%	\$13,903	\$15,600	\$1,697	12%	100%	100%	
POS619 - Office Manager	1.00	1.00	1.00	new staff	\$47,278	\$43,680	-8%	\$47,278	\$43,680	(\$3,598)	-8%	100%	100%	\$47,278	\$43,680	(\$3,598)	-8%	100%	100%	Please explain 8% decrease
POS03 - Project Manager	1.00	1.00	1.00	new staff	\$0	\$39,520	100%	\$0	\$39,520	\$39,520	100%	0%	100%	\$0	\$39,520	\$39,520	100%	0%	100%	Please provide job description
POS04 - Youth Program Lead	1.00	1.00	0.00	new staff	\$0	\$16,640	100%	\$0	\$16,640	\$16,640	100%	0%	100%	\$0	\$0	\$0	0%	0%	0%	
POS05 - Administrative Assistant	0.60	0.60	0.60	new staff	\$0	\$16,068	100%	\$0	\$16,068	\$16,068	100%	0%	100%	\$0	\$16,068	\$16,068	100%	0%	100%	
POS06 - Book Keeper	0.10	0.10	0.10	new staff	\$0	\$11,160	100%	\$0	\$11,160	\$11,160	100%	0%	100%	\$0	\$11,160	\$11,160	100%	0%	100%	
POS07 - Family Support	0.60	0.60	0.60	new staff	\$0	\$19,500	100%	\$0	\$19,500	\$19,500	100%	0%	100%	\$0	\$19,500	\$19,500	100%	0%	100%	
-	0.00	0.00	0.00	new staff	\$0	\$0	100%	\$0	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	0%	0%	0%	
-	0.00	0.00	0.00	new staff	\$0	\$0	100%	\$0	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	0%	0%	0%	
-	0.00	0.00	0.00	new staff	\$0	\$0	100%	\$0	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	0%	0%	0%	
-	0.00	0.00	0.00	new staff	\$0	\$0	100%	\$0	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	0%	0%	0%	
-	0.00	0.00	0.00	new staff	\$0	\$0	100%	\$0	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	0%	0%	0%	
-	0.00	0.00	0.00	new staff	\$0	\$0	100%	\$0	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	0%	0%	0%	
-	0.00	0.00	0.00	new staff	\$0	\$0	100%	\$0	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	0%	0%	0%	
-	0.00	0.00	0.00	new staff	\$0	\$0	100%	\$0	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	0%	0%	0%	
-	0.00	0.00	0.00	new staff	\$0	\$0	100%	\$0	\$0	\$0	0%	0%	0%	\$0	\$0	\$0	0%	0%	0%	
Subtotal Salaries	12.20	12.20	11.20		\$446,889	\$428,786	-4%	\$446,889	\$428,786	(\$18,103)	-4%	100%	100%	\$400,789	\$415,146	\$14,357	3%	86%	86%	

<u>Position</u>	<u>Staff</u>	<u>Rate</u>	<u>Hours</u>	<u>Total</u>	<u>FY 23 Position</u>
POS3134 - Bilingual Assistant	Open	\$ 12.36	1300	\$ 16,068.00	Administrative Assistant
POS3135 - Payroll Assistant	Carolyn Brewster	\$ 18.60	600	\$ 11,160.00	Bookkeeper
POS3226 - Maintenance	Chris Lefever	\$ 13.50	1300	\$ 17,550.00	Maintenance
POS3349 - Bilingual Family Support	Open	\$ 15.00	1300	\$ 19,500.00	Family Support Specialist
POS3351 - Youth Development	Braion Moreland	\$ 12.50	1248	\$ 15,600.00	Youth Development Worker
POS3834 - Admin Assistant	Shawnay Glenn	\$ 12.36	1300	\$ 16,068.00	Administrative Assistant
POS4881 - Operations Manager	Cuvette Robinson	\$ 27.00	2080	\$ 56,160.00	Operations Manager
POS590 - Executive Director	Frederick Green	\$ 30.00	2080	\$ 62,400.00	Executive Director
POS594 - Administrative Assistant	Laurel Kosharsky	\$ 13.00	1872	\$ 24,336.00	Administrative Assistant
POS595 - Youth Worker	Elana Babb	\$ 13.00	1248	\$ 16,224.00	Youth Development Worker
POS596 - Program Director	Taminka Arnold	\$ 21.00	2080	\$ 43,680.00	Program Director
POS613 - Youth Worker (ASP)	Maria Gonzalez	\$ 12.50	1248	\$ 15,600.00	Youth Development Worker
POS617 - Youth Worker	Scott Gill	\$ 12.50	1248	\$ 15,600.00	Youth Development Worker
POS619 - Office Manager	Stefan Minson	\$ 21.00	2080	\$ 43,680.00	Family Resource Manager
POS03 - Project Manager	Open	\$ 19.00	2080	\$ 39,520.00	Project Manager
				\$ 413,146.00	

