

Application Form

Organization Information

An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded [here](#).

If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please pay attention to character limits.

Brief Project Descriptor

Please briefly describe this organization's request.

Organization Name*

InterCultural Advocacy Institute- Hispanic Outreach Center

Project Name*

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

Building Acquisition

EIN*

27-1230728

Incorporation Year*

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

2009

Mission Statement*

What is your organization's mission statement?

The vision of the ICAI is a unified, peaceful and engaged community, where all individuals may contribute their talents free of discrimination based on language, race, culture or ethnicity. The ICAI is committed to the development of strong families, community engagement, social and economic integration and the education of our diverse community. The mission of the Hispanic Services Council is to increase access and opportunities for Latinos and influence the systems that serve them.

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

JY3NZM61MCH3

Annual Operating Budget*

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

\$1,021,835.00

Amount Requested*

The maximum grant amount is \$500,000.

\$500,000.00

Does the total project cost exceed the amount your organization is requesting?*

Please note: Answering "Yes" will cause additional questions to load later in this application.

Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

Yes

Rent vs. Own*

Does your organization rent or own the property for which you are proposing modifications?

Own

Parent Non-Profit/Subsidiaries:*

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

Example

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

No

Request Specifics

Pinellas County 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
 - Mental Health
 - Dental Care
 - 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

Programming 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.

The ICAI's Hispanic Outreach Center is the only bilingual multi-service Center in Pinellas dedicated to engaging, empowering, and enhancing the lives of Hispanic/Latino immigrants and residents of Pinellas County. The ICAI HOC opened in 2009 and has been steadily growing since to meet the need of the community. Of the population served by the HOC, 99% identify as Hispanic/Latino(a) and 68% identify as white and 32% identify as other race or multi/race. The services provided by the HOC are designed & created to serve low-to-moderate income Hispanic/Latino families (99% of families served by the HOC live below the AMI) who are LEP (limited English proficient) and/or bilingual. The ICAI HOC provides; Victim Advocacy, Interpreter Services, a Hispanic Liaison Officer in partnership with the Clearwater Police Department and the Sheriff Department, English Classes, Information and Assistance for Emergency Cases, Legal Workshops, access to Behavioral Health Counselors, Health Navigators, Youth Leaders Partnership programs for middle and high school students, food pantry and distribution and overall support to families utilizing a multicultural approach through advocacy and education. The focus of our programs are to protect and strengthen families by enhancing parenting skills and improving the financial stability of families.

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.

In Pinellas County, the Hispanic population is the fastest growing minority group. Since 2001, the Hispanic population has nearly doubled and is now just under 10% of the Pinellas County population (Census Bureau). In Clearwater, the Hispanic population is estimated by the City to be 20-22%. It is estimated that by 2030, the Hispanic population will be 14% of the population (U.S. Census Bureau; Woods & Poole Economics, Inc.). The Hispanic Outreach Center is the only organization in Pinellas County whose sole mission and work is to provide programs, services, information and referrals for this population in a bilingual and bi-cultural setting and culturally appropriate approach. In order to continue to best serve the existing and growing Hispanic/Latino population in Pinellas, the HOC needs support from organizations and foundations like PCF for operational support to increase our capacity, efficiency, and effectiveness in meeting our population's changing needs.

Negative Economic Impact*

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.

The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. Use numbers whenever possible. The more specific your evidence, the better.

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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic

- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

Since the COVID-19 pandemic, the Center has seen an increase in the number of people requesting services. The Center has almost doubled in the size of program staff to help meet the growing need of the community. In a survey the HOC conducted with our clients, the majority of families indicated that they did not have enough resources for their families due to the impact from the pandemic and the loss of steady work. Many clients work in restaurants, hotels, and other high-risk positions (construction) that have been impacted by COVID-19 and therefore, they have experienced a loss of work, income, and/or combination of both.

The HOC is the only bilingual multi-service Center in Pinellas County specifically serving the Hispanic/Latino community and there is a comfort level that the community has to come to have with the Center – it is where they turn when they are in need. Each week we ensure that an average of 150 families receive foods that are culturally appropriate and healthy (e.g. fresh produce, beans, masa, etc.) that they might not be able to receive elsewhere. Just this year, we have provided advocacy and support services for 1,469 individual and families, all whom rely on the Center for support.

Due to COVID-19, we have a limited number of volunteers able to participate in the our programs. The majority of volunteers were students and/or seniors. However, with the rise of COVID-19 cases within the community, we have seen a dramatic decrease in their participation.

Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above. Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.

CARES Nonprofit Partnership Fund

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of negative 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 project proposal and address the following:

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

The ICAI HOC's proposes to utilize ARPA funds to acquire property in which service provision and community impact can continue. The ICAI HOC currently utilizes donated space and is looking to move our operation and programing into a space owned by the Center.

The lifespan of the acquisition would provide a long-term solution for the Center to provide services and have a community space. The project would allow the center to continue providing services and addressing the negative economic harm the community we serve is still experiencing.

Number Served*

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

1469

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)*

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

The ICAI HOC utilizes a software system to track client data. The number reported is fiscal year 22/23 and unduplicated.

Organizational Sustainability*

How does this project contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

The proposed project would have a long term impact on the ICAI HOC and the community we serve. In 2023, in an attempt to meet the need of the community, we expanded services by adding additional staff members. This project would allow us a space that would accommodate our current team. Since 2020, the Center has seen an increase in request for services and we pride ourselves on the ability to meet the need of these request. The Center is a hub and we believe we are an essential resource for our community in general but more specially, the Hispanic/Latino population.

This project would help secure a location that would allow us to continue the work within the community and provide a safe and secure place to increase our service capacity. In time, the project would reduce cost and allow the Center more capital to increase our financial health and wellness.

Project Specifics

Permits*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

Permits may be required during the property acquisition.

Plan Set*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

If you answer Yes, you should upload the Plan Set in the question below.

No

Plan Set Upload

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes@pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

PDF files are permitted.

Construction Schedule/Timeline*

Given a spending deadline of December 31, 2026, give a detailed and **realistic construction schedule**/timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the schedule.

Please include the following:

- 1. How the timeline/schedule was developed, and by whom.**
- 2. Timeline of planning and execution. Please include start and end dates by month and year. For example, April**

2023 - June 2023.**Example:**

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase, and an explanation of how the schedule was developed.

ICAI HOC is proposing the purchase of a new building for service delivery. This requires a 6 month planning phase, 1 year to obtain additional funding, 3 months to obtain all necessary permits, and 3 months to close.

Planning Phase: This would be a 6 month process and would begin as soon as awarded. During this time, the ICAI HOC leadership team, board members, and community supporters would gather information on the needs of the center and research opportunities that fit the need.

Additional Funding: This phase has already began. The estimated time for completion is 1 year from award date. The ICAI HOC leadership team, board members and community partners are working together to research and apply for funding.

Permits and closing: We estimate that any permitting needed would take roughly 3 months from the start of purchase. This would be done through the guidance of a licensed realtor.

Team Leadership*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

This project would be led by the CEO and the Board president. The project would be supported by the entire leadership team at the ICAI HOC as well as the board. Our plan is to create a committee to engage community leaders and long standing partners to help guide and support our efforts.

Cost Difference**Estimated Total Project Cost***

Please specify the total cost of this capital project/purchase.

Example: ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

\$1,200,000.00

Cost Difference*

How does your organization plan to cover the cost of this project beyond the amount requested? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

The ICAI HOC is actively seeking funding for this project. The Center has the support of partnerships within the community and is utilizing them for guidance and expertise. The Center would look at other avenues for funding if grant support was not available or awarded.

Geographic Impact and 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 meet at least one of the following descriptions:

- 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, LGTBQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)
- Organization located or serve households within a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - To assess if your organization serves or is headquartered in a QCT, use this link. 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.

Benefits and Geography of Project*

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

The Hispanic Outreach Centers in Clearwater and Tarpon Springs provided services to individuals (unduplicated).