POS588 and POS3908 eliminated



**HIGH POINT
NEIGHBORHOOD
FAMILY CENTER**



CREDIBILITY • INTEGRITY • ACHIEVEMENT

High Point Community Pride Inc. 5812 150th Ave N, Clearwater FL 33760
Office 727-533-0730 - Fax 7272-531-4346

**High Point Community Pride, Inc
2021 Board of Directors**

Frank Bowman—Chairman

Pinellas County Plan & Comm. Dev. Mgr.
310 Court St
Clearwater FL 33756
727-464-8255 (office)
727-600-6247 (cell)
fbowman@co.pinellas.fl.us

Aug 9th/51

*210 meadow lark Ln
clwtr 33759*

Bruce Cherkas—Vice Chairman

Pinellas County PCR
P O Box 47172
St Petersburg FL 33743
352-229-2642
bcherkas31@yahoo.com

12/6/60

Karen J Douglas—Secretary

US Postal Service Retired
3054 Adrian Ave
Largo FL 33774
727-585-7470
dnarek23@aol.com

4/1/49

Deputy Jamie Schiebner CPO—Member

Pinellas County Sheriff's Office
10750 Ulmerton Rd
Largo FL 33778
gwilsonjr@pcsonet.com
727-580-8123

Vera M Broga—Member

Retired Educator
2390 Weymouth Dr
Clearwater FL 33764
727-410-5082
vbroga@tampabay.rr.com

Anita McHenry—Treasurer

Accountant PCSO
256 5th St NW
Largo FL 33770
727-688-4350
sway234@hotmail.com

8/20/62

Harold Hale—Member

Advanced Marketing & Proc., Inc CFO
7711 Coquina Way
St Pete Beach FL 33706
727-421-3772
hhale495@yahoo.com



CRI CARR
RIGGS &
INGRAM
CPAs and Advisors
CRIcpa.com

June 17, 2022

HIGH POINT COMMUNITY PRIDE INC
5812 150th AVENUE NORTH
CLEARWATER, FL 33760

HIGH POINT COMMUNITY PRIDE INC:

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

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

Taxpayer identification number

HIGH POINT COMMUNITY PRIDE INC

59-3529732

Name and title of officer or person subject to tax

**MARGO ADAMS
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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>844,354.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	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 I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (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.

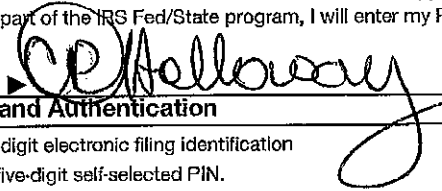
PIN: check one box only

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 89878
ERO firm name 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 ▶ 6/24/22

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 ▶ 06/17/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20

EXTENDED TO AUGUST 15, 2022

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

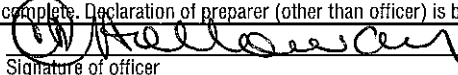
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HIGH POINT COMMUNITY PRIDE INC		D Employer identification number ** - ***9732
	Doing business as		E Telephone number (727) 533-0730
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5812 150TH AVENUE NORTH		G Gross receipts \$ 844,354.
	City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33760		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: MARGO ADAMS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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			H(c) Group exemption number ▶
J Website: ▶ WWW.HIGHPOINTFAMILYCENTER.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: 1998 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENRICH THE COMMUNITY THROUGH SERVICES AND PROGRAMS FOR THE ENTIRE FAMILY.		
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a 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	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	925,946.	841,713.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	451.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4.	4.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,426.	2,637.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	930,827.	844,354.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	224,772.	170,138.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	438,702.	460,311.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,073.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	173,137.	283,249.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	836,611.	913,698.
19 Revenue less expenses. Subtract line 18 from line 12	94,216.	-69,344.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,263,858.	1,195,138.
	22 Net assets or fund balances. Subtract line 21 from line 20	158,447.	159,071.
		1,105,411.	1,036,067.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 10/24/2022
	MARGO ADAMS, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DAVID SIETSMA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00707792
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶ ** - ***6621			
	Firm's address ▶ 600 CLEVELAND STREET, SUITE 1000 CLEARWATER, FL 33755		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: ENRICH THE COMMUNITY THROUGH SERVICES AND PROGRAMS FOR THE ENTIRE FAMILY, PROVIDE AN ATMOSPHERE FOR CHILDREN THAT PROMOTES A CARING AND HEALTHY ENVIRONMENT FOR THE FUTURE, UNITE RESIDENTS IN OUR MULTICULTURAL NEIGHBORHOOD, EMERGENCY ASSISTANCE TO RESIDENTS IN NEED.

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

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

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 \$ 784,159. including grants of \$ 170,138.) (Revenue \$) FOR OVER FIFTEEN YEARS, HPNFC HAS SERVED OUR ETHNICALLY DIVERSE AND ECONOMICALLY CHALLENGED NEIGHBORHOOD BY PROVIDING FINANCIAL ASSISTANCE, EDUCATION, AFTER-SCHOOL CARE AND NUMEROUS OTHER SERVICES. WITH A FOCUS ON CHILDREN, HPNFC ENHANCES THE QUALITY OF LIVES. AT HPNFC, OUR YOUTH PROGRAMS STRIVE TO IMPROVE ACADEMIC PERFORMANCE BY FOCUSING ON INCREASING LITERACY LEVELS. FOR CHILDREN OF WORKING PARENTS, WE OFFER AFTER-SCHOOL SERVICES AND SUMMER CAMP ACTIVITIES THAT INCLUDE MUSIC, ART, SPORTS, AND A VARIETY OF WEEKLY FIELD TRIPS. HPNFC PROVIDES ADULT SERVICES THAT STABILIZE FAMILIES SUCH AS ASSISTANCE PAYING UTILITY BILLS, JOB TRAINING, BUS PASSES, GOAL SETTING, CLOTHING & BASIC NEEDS. HPNFC ALSO HAS MULTIPLE COMMUNITY ACTIVITIES SUCH AS RESOURCE & JOB FAIRS, PARENT WORKSHOPS & COMMUNITY HOLIDAY FESTIVITIES FOR FAMILIES.

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 784,159.

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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

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

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

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, management delegation, and documentation.

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

Table with 5 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

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.
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

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) FRANK BOWMAN CHAIRMAN	2.00	X		X				0.	0.	0.
(2) BRUCE CHERKAS VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(3) ANITA MCHENRY TREASURER	2.00	X		X				0.	0.	0.
(4) KAREN J DOUGLAS SECRETARY	2.00	X		X				0.	0.	0.
(5) HAROLD HALE MEMBER	2.00	X						0.	0.	0.
(6) KRISTEN DAMON MEMBER	2.00	X						0.	0.	0.
(7) DEPUTY JAMIE SCHIEBNER MEMBER	2.00	X						0.	0.	0.
(8) VERA M BROGA MEMBER	2.00	X						0.	0.	0.
(9) MARGO ADAMS EXECUTIVE DIRECTOR	40.00			X				70,174.	0.	8,076.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Includes subtotal and total rows.

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

Table with 3 columns: Question number, Question text, Yes, No. Includes questions 3, 4, and 5 regarding compensation reporting and unrelated organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a row with 'NONE' in the address field.

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

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 733,062.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 108,651.				
	g Noncash contributions included in lines 1a-1f	1g \$ 170,138.				
	h Total. Add lines 1a-1f		841,713.			
Program Service Revenue	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4.		4.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	6a 2,637.			
		(ii) Personal	6b 0.			
			6c 2,637.			
	d Net rental income or (loss)		2,637.		2,637.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	7a			
		(ii) Other	7b			
			7c			
		d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a			
		b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19		9a				
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		844,354.	0.	0.	2,641.	