Of those served, 79.24% of families had a household income of \$30,000 or less, of those 33% have an average household income of less than \$10,000 (JWB). The majority of households we serve are single-parent female head of household (42.52%), followed by dual parent married household (34.69%). Of the adults served, the majority are female (89%) and more than half did not receive a high school diploma (53%).

HOC clients live in a state of continual stress. This is stress from their socio-economic status, legal status (fear of deportation, lack of access to benefits), work life (long hours at low-paying jobs), home life (overcrowding / inadequate housing), and language barriers (misunderstanding, lack of information, isolation).

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

612 Franklin St. Clearwater FL 33756

Project Location*

Please provide the address or intersection where the property being modified is.

undetermined

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.

The ICAI Board of Directors is reflective of the diverse community we serve. The majority of Board Members are of diverse background from multiple Hispanic/Latino countries. In addition, the staff at the Hispanic Outreach Center represent 10 Hispanic/Latino countries. The Hispanic Leadership Council is representative of 20 different agencies within Pinellas County with a delegated representative. In ICAI's application process for Board membership, staffing and volunteer opportunities consider cultural competency as an key factor. However, this is looked at in line with to other important factors such as background, education, work and volunteer experiences. This ensures that we have both a competent and culturally appropriate and sensitive representation of the community.

Board Membership*

Do your board members consider themselves a member of one or more of the following populations?

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

BIPOC
LGBTQ+

Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations?

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

BIPOC

CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- 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

LGBTQ+
Neurodiverse/physically disabled

Financial Overview

BIDS MUST BE DATED JULY 5, 2023 OR LATER.

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. ***Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.***
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN \$75,000**, you must upload THREE verifiable bids or estimates for your proposed project.

- **If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.**

Bid/Estimate #1*

PDF files are accepted.

Marketing BrochureFlyer.pdf

Bid/Estimate #2

PDF files are accepted.

SI1641 FLYER OVERVIEW plus.pdf

Bid/Estimate #3

PDF files are accepted.

25 N Main Ave Flyer Updated Price for sale lease.pdf

Selected Contractor*

If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.

N/A

Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Unknown

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 below

Budget Detail*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

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

PDF and Excel files are allowed.

PCF ARPA Budget.xlsx

Other Funding Sources*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please explain why no additional funding sources have been pursued.

Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.

The ICAI is actively seeking additional funding sources but at this time has not secured anything.

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 project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

The goal of this project would be to have no affect on operating cost as we would acquire a property without the need for mortgage/rent.

Fund Management Capacity*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

The Center is equip with fiscal management tools and infrastructure to manage grant funds in the same manner we currently are doing. Due to the project being a one time purchase, the ICAI HOC would not be able to work on a reimbursement-basis.

Corrective and Investigative Action/Grant Recall*

In the past three (3) years, has 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. If no, write "N/A"

N/A

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 ICAI Budget Condensed.pdf

Board of Directors List*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

Board of Directors.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.

ICAI 2021 990.pdf

Most Recent Financial Statements

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

Financial Statements.pdf

Insurance

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 project. 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.

ICAI General Liability 3-7-23.pdf

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and their contract is closed out.

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?

File Attachment Summary

Applicant File Uploads

- Marketing BrochureFlyer.pdf
- SI1641 FLYER OVERVIEW plus.pdf
- 25 N Main Ave Flyer Updated Price for sale lease.pdf
- PCF ARPA Budget.xlsx
- FY23 ICAI Budget Condensed.pdf
- Board of Directors.pdf
- ICAI 2021 990.pdf
- Financial Statements.pdf
- ICAI General Liability 3-7-23.pdf

1446 Gulf to Bay Blvd, Clearwater, FL 33755

6,564 SF

Gross Rental Income	\$99,999	\$9.99
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Other Income	-	-
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Vacancy Loss	-	-
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Effective Gross Income	\$99,999	\$9.99
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Taxes	-	-
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Operating Expenses	-	-
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Total Expenses	\$99,999	\$9.99
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Net Operating Income	\$99,999	\$9.99
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Building Size

6,564 SF

Year Built/Renovated

1955/2022

Price

\$1,200,000

Price Per SF \$183

Listing ID: 26682403

Date Created: 9/21/2022

Last Updated: 10/12/2023



FOR SALE

Shopping Plaza

**1446 GULF TO BAY BLVD
CLEARWATER, FL 33755**



PRO FORMA

2023 Projection

1336 Gulf to Bay

Gross Income - per July 23 lease

Gross Income per July 2023 rent roll	\$112,800.00
Less 5% vacancy allowance	\$5,255.00
Effective Gross Income	\$107,545.00

Expenses

Property Taxes	\$7,427.00
Insurance (est)	\$3,800.00
Maintenance at 5%	\$4,992.00
Management at 5%	\$4,992.00
TOTAL	\$21,211.00

NET INCOME \$86,334.00

Return on \$1,200,000 **7.19%**

RENT ROLL

2023 Projection

Rent Roll - Lease Info

As of 7/1/2023, GTB Street, Current leases, All units

GTB Street 6,424sq ft

Unit	Sqr ft	Tenants	Rent Cycle	Start Date	End Date	Rent	Annual
1436	803 sq ft	Restaurant	Monthly	6/1/2021	5/31/2024	\$1,500.00	\$18,000.00
1438	803 sq ft	Tenant in negotiation	Monthly	Vacant	Vacant	\$1,100.00	\$13,200.00
1440A	803 sq ft	Vacant	Monthly	Vacant	Vacant	\$1,500.00	\$18,000.00
1440B	803 sq ft	Salon	Monthly	7/1/2023	6/30/26	\$1,100.00	\$13,200.00
1442	803 sq ft	Salon	Monthly	9/30/2021	10/31/2028	\$1,100.00	\$13,200.00
1444	803 sq ft	Vacant	Monthly	Vacant	Vacant	\$1,500.00	\$18,000.00
1446 & 1448	1606 sq ft	Dog Daycare	Monthly	1/1/2021	3/31/2025	\$1,600.00	\$19,200.00
Total for GTB						\$9,400.00	\$112,800.00

* Units in grey are vacant income is a projection



KLEIN & HEUCHAN, INC REALTORS

Commercial/Investment/Real Estate Services

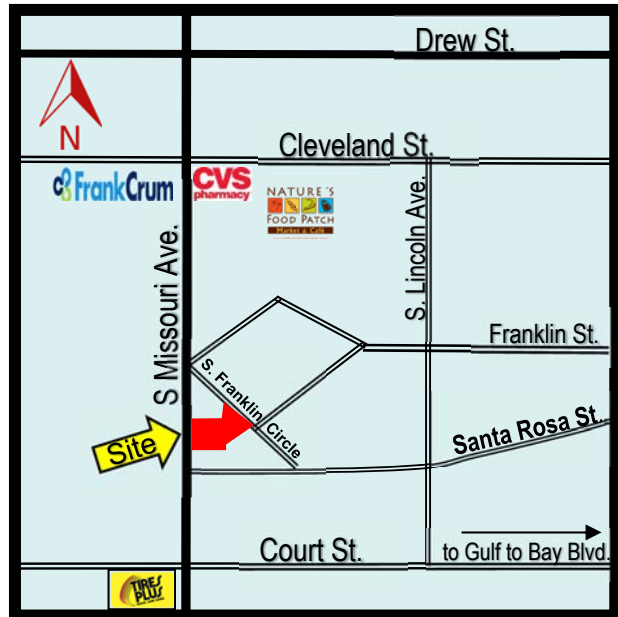
SI-1641

FREE STANDING OFFICE BUILDING IN CLEARWATER FOR SALE



**311 S MISSOURI AVE.
CLEARWATER, FL 33756**

- 8,312 SF OFFICE
- BUILT IN 1955, RENOVATED IN 2007 & 2011
- LOCATED IN DOWNTOWN GATEWAY-ZONING
- 1-STORY CONCRETE BLOCK
- WELL MAINTAINED
- **PRICE: \$995,000**



1744 N. Belcher Rd., Clearwater, FL 33765 ■ Telephone 727-441-1951 ■ Fax 727-449-1724
www.kleinandheuchan.com



REVISED: 7/14/23

PROPERTY OVERVIEW

SI-1641

ADDRESS: 311 S. Missouri Ave.
Clearwater, FL 33756

LOCATION: on Missouri Ave. just one block north
of Court St. /Gulf to Bay intersection

LAND AREA: 17,576 SF
DIMENSIONS: Irregular

ZONING: Downtown Gateway (City of Clearwater)
LAND USE: CBD – (Central Business District)
FLOOD ZONE: "X" (No flood insurance required)

IMPROVEMENTS: 8,312 SF

LEGAL DESCRIPTION: Lengthy (in listing folder)

YEAR BUILT: 1955 (renovated 2007 & 2011)

UTILITIES: Water & Sewer – (City of Clearwater)
Electric – (Duke Energy)

PARKING: 16 spaces plus street parking

PRESENT USE: Professional Office

TAXES: \$12,694.36 (2022)

PRICE: \$995,000

PARCEL ID: 15-29-15-38574-013-0020

TERMS: Cash to Seller @ closing

TRAFFIC COUNT: 13,500 VPD Missouri Ave.