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	170,138.	170,138.		
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	77,365.	61,892.	10,057.	5,416.
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	302,430.	241,944.	39,316.	21,170.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	52,663.	42,131.	6,846.	3,686.
10 Payroll taxes	27,853.	22,282.	3,621.	1,950.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,400.	8,320.	1,352.	728.
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.)	7,981.	7,981.		
12 Advertising and promotion				
13 Office expenses	35,921.	28,581.	5,939.	1,401.
14 Information technology				
15 Royalties				
16 Occupancy	28,099.	17,688.	8,863.	1,548.
17 Travel	34.	28.	6.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,867.	47,093.	7,653.	4,121.
23 Insurance	28,646.	22,917.	3,724.	2,005.
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 FOOD AND NUTRITION	75,293.	75,293.		
b PARTICIPANT EXPENSES	37,323.	37,323.		
c DUES AND MEMBERSHIPS	685.	548.	89.	48.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	913,698.	784,159.	87,466.	42,073.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	124,367.	1	96,539.
	2 Savings and temporary cash investments	24,323.	2	49,327.
	3 Pledges and grants receivable, net	65,083.	3	55,947.
	4 Accounts receivable, net		4	
	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	12,155.	9	10,658.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,657,496.		
	b Less: accumulated depreciation	10b 677,808.	10c	979,688.
	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	2,718.	15	2,979.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,263,858.	16	1,195,138.	
Liabilities	17 Accounts payable and accrued expenses	158,447.	17	159,071.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		25	
	26 Total liabilities. Add lines 17 through 25	158,447.	26	159,071.
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	1,052,708.	27	1,010,726.
	28 Net assets with donor restrictions	52,703.	28	25,341.
	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	1,105,411.	32	1,036,067.	
33 Total liabilities and net assets/fund balances	1,263,858.	33	1,195,138.	

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	844,354.
2	Total expenses (must equal Part IX, column (A), line 25)	2	913,698.
3	Revenue less expenses. Subtract line 2 from line 1	3	-69,344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,105,411.
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	1,036,067.

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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization

HIGH POINT COMMUNITY PRIDE INC

Employer identification number

**** - *** 9732**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	564,553.	742,333.	761,345.	925,946.	841,713.	3835890.
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	17,607.	20,479.	36,331.	35,466.	35,466.	145,349.
4 Total. Add lines 1 through 3	582,160.	762,812.	797,676.	961,412.	877,179.	3981239.
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.						3981239.

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	582,160.	762,812.	797,676.	961,412.	877,179.	3981239.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,927.	4,410.	3,381.	2,329.	2,641.	15,688.
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.)	214.	3,022.	377.	2,101.		5,714.
11 Total support. Add lines 7 through 10						4002641.
12 Gross receipts from related activities, etc. (see instructions)					12	15,938.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.47	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.35	%
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 ▶ <input checked="" type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in 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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
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? If "Yes" or "No" provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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		(A) Prior Year	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).		

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

Part VI

Supplemental Information.

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

HIGH POINT COMMUNITY PRIDE INC

Employer identification number

-*9732

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 HIGH POINT COMMUNITY PRIDE INC	Employer identification number **_***9732
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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	PINELLAS COUNTY BOARD OF CTY COMM 315 COURT ST #501 CLEARWATER, FL 33756	\$ 21,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JUVENILLE WELFARE BOARD OF PINELLAS COUNTY 14155 58TH ST N CLEARWATER, FL 33760	\$ 124,941.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	JUVENILLE WELFARE BOARD OF PINELLAS COUNTY 14155 58TH ST N CLEARWATER, FL 33760	\$ 539,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PINELLAS COMMUNITY FOUNDATION 17755 US HWY 19 N#150, CLEARWATER, FL 33764 CLEARWATER, FL 33764	\$ 34,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CITY OF LARGO 201 HIGHLAND AVE LARGO, FL 33770	\$ 24,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BUY FARM FOOD 4604 49TH ST. N. ST. PETERSBURG, FL 33709	\$ 28,650.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HIGH POINT COMMUNITY PRIDE INC	Employer identification number ** - ***9732
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PINELLAS COUNTY URBAN LEAGUE 333 31ST STREET NORTH ST. PETERSBURG, FL 33713	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HIGH POINT COMMUNITY PRIDE INC	Employer identification number **-***9732
---	---

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
2	FOOD PRODUCTS	\$ 124,941.	09/30/21
6	FOOD PRODUCTS	\$ 28,650.	09/30/21
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization HIGH POINT COMMUNITY PRIDE INC	Employer identification number ** - ***9732
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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

HIGH POINT COMMUNITY PRIDE INC

Employer identification number
-*9732

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under 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

032051 12-01-20

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		39,833.		39,833.
b Buildings		1,144,002.	388,667.	755,335.
c Leasehold improvements		344,189.	186,577.	157,612.
d Equipment		50,140.	44,387.	5,753.
e Other		79,332.	58,177.	21,155.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				979,688.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	879,820.
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	35,466.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		35,466.
3	Subtract line 2e from line 1		3	844,354.
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	844,354.