NOTES: This building has had one owner and been the flagship office for prestigious law firm of McFarland, Gould, Lyons, and Sullivan since 1955. It was renovated in 2007 and 2011 with HVAC being put in 2015. Zoning is Downtown Gateway. Allowable Uses include: Office, Light Assembly, Retail Sales and Services, Medical offices, Executive offices, and Research & Technology. It is apportioned with a generous reception area, over 30 rooms for offices or meeting rooms, 4 conference rooms, Kitchen, 5 restrooms and 5 common work areas. Parking is off Franklin Circle east of the building. This building is also conveniently located near the Clearwater Courthouse.

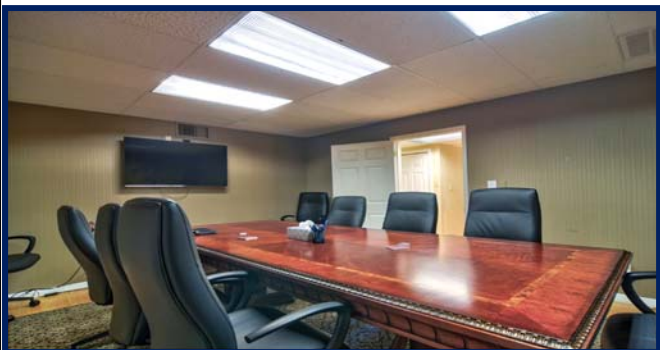
KEY HOOK #: N/A

ASSOCIATE: Joseph Santolucito & Marilyn Stuelke

K&H SIGNAGE: 3'x4' (2)

LISTING CODE: SI-1641-3-32/23

SHOWING INFORMATION: Call listing agents to schedule appointment.





KLEIN & HEUCHAN, INC REALTORS

Commercial/Investment/Real Estate Services

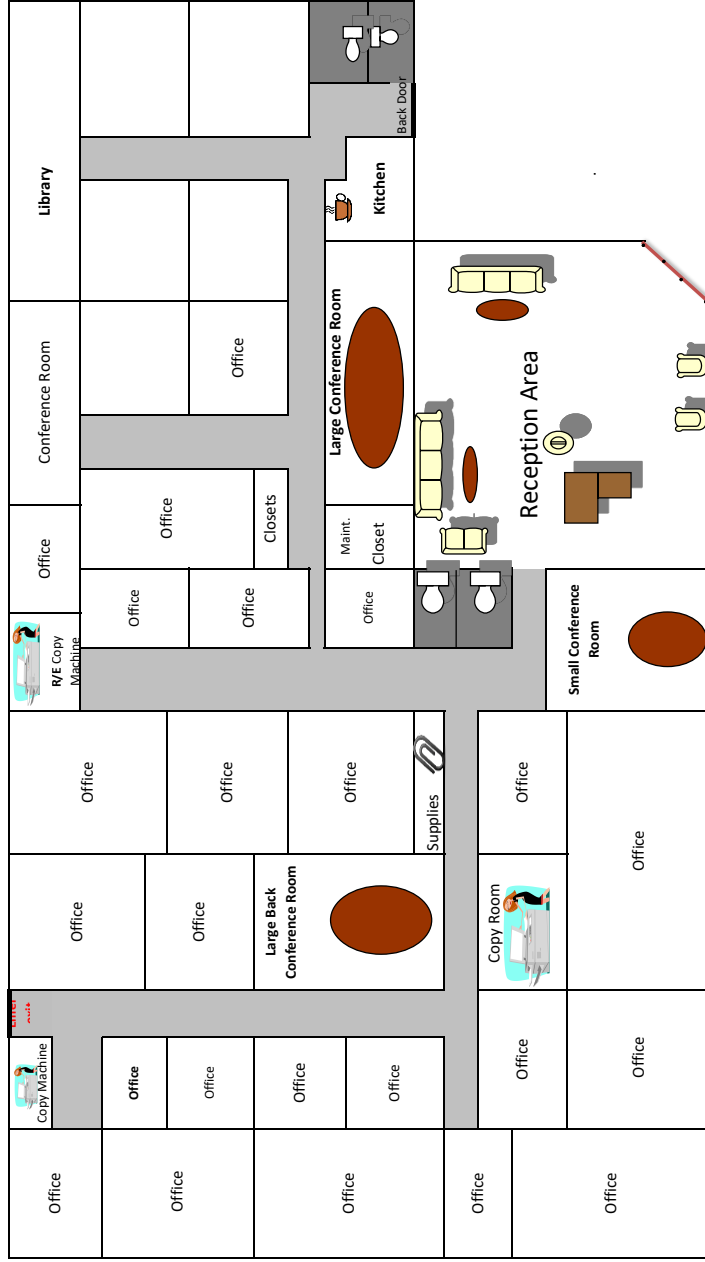
311 S. MISSOURI AVE.
CLEARWATER, FL 33756









1744 N. Belcher Rd., Clearwater, FL 33765 ■ Telephone 727-441-1951 ■ Fax 727-449-1724
www.kleinandheuchan.com



OFFICE MAP



LEGEND

-  Conference Table
-  Copy Machines/Area
-  Restrooms
-  Supply Closet
-  Kitchen
-  Front Door

25 N Main Ave. Clearwater, FL

\$1,299,900 (\$230/SF)

5,647 SF Office Space Minutes from Gulf to Bay Blvd and Drew Street Monument and Facade Signage

31 dedicated parking spaces Covered Drive-Through Population of 612,389 within 10 mile radius

EXECUTIVE SUMMARY

Well positioned freestanding former bank building is available for lease or sale. This 5,647-square-foot building has a tile roof with newer AC units installed in 2019. 31 parking spots offered with easy ingress and egress off Main Ave just seconds away from busy Gulf-To-Bay Blvd/SR60 and Drew Street. 1,600 SF of canopy/drive-through space can be converted to usable space if desired. This building is well suited for a physician, pediatrician, dentist, imaging center, or chiropractor's office or for an attorney, title company, insurance company, accountant, or financial services location. Additionally, this space would be a great match for daycares or special needs schools.

5,647 SF

Year Built/Renovated

1980/2008

Listing ID: 27974553

Date Created: 3/14/2023

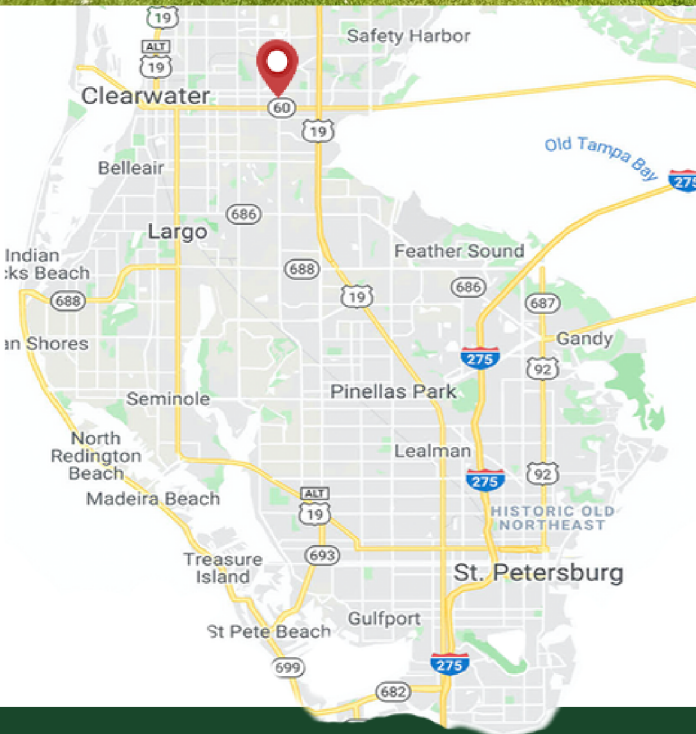
Last Updated: 10/9/2023

Address: 25 N Main Ave, Clearwater, FL



25 North Main Avenue
Clearwater, FL 33765

FOR SALE OR LEASE - OFFICE



Sale: \$1,299,900

Lease: \$17.50/SF NNN

PROPERTY HIGHLIGHTS:

- 5,647 SF Office Space
- 31 dedicated parking spaces
- Minutes from Gulf to Bay Blvd and Drew Street
- Covered Drive Through
- Monument and Facade Signage
- Population of 612,389 within 10-mile radius

Michael Ludwig | MLudwig@VectorRealty.com | 727-823-1230, ext. 239

Michael Heretick | MHeretick@VectorRealty.com | 727-823-1230, ext. 233



Category of Expenses	Bid #	Total Cost	ARPA Funds	Match
Acquisition of Property #2	2	\$1,299,900	500,000	799,900
Admin		50,000		50,000

<u>Hispanic Outreach Center - NFC</u>	<u>FY2023 Budget</u>
<u>Budget Category*</u>	<u>Total Program Cost*</u>
Administrative Costs	
Bank Services	\$300
Capital	\$0
Competitive Capital	\$0
Contractual Services	\$221,748
Educational Dues & Memberships	\$0
Insurance	\$33,720
Local Travel	\$4,300
Operating Expense	\$17,963
Other/Miscellaneous	\$0
Participant Expense	\$16,950
Participant Transportation	\$1,500
Positions	\$468,676
Promotional	\$5,000
Rentals & Leases	\$78,958
Repairs & Maintenance	\$6,371
Benefits	\$138,676
Training & Conference	\$3,000
Utilities	\$24,673
Total:	<u>\$1,021,835</u>

Board of Directors

Ismael Torres
President

Rolando Lopez, CPA
Past President

Virginia Quevedo
Vice President

Blanca Gonzalez
Secretary

Jonathan Arellano

Dr. Tashika Griffith

Ben Himes

Odilon Mezquite

Alberto Rodriguez

Sheilam Horta

Ex-Officio

Myriam Irizarry



EXTENDED TO AUGUST 15, 2023

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)

2021

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 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

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 INTERCULTURAL ADVOCACY INSTITUTE		D Employer identification number 27-1230728
	Doing business as		E Telephone number (727) 445-9734
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	612 FRANKLIN STREET		G Gross receipts \$ 992,285.
	City or town, state or province, country, and ZIP or foreign postal code CLEARWATER, FL 33756		
F Name and address of principal officer: AMANDA MARKIEWICZ SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: **WWW.HISPANICOUTREACHCENTER.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2009** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DEVELOPMENT OF STRONG FAMILIES, SOCIAL/ECONOMIC INTEGRATION & EDUCATION/ENGAGEMENT OF OUR COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	72
	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 1,673,913.	Current Year 968,719.
	9 Program service revenue (Part VIII, line 2g)	9,800.	15,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69.	63.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,747.	-2,543.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,690,529.	981,239.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		493,934.	535,496.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,315.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,136,357.	418,810.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,630,291.	954,306.
19 Revenue less expenses. Subtract line 18 from line 12	60,238.	26,933.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 488,328.	End of Year 532,974.
	21 Total liabilities (Part X, line 26)	201,945.	219,658.
	22 Net assets or fund balances. Subtract line 21 from line 20	286,383.	313,316.

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	
	AMANDA MARKIEWICZ, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DAN SHUEY	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00593908
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶ 72-1396621		
	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: COMMITTED TO THE DEVELOPMENT OF STRONG FAMILIES, COMMUNITY, ENGAGEMENT, SOCIAL AND ECONOMIC INTEGRATION AND EDUCATION OF OUR DIVERSE COMMUNITY.

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

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

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

4a (Code:) (Expenses \$ 789,319. including grants of \$) (Revenue \$ 15,000.) THE INTERCULTURAL ADVOCACY INSTITUTE - HISPANIC OUTREACH CENTER SERVES PRIMARILY THE HISPANIC LATINO COMMUNITY IN PINELLAS COUNTY WHICH COMPRISES APPROXIMATELY 9-10% OVERALL. THERE ARE TWO LOCATIONS, ONE IN CLEARWATER SINCE 2000, AND THE SECOND IN TARPON SPRINGS, WHICH OPENED IN 2016. THESE CENTERS OFFER COMPREHENSIVE SERVICES SUCH AS ADVOCACY, INTERPRETER SERVICES, FAMILY ADVOCACY AND SUPPORT, INFORMATIONAL SEMINARS, LEGAL CLINICS, YOUTH PROGRAMS AND ENGLISH CLASSES. THE CENTERS PARTNER WITH OTHER ORGANIZATIONS TO OFFER ONSITE MENTAL HEALTH COUNSELING, POLICE SERVICES, GIRLS' PROGRAMS, AND OTHER OPPORTUNITIES FOR LIMITED ENGLISH SPEAKING RESIDENTS.

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 789,319.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

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 the 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 line 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 on 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 on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included on line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. (X)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
AMANDA MARKIEWICZ - 727-445-9734
612 FRANKLIN STREET, CLEARWATER, FL 33756

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ROLANDO LOPEZ PRESIDENT	1.00	X		X				0.	0.	0.
(2) ODILON MEZQUITE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) BEN HIMES DIRECTOR	1.00	X		X				0.	0.	0.
(4) BLANCA GONZALEZ SECRETARY	1.00	X		X				0.	0.	0.
(5) JONATHAN ARELLANO DIRECTOR	1.00	X						0.	0.	0.
(6) VIRGINIA QUEVEDO DIRECTOR	1.00	X						0.	0.	0.
(7) ALBERTO RODRIGUEZ DIRECTOR	1.00	X						0.	0.	0.
(8) ISMAEL TORRES DIRECTOR	1.00	X						0.	0.	0.
(9) DR. TASHIKA GRIFFITH DIRECTOR	1.00	X						0.	0.	0.
(10) MYRIAM IRIZARRY (EX-OFFICIO) DIRECTOR	1.00	X						0.	0.	0.
(11) JACLYN BOLAND EXECUTIVE DIRECTOR	1.00			X				66,216.	0.	8,153.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal							66,316.	0.	8,153.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							66,316.	0.	8,153.	

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**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(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	31,832.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	750,996.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	185,891.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 113,442.				
	h Total. Add lines 1a-1f		968,719.				
	Program Service Revenue	2 a PROGRAM EVENTS	Business Code				
		624110	15,000.	15,000.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		15,000.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		63.			63.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	2,400.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	2,400.				
	d Net rental income or (loss)		2,400.			2,400.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c						
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 31,832. of contributions reported on line 1c). See Part IV, line 18	8a		5,482.				
b Less: direct expenses	8b	11,046.					
c Net income or (loss) from fundraising events		-5,564.			-5,564.		
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 OTHER INCOME	Business Code					
		90099	621.			621.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		621.					
12 Total revenue. See instructions		981,239.	15,000.	0.	-2,480.		