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	949,164.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	35,466.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		35,466.
3	Subtract line 2e from line 1		3	913,698.
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	913,698.

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 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HIGH POINT COMMUNITY PRIDE INC

Employer identification number
* * - * * * 9732

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶▶

3 Enter total number of other organizations listed in the line 1 table ▶▶

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

HIGH POINT COMMUNITY PRIDE INC

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
EMERGENCY ASSISTANCE	9200	0.	170,138.	FMV	FOOD, CLOTHING, TOYS AND HOUSEHOLD ITEMS

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:
 FOR FOOD ASSISTANCE, CLIENTS MUST PROVIDE PROOF OF CHILDREN IN THE HOME, OF INCOME & THEIR ADDRESS. INFO IS DOCUMENTED ON AN INDEX CARD WITH THE CLIENT'S APPROVED INFORMATION. THE CLIENT IS THEN ABLE TO PICK UP ONE FOOD BOX A WEEK & WHEN THEY PICK UP THE DATE IS WRITTEN ON THE CARD. FOR OTHER EMERGENCY ASSISTANCE, CLIENTS MUST SIGN IN TO BE ABLE TO SELECT CLOTHING, HOUSEHOLD ITEMS OR OTHER FOOD. ANY FINANCIAL ASSISTANCE REQUIRES A COMPLETED APPLICATION WITH PROOF OF HOUSEHOLD SIZE AND INCOME.

**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: **HIGH POINT COMMUNITY PRIDE INC**
Employer identification number: **** - *** 9732**

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		12,379.	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	400,000	157,660.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GIFT CARDS)	X	4	100.	FMV
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

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

HIGH POINT COMMUNITY PRIDE INC

Employer identification number

** - ***9732

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 C, LINE 19:

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE
PUBLIC UPON REQUEST.

HIGH POINT COMMUNITY PRIDE, INC.

FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2022 AND 2021

DRAFT - SUBJECT TO CHANGE

**HIGH POINT COMMUNITY PRIDE, INC.
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DRAFT
SUBJECT TO CHANGE

INDEPENDENT AUDITORS' REPORT

Board of Directors
High Point Community Pride, Inc.
Clearwater, Florida

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of High Point Community Pride, Inc. (the Organization), which comprise the statements of financial position as of September 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of High Point Community Pride, Inc., as of September 30, 2022 and 2021, 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.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of High Point Community Pride, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about High Point Community Pride, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 High Point Community Pride, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about High Point Community Pride, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Board of Directors
High Point Community Pride, Inc.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated Report Date, on our consideration of High Point Community Pride, 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 results of that testing, and not to provide an opinion on the effectiveness of High Point Community Pride, 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 High Point Community Pride, Inc.'s internal control over financial reporting and compliance.

CliftonLarsonAllen LLP

Lakeland, Florida
Report Date

**HIGH POINT COMMUNITY PRIDE, INC.
STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2022 AND 2021**

	2022	2021
ASSETS		
CURRENT ASSETS		
Cash	\$ 103,398	\$ 96,540
Grants and Other Receivables	38,202	55,947
Prepaid Expenses	7,031	10,658
Total Current Assets	148,631	163,145
NONCURRENT ASSETS		
Certificates of Deposit	4,562	49,327
Other Assets	2,769	2,979
Fixed Assets, Net	922,411	979,688
Total Noncurrent Assets	929,742	1,031,994
Total Assets	\$ 1,078,373	\$ 1,195,139
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 3,826	\$ 385
Accrued Expenses	28,750	31,672
Total Current Liabilities	32,576	32,057
NONCURRENT LIABILITIES		
Other Liabilities	127,015	127,015
Total Liabilities	159,591	159,072
NET ASSETS		
Without Donor Restrictions	887,132	1,010,726
With Donor Restrictions	31,650	25,341
Total Net Assets	918,782	1,036,067
Total Liabilities and Net Assets	\$ 1,078,373	\$ 1,195,139

See accompanying Notes to Financial Statements.