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,112.	65,689.	10,675.	5,748.
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	360,119.	288,095.	46,815.	25,209.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	61,080.	48,864.	7,941.	4,275.
10 Payroll taxes	32,185.	25,748.	4,184.	2,253.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,736.	10,736.		
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.)	139,424.	139,424.		
12 Advertising and promotion				
13 Office expenses	30,049.	23,594.	5,503.	952.
14 Information technology				
15 Royalties				
16 Occupancy	16,663.	10,574.	5,164.	925.
17 Travel	4,546.	3,637.	909.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	11,660.	11,660.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,408.	8,326.	1,353.	729.
23 Insurance	35,580.	28,464.	4,625.	2,491.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT EXPENSES	124,486.	101,385.	15,401.	7,700.
b REPAIRS & MAINTENANCE	14,751.	11,800.	1,918.	1,033.
c FOOD AND NUTRITION	11,323.	11,323.		
d EQUIPMENT RENTAL	9,184.		9,184.	
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	954,306.	789,319.	113,672.	51,315.
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	98,786.	1	136,623.
	2 Savings and temporary cash investments	192,315.	2	212,378.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	160,495.	4	126,803.
	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	19,884.	9	25,729.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,995.		
	b Less: accumulated depreciation	10b 13,821.	15,248.	10c 13,174.
	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	16,667.
	15 Other assets. See Part IV, line 11	1,600.	15	1,600.
16 Total assets. Add lines 1 through 15 (must equal line 33)	488,328.	16	532,974.	
Liabilities	17 Accounts payable and accrued expenses	201,245.	17	219,658.
	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	700.	25	0.
	26 Total liabilities. Add lines 17 through 25	201,945.	26	219,658.
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	230,102.	27	248,843.
	28 Net assets with donor restrictions	56,281.	28	64,473.
	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	286,383.	32	313,316.
	33 Total liabilities and net assets/fund balances	488,328.	33	532,974.

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	981,239.
2	Total expenses (must equal Part IX, column (A), line 25)	2	954,306.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,933.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	286,383.
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	313,316.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

Open to Public
Inspection

Name of the organization	Employer identification number
INTERCULTURAL ADVOCACY INSTITUTE	27-1230728

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	691,846.	701,866.	1015425.	1673913.	1081643.	5164693.
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	95,466.	104,004.	100,043.	102,490.	116,743.	518,746.
4 Total. Add lines 1 through 3	787,312.	805,870.	1115468.	1776403.	1198386.	5683439.
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.						5683439.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	787,312.	805,870.	1115468.	1776403.	1198386.	5683439.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,583.	2,679.	2,654.	2,469.	2,463.	12,848.
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.)	6,198.	3,956.	4,893.	531.	621.	16,199.
11 Total support. Add lines 7 through 10						5712486.
12 Gross receipts from related activities, etc. (see instructions)					12	26,000.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	99.49 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.38 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, and 11c regarding gifts or contributions.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors or trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, and 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 through 3b regarding the Integral Part Test and activities.

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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.)

DRAFT

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

INTERCULTURAL ADVOCACY INSTITUTE

Employer identification number

27-1230728

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), 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), 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).

Name of organization INTERCULTURAL ADVOCACY INSTITUTE	Employer identification number 27-1230728
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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 COMMUNITY FOUNDATION 17755 US HWY 19 N, STE 150 CLEARWATER, FL 33764	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JUVENILE WELFARE BOARD OF PINELLAS 14155 58TH STREET NORTH CLEARWATER, FL 33760	\$ 712,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FEEDING TAMPABAY 4702 TRANSPORT DRIVE, BUILDING #6 TAMPA, FL 33605	\$ 36,816.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	DUKE ENERGY 5225 TECH DATA DR CLEARWATER, FL 33760	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FLORIDA STATE ATTORNEY GENERAL 3507 E FRONTAGE RD #200 TAMPA, FL 33607	\$ 38,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	REGIONS BANK 655 S BELCHER ROAD CLEARWATER, FL 33764	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERCULTURAL ADVOCACY INSTITUTE	Employer identification number 27-1230728
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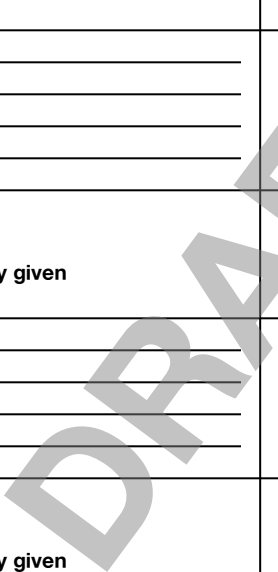
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ST. PETERSBURG COLLEGE FOUNDATION PO BOX 1348 ST. PETERSBURG, FL 33733	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ST. PETERSBURG FREE CLINIC 5501 4TH ST N ST. PETERSBURG, FL 33703	\$ 42,654.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	HOPE VILLAGES OF AMERICA 700 DRUID RD. CLEARWATER, FL 33756	\$ 20,289.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 INTERCULTURAL ADVOCACY INSTITUTE	Employer identification number 27-1230728
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

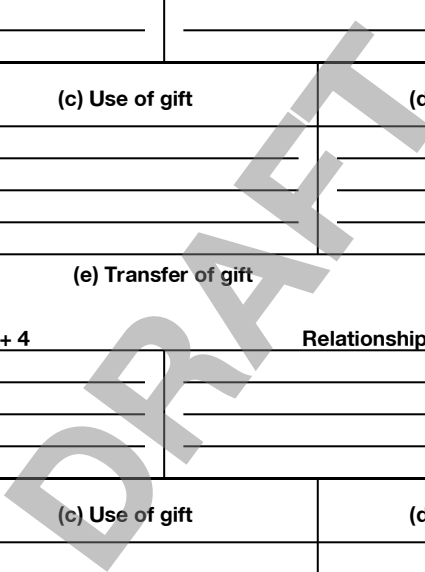
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD _____ _____ _____	\$ 36,816.	_____
8	FOOD _____ _____ _____	\$ 42,654.	_____
9	FOOD _____ _____ _____	\$ 20,289.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization INTERCULTURAL ADVOCACY INSTITUTE	Employer identification number 27-1230728
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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

2021

Open to Public Inspection

Name of the organization: INTERCULTURAL ADVOCACY INSTITUTE; Employer identification number: 27-1230728

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-7. Monitoring and enforcement details; 8-9. Section 170(h)(4)(B) requirements and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Text of footnote for public exhibition. 1b: Amounts for art collections. 2: Amounts for art collections for financial gain.

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? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		26,995.	13,821.	13,174.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,174.

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	1,129,296.
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	144,756.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	3,301.	
	e Add lines 2a through 2d	2e		148,057.
3	Subtract line 2e from line 1		3	981,239.
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	981,239.

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

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

1	Total expenses and losses per audited financial statements		1	1,102,363.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	144,756.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	3,301.	
	e Add lines 2a through 2d	2e		148,057.
3	Subtract line 2e from line 1		3	954,306.
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	954,306.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF ADDITIONAL SPECIAL EVENT FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF ADDITIONAL SPECIAL EVENT FUNDRAISING EXPENSES

Part XIII Supplemental Information *(continued)*

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNIVERSARY LUNCHEON		3	
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	32,980.		4,334.	37,314.
2	Less: Contributions	31,832.			31,832.
3	Gross income (line 1 minus line 2)	1,148.		4,334.	5,482.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	7,745.		3,301.	11,046.
10	Direct expense summary. Add lines 4 through 9 in column (d)				11,046.
11	Net income summary. Subtract line 10 from line 3, column (d)				-5,564.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

13a	_____	%
13b	_____	%

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

Part IV Supplemental Information *(continued)*

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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: **INTERCULTURAL ADVOCACY INSTITUTE**
Employer identification number: **27-1230728**

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		7,943.	
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	1,000	101,359.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TOYS)	X	239	4,140.	
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) 2021

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

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**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