**HIGH POINT COMMUNITY PRIDE, INC.
STATEMENTS OF ACTIVITIES
YEARS ENDED SEPTEMBER 30, 2022 AND 2021**

	2022			2021		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES AND OTHER SUPPORT						
Juvenile Welfare Board of Pinellas County, Inc.	\$ 566,941	\$ -	\$ 566,941	\$ 539,520	\$ -	\$ 539,520
Grants and Contributions, Cash	123,461	33,673	157,134	98,785	5,270	104,055
Contributions, Donated Goods and Services	162,107	-	162,107	205,604	-	205,604
Other	23,074	-	23,074	30,641	-	30,641
Net Assets Released from Restrictions	27,364	(27,364)	-	32,632	(32,632)	-
Total Revenues and Other Support	902,947	6,309	909,256	907,182	(27,362)	879,820
EXPENSES						
Program Services	841,548	-	841,548	784,159	-	784,159
Management and General	136,391	-	136,391	122,932	-	122,932
Fundraising	48,602	-	48,602	42,073	-	42,073
Total Expenses	1,026,541	-	1,026,541	949,164	-	949,164
CHANGE IN NET ASSETS	(123,594)	6,309	(117,285)	(41,982)	(27,362)	(69,344)
Net Assets - Beginning of Year	1,010,726	25,341	1,036,067	1,052,708	52,703	1,105,411
NET ASSETS - END OF YEAR	<u>\$ 887,132</u>	<u>\$ 31,650</u>	<u>\$ 918,782</u>	<u>\$ 1,010,726</u>	<u>\$ 25,341</u>	<u>\$ 1,036,067</u>

See accompanying Notes to Financial Statements.

**HIGH POINT COMMUNITY PRIDE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED SEPTEMBER 30, 2022**

	Program			Support		
	Juvenile Welfare Board	Other Program Services	Total Program Services	Management and General	Fundraising	Total
SALARIES AND RELATED EXPENSES						
Salaries	\$ 281,925	\$ 42,022	\$ 323,947	\$ 52,641	\$ 28,345	\$ 404,933
Employee Benefits	52,401	5,162	57,562	9,354	5,037	71,953
Payroll Taxes	21,475	3,141	24,616	4,000	2,154	30,770
Total Salaries and Related Expenses	355,801	50,325	406,125	65,995	35,536	507,656
EXPENSES						
Accounting - In-Kind Services	-	-	-	37,321	-	37,321
Bank Charges	-	-	-	161	-	161
Contract Services	4,983	3,600	8,583	-	-	8,583
Dues and Memberships	587	337	924	150	81	1,155
Equipment Rental	-	-	-	6,125	-	6,125
Food and Nutrition	7,308	96,423	103,731	-	-	103,731
In-Kind Expenses	-	124,786	124,786	-	-	124,786
Insurance	32,169	1,763	33,933	5,514	2,969	42,416
Office Supplies	3,663	6,167	9,830	1,597	860	12,287
Operating Supplies	6,044	3,647	9,691	2,423	-	12,114
Participant Expenses	8,013	31,298	39,311	-	-	39,311
Postage	-	-	-	102	-	102
Professional Services	8,096	264	8,360	1,359	732	10,451
Repairs and Maintenance	3,944	19,693	23,637	3,841	2,068	29,546
Telephone and Internet	7,287	701	7,988	1,298	699	9,985
Utilities	14,748	3,001	17,749	2,884	1,553	22,186
Total Expenses Before Depreciation	452,642	342,005	794,648	128,770	44,498	967,916
DEPRECIATION	-	46,900	46,900	7,621	4,104	58,625
Total Expenses	\$ 452,642	\$ 388,905	\$ 841,548	\$ 136,391	\$ 48,602	\$ 1,026,541

See accompanying Notes to Financial Statements.