INTERCULTURAL ADVOCACY INSTITUTE

Employer identification number

27-1230728

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

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

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO EACH MEMBER OF THE BOARD, TO EACH OFFICER OF INTERCULTURAL ADVOCACY INSTITUTE, AND TO ALL PERSONS EMPLOYED BY INTERCULTURAL ADVOCACY INSTITUTE, REGARDLESS OF POSITION. EACH BOARD MEMBER AND EMPLOYEE OF INTERCULTURAL ADVOCACY INSTITUTE SHALL BE REQUESTED ANNUALLY BY INTERCULTURAL ADVOCACY INSTITUTE TO SUBMIT A DISCLOSURE STATEMENT LISTING ALL ORGANIZATIONS WITH WHICH HE OR SHE IS AFFILIATED AND DESCRIBING THE NATURE OF THE AFFILIATION AS DEFINED BELOW. IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE INFORMATION CONTAINED IN ANY DISCLOSURE STATEMENT, THE PERSON WHO SUBMITTED IT SHALL PROMPTLY SUBMIT WRITTEN NOTIFICATION OF THE CHANGE. AT THE BEGINNING OF EACH BOARD MEETING, THE CHAIR WILL ASK THE BOARD IF ANY PERSON HAS A CONFLICT OF INTEREST OR A DUALITY OF LOYALTY RELATED TO ANY ITEM ON THE AGENDA. THE QUESTION AND ANY RESPONSES WILL BE RECORDED IN THE MINUTES. A BOARD MEMBER OR OFFICER WHO HAS DECLARED OR HAS BEEN FOUND TO HAVE A CONFLICT OF INTEREST IN ANY PROPOSED TRANSACTION OR OTHER MATTER SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTION OR OTHER MATTER, UNLESS FOR SPECIAL REASONS THE BOARD OF DIRECTORS REQUESTS INFORMATION OR INTERPRETATION FROM THE PERSON OR PERSONS INVOLVED. IN THE CASE OF A BOARD MEMBER, HE OR SHE SHALL NOT VOTE ON THE MATTER IN QUESTION. AT THE DISCRETION OF THE CHAIR, THE BOARD MEMBER MAY BE ASKED TO BE ABSENT

DURING THE VOTE, OR SIMPLY TO ABSTAIN. THIS WILL BE RECORDED IN THE

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

Schedule O (Form 990) 2021

Name of the organization INTERCULTURAL ADVOCACY INSTITUTE	Employer identification number 27-1230728
--	--

MINUTES. WITH RESPECT TO THE RESTRAINT ON PARTICIPATION BY STAFF, THE CEO, OR, WHERE APPLICABLE, THE CHAIR OF THE BOARD SHALL TAKE SUCH ACTION AS IS NECESSARY TO ASSURE THAT THE TRANSACTION IS COMPLETED IN THE BEST INTEREST OF INTERCULTURAL ADVOCACY INSTITUTE WITHOUT SUBSTANTIVE INVOLVEMENT OF THE PERSON WHO HAS THE POSSIBLE CONFLICT OF INTEREST. ANY BOARD MEMBER WHO IS UNCERTAIN ABOUT POSSIBLE CONFLICT OF INTEREST IN ANY MATTER MAY ASK THAT THE BOARD DETERMINE WHETHER A POSSIBLE CONFLICT EXISTS. LEGAL ADVISE MAY BE SOUGHT. THE BOARD WILL RESOLVE THE QUESTION BY MAJORITY VOTE. FAILURE TO DISCLOSE FULLY THE NATURE OF ANY POTENTIAL CONFLICT OF INTEREST WILL BE CAUSE FOR IMMEDIATE REMOVAL FROM THE BOARD OF DIRECTORS AND/OR COMMITTEE OF THE BOARD.

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

THE COMPENSATION FOR THE CEO IS DETERMINED THROUGH THE BUDGET PROCESS. THE JUVENILE WELFARE BOARD, AS FUNDER AND ASO, REVIEWS THE BUDGET FOR ACCURACY AND APPROPRIATENESS, INCLUDING SALARY LEVELS FOR ALL EMPLOYEES FUNDED THROUGH THEIR PROGRAM, WHICH INCLUDES THE CEO. THE BOARD OF DIRECTORS APPROVES THE BUDGET, INCLUDING SALARY LEVELS FOR ALL EMPLOYEES.

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 550.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

Name of the organization INTERCULTURAL ADVOCACY INSTITUTE	Employer identification number 27-1230728
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TOTAL EXPENSES **550.**

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES **138,874.**

MANAGEMENT AND GENERAL EXPENSES **0.**

FUNDRAISING EXPENSES **0.**

TOTAL EXPENSES **138,874.**

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A **139,424.**

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Financial Statements

InterCultural Advocacy Institute, Inc.

As of July 31, 2023

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InterCultural Advocacy Institute, Inc.

Statement of Financial Position - Modified Cash Basis - Comparative

As of July 31, 2023

	TOTAL	
	AS OF JUL 31, 2023	AS OF JUL 31, 2022 (PY)
ASSETS		
Current Assets		
Bank Accounts		
1001 ICAI PNC Hispanic Outreach Cnt	-4,071.01	70,953.88
1002 ICAI PNC Farmer's Market	0.00	5,728.29
1003 ICAI PNC Money Market	0.00	212,366.97
1010 ICAI Petty Cash	141.49	141.49
1011 Tarpon Springs Petty Cash	66.47	66.47
1020 JWB BB&T Operating Account	8,425.45	67,940.01
1021 ICAI Truist Checking #5116	71,491.11	
1022 ICAI Truist Money Market #5108	106,094.38	
JWB Petty Cash	227.76	227.76
Paypal	10.80	
Total Bank Accounts	\$182,386.45	\$357,424.87
Accounts Receivable		
1160 Accounts Receivable	105,899.10	40,872.36
1161 Luncheon Receivables	0.00	500.00
1163 Due From Employee	60.31	60.31
Total 1160 Accounts Receivable	105,959.41	41,432.67
Total Accounts Receivable	\$105,959.41	\$41,432.67
Other Current Assets		
1400 Prepays	25,729.23	19,843.51
1450 Due From JWB	176,288.16	67,771.27
1460 Unapproved JWB Reimbursement Requests	-210.38	1,775.85
1480 Truist CD # 2255	75,000.00	
1490 Due from Others	4,840.24	5,012.69
Total Other Current Assets	\$281,647.25	\$94,403.32
Total Current Assets	\$569,993.11	\$493,260.86
Fixed Assets		
1500 Fixed Assets	51,994.95	26,994.95
1600 Accum.Deprec.	-22,154.05	-11,746.25
Total Fixed Assets	\$29,840.90	\$15,248.70
Other Assets		
1870 Security Deposits Asset	1,600.00	1,600.00
Total Other Assets	\$1,600.00	\$1,600.00
TOTAL ASSETS	\$601,434.01	\$510,109.56

InterCultural Advocacy Institute, Inc.

Statement of Financial Position - Modified Cash Basis - Comparative

As of July 31, 2023

	TOTAL	
	AS OF JUL 31, 2023	AS OF JUL 31, 2022 (PY)
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 Accts. Payable	7,342.35	427.05
Total Accounts Payable	\$7,342.35	\$427.05
Credit Cards		
Visa Card 7829 - 7	1,006.52	
Total Credit Cards	\$1,006.52	\$0.00
Other Current Liabilities		
2090 Resiliency Fund Grant Liability	0.00	16,000.00
2190 Payroll Posting	52.65	0.00
2200 Due to Others	1,608.29	1,730.81
2300.01 Accrued Liabilities	16,414.63	13,950.30
2301 Payroll Liabilities-FIT/SS/Med	962.20	1,121.14
2305 Ins. Payable Can/Acc/CI	186.14	33.20
2306 Ins. Payable Health.	3,576.87	-1,990.66
2307 Ins. Payable Life/ADD/Dental/Vision	-1,410.81	17.23
2309 401K Payable	585.74	504.14
2315 Accrued Payroll Liability	50.00	0.00
2350.01 Accrued Leave	17,521.03	16,077.90
2600 Gabe Cazares Scholarship	3,375.00	1,200.00
2720 Other Liabilities	500.00	0.00
Due to Juvenile Welfare Board	153,352.00	153,352.00
Total Other Current Liabilities	\$196,773.74	\$201,996.06
Total Current Liabilities	\$205,122.61	\$202,423.11
Total Liabilities	\$205,122.61	\$202,423.11
Equity		
3250 Unrestrictd Net Assets-NetWorth	311,570.04	286,386.03
Net Income	84,741.36	21,300.42
Total Equity	\$396,311.40	\$307,686.45
TOTAL LIABILITIES AND EQUITY	\$601,434.01	\$510,109.56

InterCultural Advocacy Institute, Inc.

Statement of Activities - Modified Cash Basis - Comparative

July 2023

	TOTAL		
	JUL 2023	JUL 2022 (PY)	OCT 2022 - JUL 2023 (YTD)
Income			
4100 Grants -- Unrestricted			8,500.00
4200 Grants -- Restricted			
42003 CDBG			6,440.90
42004 Pinellas Coummunity Foundation			20,000.00
42008 JWB Reimbursement	61,756.65	69,337.67	684,265.05
42015 VOCA	9,139.04		85,338.10
42018 Baycare			28,033.96
Total 4200 Grants -- Restricted	70,895.69	69,337.67	824,078.01
43400 Direct Public Support	598.49	349.15	1,536.11
43440 Donations	2.00		12,211.31
43444 Donations to Food Program			200.00
Total 43440 Donations	2.00		12,411.31
43441 Events			
43446 HLC			
43491 Embracing Our Changing Comm			8,000.00
Total 43446 HLC			8,000.00
43447 Other Fundraiser Events	4,300.00		27,612.95
43451 ICAI Anniversary Luncheon		2,250.00	1,250.00
434510 Support	5,000.00	9,240.00	5,785.00
434513 Donations			17.54
Total 43451 ICAI Anniversary Luncheon	5,000.00	11,490.00	7,052.54
Total 43441 Events	9,300.00	11,490.00	42,665.49
Total 43400 Direct Public Support	9,900.49	11,839.15	56,612.91
4610 Interest	374.16	5.06	1,810.69
4615 Rent In-Kind/Building	5,333.33	5,333.33	53,333.30
4620 Rental Income			4,800.00
4690 Other Income	116.18		176.49
4700 Contract Income	200.00	5,145.00	20,810.00
Services			2,500.00
Total Income	\$86,819.85	\$91,660.21	\$972,621.40
GROSS PROFIT	\$86,819.85	\$91,660.21	\$972,621.40
Expenses			
5120a Salaries & Wages	51,660.74	49,625.75	484,014.84
5210 Total Benefits			
401k Processing Fees	217.73		1,987.73
5211 FICA	3,640.36	3,770.30	36,373.55
5230 Health Insurance	7,483.14	4,543.56	57,153.32
5231 Life/Dental/AD&D ins	254.18	152.50	1,392.36
5240 Workers Compensation			14,548.00

InterCultural Advocacy Institute, Inc.

Statement of Activities - Modified Cash Basis - Comparative

July 2023

	TOTAL		
	JUL 2023	JUL 2022 (PY)	OCT 2022 - JUL 2023 (YTD)
5250 Unemployment Compensation	0.00	1.43	126.19
Total 5210 Total Benefits	11,595.41	8,467.79	111,581.15
5321 Bank Services	16.50	16.50	332.35
5323 Paypal Fees	1.20		146.18
Total 5321 Bank Services	17.70	16.50	478.53
5340 Contractual Services	12,321.13	8,304.55	129,811.98
5320 Accounting and Auditing			11,040.00
53419 CDBG			6,240.00
5347 CRA Contractual			40.00
5349 Boley Interpreter Services			30.00
Total 5340 Contractual Services	12,321.13	8,304.55	147,161.98
5400 Travel and Per Diem	895.26	428.10	5,390.45
5401 Conference & Training		1,097.00	1,351.50
5544 Educational Training			698.00
Total 5401 Conference & Training		1,097.00	2,049.50
54010 Events			
54011 Embracing Our Changing Communit			4,250.00
54013 HLC		39.41	
54014 ICAI Luncheon		650.00	1,635.00
54021 Dia Los Muertos			2,153.39
54022 Dia de los Reyes			-212.04
54025 Christmas with Santa			2,564.25
54028 ICAI Gala			575.00
Total 54010 Events		689.41	10,965.60
5430 Utilities	407.63	1,455.34	7,253.05
5410 Communications			
5411 Telephone	465.87	717.75	6,145.17
5413 Internet	103.99	103.99	1,039.90
Total 5410 Communications	569.86	821.74	7,185.07
5431 Water/Sewer/Sanitation/Gas			2,130.58
Total 5430 Utilities	977.49	2,277.08	16,568.70
5440 Rentals & Leases	459.69		459.69
5441 Rental & Lease/equipment		815.90	5,697.15
5442 Rentals & Lease/Building	5,620.50	5,620.50	56,205.05
Total 5440 Rentals & Leases	6,080.19	6,436.40	62,361.89
5450 Insurance			31,207.84
5465 Repairs & Maintenance			
5460 R & M Equipment	8,721.49		10,307.49
5461 R & M Property/Building			1,460.44
Total 5465 Repairs & Maintenance	8,721.49		11,767.93

InterCultural Advocacy Institute, Inc.

Statement of Activities - Modified Cash Basis - Comparative

July 2023

	TOTAL		
	JUL 2023	JUL 2022 (PY)	OCT 2022 - JUL 2023 (YTD)
5520 Operating Expense	-23,300.20	772.93	-25,182.15
5412 Postage			192.75
5481 Advertising			163.14
5510 Office Supplies		38.99	1,464.70
Total 5520 Operating Expense	-23,300.20	811.92	-23,361.56
5521 Food & Nutrition	69.41		757.84
5542 Dues, Memberships & Subscriptions		300.00	100.00
5545 Other/Miscellaneous		8.90	0.00
5640 Capital Equipment	1,026.88	6,995.00	1,026.88
6402 Participant Transportation	85.90	10.00	1,448.41
6515 Participant Expenses	5,862.10	4,706.41	13,204.94
6521 Participant Food & Nutrition	817.07	1,203.46	7,141.39
Total 6515 Participant Expenses	6,679.17	5,909.87	20,346.33
6600 Student Scholarships			4,000.00
Sales Tax			13.73
Total Expenses	\$76,830.57	\$91,378.27	\$887,880.04
NET OPERATING INCOME	\$9,989.28	\$281.94	\$84,741.36
NET INCOME	\$9,989.28	\$281.94	\$84,741.36

Supplementary Information

InterCultural Advocacy Institute, Inc.

For the month ended July 31, 2023

InterCultural Advocacy Institute, Inc.

Schedule of Activities - Modified Cash Basis - Comparative - JWB

July 2023

	TOTAL		
	JUL 2023	JUL 2022 (PY)	OCT 2022 - JUL 2023 (YTD)
Income			
4200 Grants -- Restricted			
42008 JWB Reimbursement	61,756.65	69,337.67	684,265.05
Total 4200 Grants -- Restricted	61,756.65	69,337.67	684,265.05
Total Income	\$61,756.65	\$69,337.67	\$684,265.05
GROSS PROFIT	\$61,756.65	\$69,337.67	\$684,265.05
Expenses			
5120a Salaries & Wages	41,415.24	44,585.75	396,138.81
5210 Total Benefits			
401k Processing Fees	217.73		1,987.73
5211 FICA	3,415.17	3,385.26	32,748.60
5230 Health Insurance	6,866.94	3,808.90	53,716.93
5231 Life/Dental/AD&D ins	192.10	152.50	1,273.71
5240 Workers Compensation			12,554.00
5250 Unemployment Compensation	0.00	2.15	103.46
Total 5210 Total Benefits	10,691.94	7,348.81	102,384.43
5321 Bank Services	5.00	16.50	299.10
5340 Contractual Services	6,262.03	5,994.55	84,906.62
5320 Accounting and Auditing			11,040.00
Total 5340 Contractual Services	6,262.03	5,994.55	95,946.62
5400 Travel and Per Diem	296.62	428.10	4,000.96
5401 Conference & Training		1,097.00	1,254.50
5544 Educational Training			299.00
Total 5401 Conference & Training		1,097.00	1,553.50
5430 Utilities	407.63	1,455.34	7,253.05
5410 Communications			
5411 Telephone	465.87	657.75	5,183.31
5413 Internet	103.99	103.99	1,039.90
Total 5410 Communications	569.86	761.74	6,223.21
5431 Water/Sewer/Sanitation/Gas			2,130.58
Total 5430 Utilities	977.49	2,217.08	15,606.84
5440 Rentals & Leases	459.69		459.69
5441 Rental & Lease/equipment		815.90	5,672.15
5442 Rentals & Lease/Building	287.17	287.17	2,871.75
Total 5440 Rentals & Leases	746.86	1,103.07	9,003.59
5450 Insurance			31,207.84

InterCultural Advocacy Institute, Inc.