**HIGH POINT COMMUNITY PRIDE, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED SEPTEMBER 30, 2021**

	Program			Support		
	Juvenile Welfare Board	Other Program Services	Total Program Services	Management and General	Fundraising	Total
SALARIES AND RELATED EXPENSES						
Salaries	\$ 280,424	\$ 16,772	\$ 297,196	\$ 48,294	\$ 26,005	\$ 371,495
Employee Benefits	48,603	167	48,770	7,925	4,267	60,962
Payroll Taxes	21,253	1,029	22,282	3,621	1,950	27,853
Total Salaries and Related Expenses	350,280	17,968	368,248	59,840	32,222	460,310
EXPENSES						
Accounting - In-Kind Services	-	-	-	35,466	-	35,466
Bank Charges	-	-	-	194	-	194
Contract Services	5,237	2,744	7,981	-	-	7,981
Dues and Memberships	436	112	548	89	48	685
Equipment Rental	-	-	-	5,989	-	5,989
Food and Nutrition	11,086	64,207	75,293	-	-	75,293
In-Kind Expenses	-	170,138	170,138	-	-	170,138
Insurance	17,781	5,136	22,917	3,724	2,005	28,646
Office Supplies	1,959	7,784	9,743	1,583	853	12,179
Operating Supplies	5,245	7,329	12,574	3,144	-	15,718
Participant Expenses	8,705	28,618	37,323	-	-	37,323
Professional Services	8,056	264	8,320	1,352	728	10,400
Repairs and Maintenance	3,332	1,046	4,378	711	383	5,472
Telephone and Internet	6,225	40	6,265	1,018	548	7,831
Travel and Auto Mileage	12	16	28	6	-	34
Utilities	13,310	-	13,310	2,163	1,165	16,638
Total Expenses Before Depreciation	431,664	305,402	737,066	115,279	37,952	890,297
DEPRECIATION	-	47,093	47,093	7,653	4,121	58,867
Total Expenses	\$ 431,664	\$ 352,495	\$ 784,159	\$ 122,932	\$ 42,073	\$ 949,164

See accompanying Notes to Financial Statements.

HIGH POINT COMMUNITY PRIDE, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ (117,285)	\$ (69,344)
Adjustments to Reconcile Change in Net Assets to		
Net Cash Provided (Used) by Operating Activities:		
Depreciation Expense	58,625	58,867
(Increase) or Decrease in Assets:		
Grants and Other Receivables	17,745	9,136
Prepaid Expenses	3,627	1,497
Other Assets	210	(261)
Increase or (Decrease) in Liabilities:		
Accounts Payables	3,441	(3,017)
Accrued Expenses	(2,922)	3,643
Net Cash Provided (Used) by Operating Activities:	(36,559)	521
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Fixed Assets	(1,348)	(3,343)
(Purchase) Sale of Certificates of Deposit	44,765	(25,004)
Net Cash Provided (Used) by Investing Activities	43,417	(28,347)
NET INCREASE (DECREASE) IN CASH	6,858	(27,826)
Cash - Beginning of Year	96,540	124,366
CASH - END OF YEAR	\$ 103,398	\$ 96,540

See accompanying Notes to Financial Statements.

**HIGH POINT COMMUNITY PRIDE, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Description of Organization

High Point Community Pride, Inc. (the Organization) is chartered as a nonprofit Florida corporation and is located in Clearwater, Florida. The Organization serves the ethnically diverse and economically challenged High Point neighborhood by providing financial assistance, education, after-school care, and numerous other programs to create a more supportive, stable environment. The Organization's activities are funded primarily by grants from the Juvenile Welfare Board of Pinellas County.

Certificates of Deposit

Certificates of deposit are stated at cost plus interest earned.

Fixed Assets

Furniture, equipment, and property are stated at cost, if purchased or at estimated market value at the date of receipt if acquired by gift. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Expenditures of \$750 and over for the purchase of buildings and equipment have been capitalized.

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

Contributions, including unconditional promises to give, are recognized as without donor restrictions or with donor restrictions, depending on the existence and/or nature of any donor restrictions. 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.

Unconditional contributions are recognized as revenues or gains in the period received as assets, decreases of liabilities, or expenses depending on the form of benefits received. Conditional contributions are recognized when the conditions on which they depend are substantially met. The Organization has no such conditional gifts outstanding as of September 30, 2022.

HIGH POINT COMMUNITY PRIDE, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition (Continued)

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.

The Organization recognizes revenue from exchange transactions, primarily from the contracts with the Pinellas County Urban League when the earnings process is complete and services performed.

Contributions – Donated Goods and Services

The Organization receives donated services and supplies which are used in their programs and providing services. The Organization estimates the fair value of these in-kind contributions based on the estimate of the value of the items received compared to the current market rates of similar goods and services.

The Organization received donated accounting services from Juvenile Welfare Board of Pinellas County, Inc. The Organization received donated services of \$37,321 and \$35,466 for the years ended September 30, 2022 and 2021, respectively, included in the In-Kind Contributions in the accompanying statements of activities. The fair market value of contributed goods and supplies for the years ended September 30, 2022 and 2021, totaled \$124,786 and \$170,138, respectively. 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.

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 the 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.

HIGH POINT COMMUNITY PRIDE, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Functional Allocation of 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.

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.

Adoption of Accounting Pronouncement

In September 2020, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. This standard requires that contributed nonfinancial assets are reported on a separate line item in the statements of activities, apart from contributions of cash and other financial assets. It also requires disclosure of disaggregated amounts of contributed nonfinancial assets by category that depicts the type of contributed nonfinancial assets along with additional qualitative information about the monetization of such assets, donor restrictions and valuation techniques. The adoption of this standard did not have any significant impact on the accompanying financial statements or disclosures.

Subsequent Events

Management has performed an analysis of the activities and transactions subsequent to September 30, 2022 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended September 30, 2022. Management has performed their analysis through Report Date, the date the financial statements were available to be issued.

**HIGH POINT COMMUNITY PRIDE, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

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:

	2022	2021
Cash	\$ 103,398	\$ 96,540
Grants and Other Receivables	38,202	55,947
Certificates of Deposit	4,562	49,327
Less: Net Assets With Donor Restrictions	(31,650)	(25,341)
Total	<u>\$ 114,512</u>	<u>\$ 176,473</u>

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.

NOTE 3 FIXED ASSETS

Fixed assets consist of the following as of September 30:

	2022	2021	Estimated Original Useful Lives
Land	\$ 39,833	\$ 39,833	
Buildings and Improvements	1,572,852	1,572,852	7 to 39 Years
Furniture, Fixtures, and Equipment	46,159	44,811	3 to 7 Years
Total Fixed Assets	<u>1,658,844</u>	<u>1,657,496</u>	
Less: Accumulated Depreciation	(736,433)	(677,808)	
Total	<u>\$ 922,411</u>	<u>\$ 979,688</u>	

Depreciation expense was \$58,625 and \$58,867, in 2022 and 2021, respectively.

NOTE 4 LAND USE RESTRICTION AGREEMENT

In 2006, the Organization entered into a land use agreement with Pinellas County, Florida (the County). The County funded \$940,000 of the construction cost of the building located at 5812 150th Avenue North, Clearwater, Florida. The agreement places restrictions on the sale or alteration and the use of this property. In the event that a sale or alternate use of the property occurs during the effective period of the agreement, title to the property will revert to the County. The effective period expires on September 12, 2026.

**HIGH POINT COMMUNITY PRIDE, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2022 AND 2021**

NOTE 5 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 6 CONCENTRATIONS AND UNCERTAINTIES

Grants received from the Juvenile Welfare Board of Pinellas County, Inc. represent 66% and 65% of total revenue for the years ended September 30, 2022 and 2021, respectively. Funds receivable from Juvenile Welfare Board of Pinellas County, Inc. represent 100% and 67%, respectively, of grants and other receivables as of September 30, 2022 and 2021.

NOTE 7 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 8 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following purposes or periods.

	2022	2021
Building Fund	\$ 8,584	\$ 13,942
Family Support	12,361	6,093
After School/Summer Program	10,705	5,306
Total	<u>\$ 31,650</u>	<u>\$ 25,341</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended September 30:

	2022	2021
Family Support	\$ 2,233	\$ 9,503
Building Maintenance	5,358	8,581
After School/Summer Program	-	7,023
Christmas Program	3,773	4,025
Youth Program	-	2,500
Youth Empowerment Center	16,000	1,000
Total	<u>\$ 27,364</u>	<u>\$ 32,632</u>

**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
High Point Community Pride, Inc.
Clearwater, 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 High Point Community Pride, Inc. (the Organization), which comprise the statement of financial position as of September 30, 2022, 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 Report Date.

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) as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

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

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization’s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. 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

Lakeland, Florida
Report Date

SUBJECT TO CHANGE