Schedule of Activities - Modified Cash Basis - Comparative - JWB

July 2023

	TOTAL		
	JUL 2023	JUL 2022 (PY)	OCT 2022 - JUL 2023 (YTD)
5465 Repairs & Maintenance			
5460 R & M Equipment	646.49		2,232.49
5461 R & M Property/Building			1,460.44
Total 5465 Repairs & Maintenance	646.49		3,692.93
5520 Operating Expense	971.69	271.92	10,182.16
5412 Postage			177.90
5481 Advertising			163.14
5510 Office Supplies		38.99	1,228.69
Total 5520 Operating Expense	971.69	310.91	11,751.89
5542 Dues, Memberships & Subscriptions		300.00	100.00
6402 Participant Transportation	-1,272.51	10.00	40.00
6515 Participant Expenses	850.49	3,964.53	6,245.15
6521 Participant Food & Nutrition	165.31	1,203.46	6,293.39
Total 6515 Participant Expenses	1,015.80	5,167.99	12,538.54
Total Expenses	\$61,756.65	\$68,579.76	\$684,265.05
NET OPERATING INCOME	\$0.00	\$757.91	\$0.00
NET INCOME	\$0.00	\$757.91	\$0.00

InterCultural Advocacy Institute, Inc.

Schedule of Activities - Modified Cash Basis - Comparative - SOR

July 2023

	TOTAL			
	JUL 2023	JUL 2022 (PY)	OCT 2022 - JUL 2023 (YTD)	OCT 2021 - JUL 2022 (PY YTD)
Income				
4100 Grants -- Unrestricted			8,500.00	
4200 Grants -- Restricted				
42003 CDBG			6,440.90	
42004 Pinellas Coummunity Foundation			20,000.00	20,000.00
42015 VOCA	9,139.04		85,338.10	34,400.00
42018 Baycare			28,033.96	
Total 4200 Grants -- Restricted	9,139.04		139,812.96	54,400.00
43400 Direct Public Support	598.49	349.15	1,536.11	569.76
43440 Donations	2.00		12,211.31	5,456.11
43444 Donations to Food Program			200.00	400.00
43448 Open House				175.00
Total 43440 Donations	2.00		12,411.31	6,031.11
43441 Events				0.00
43446 HLC				
43491 Embracing Our Changing Comm			8,000.00	7,000.00
Total 43446 HLC			8,000.00	7,000.00
43447 Other Fundraiser Events	4,300.00		27,612.95	3,814.53
43451 ICAI Anniversary Luncheon		2,250.00	1,250.00	2,750.00
434510 Support	5,000.00	9,240.00	5,785.00	19,240.00
434513 Donations			17.54	
Total 43451 ICAI Anniversary Luncheon	5,000.00	11,490.00	7,052.54	21,990.00
43454 Art & Crafts Program				344.00
Total 43441 Events	9,300.00	11,490.00	42,665.49	33,148.53
Total 43400 Direct Public Support	9,900.49	11,839.15	56,612.91	39,749.40
4610 Interest	374.16	5.06	1,810.69	51.97
4615 Rent In-Kind/Building	5,333.33	5,333.33	53,333.30	53,333.30
4620 Rental Income			4,800.00	2,400.00
4690 Other Income	116.18		176.49	312.00
4700 Contract Income	200.00	5,145.00	20,810.00	10,027.50
Services			2,500.00	5,000.00
Total Income	\$25,063.20	\$22,322.54	\$288,356.35	\$165,274.17
GROSS PROFIT	\$25,063.20	\$22,322.54	\$288,356.35	\$165,274.17
Expenses				
5120a Salaries & Wages	10,245.50	5,040.00	87,876.03	38,268.00
5210 Total Benefits				
5211 FICA	225.19	385.04	3,624.95	2,850.92
5230 Health Insurance	616.20	734.66	3,436.39	5,215.55
5231 Life/Dental/AD&D ins	62.08		118.65	
5240 Workers Compensation			1,994.00	872.60

InterCultural Advocacy Institute, Inc.

Schedule of Activities - Modified Cash Basis - Comparative - SOR

July 2023

	TOTAL			
	JUL 2023	JUL 2022 (PY)	OCT 2022 - JUL 2023 (YTD)	OCT 2021 - JUL 2022 (PY YTD)
5250 Unemployment Compensation	0.00	-0.72	22.73	11.06
Total 5210 Total Benefits	903.47	1,118.98	9,196.72	8,950.13
5315 Disbursements				
5348 Human Trafficking Disbursements				73.95
Total 5315 Disbursements				73.95
5321 Bank Services	11.50		33.25	92.55
5322 Square Fees				4.10
5323 Paypal Fees	1.20		146.18	
Total 5321 Bank Services	12.70		179.43	96.65
5340 Contractual Services	6,059.10	2,310.00	44,905.36	23,360.51
53419 CDBG			6,240.00	
5347 CRA Contractual			40.00	400.00
5349 Boley Interpreter Services			30.00	150.00
Total 5340 Contractual Services	6,059.10	2,310.00	51,215.36	23,910.51
5400 Travel and Per Diem	598.64		1,389.49	
5401 Conference & Training			97.00	399.00
5544 Educational Training			399.00	923.00
Total 5401 Conference & Training			496.00	1,322.00
54010 Events				
54011 Embracing Our Changing Communit			4,250.00	2,050.00
54013 HLC		39.41		103.21
54014 ICAI Luncheon		650.00	1,635.00	1,044.99
54015 Open House Exp				630.00
54020 Hispanic Holiday Event				3,197.93
54021 Dia Los Muertos			2,153.39	
54022 Dia de los Reyes			-212.04	
54025 Christmas with Santa			2,564.25	
54028 ICAI Gala			575.00	
Total 54010 Events		689.41	10,965.60	7,026.13
5430 Utilities				
5410 Communications				225.00
5411 Telephone		60.00	961.86	460.00
Total 5410 Communications		60.00	961.86	685.00
Total 5430 Utilities		60.00	961.86	685.00
5440 Rentals & Leases				
5441 Rental & Lease/equipment			25.00	
5442 Rentals & Lease/Building	5,333.33	5,333.33	53,333.30	53,333.30
Total 5440 Rentals & Leases	5,333.33	5,333.33	53,358.30	53,333.30
5465 Repairs & Maintenance				
5460 R & M Equipment	8,075.00		8,075.00	
Total 5465 Repairs & Maintenance	8,075.00		8,075.00	

InterCultural Advocacy Institute, Inc.

Schedule of Activities - Modified Cash Basis - Comparative - SOR

July 2023

	TOTAL			
	JUL 2023	JUL 2022 (PY)	OCT 2022 - JUL 2023 (YTD)	OCT 2021 - JUL 2022 (PY YTD)
5520 Operating Expense	-24,271.89	501.01	-35,364.31	-350.20
5412 Postage			14.85	
5481 Advertising				72.53
5510 Office Supplies			236.01	499.50
Total 5520 Operating Expense	-24,271.89	501.01	-35,113.45	221.83
5521 Food & Nutrition	69.41		757.84	342.72
5542 Dues, Memberships & Subscriptions				161.25
5545 Other/Miscellaneous		8.90	0.00	189.90
5640 Capital Equipment	1,026.88	6,995.00	1,026.88	6,995.00
6402 Participant Transportation	1,358.41		1,408.41	
6515 Participant Expenses	5,011.61	741.88	6,959.79	1,791.66
6521 Participant Food & Nutrition	651.76		848.00	2,446.62
Total 6515 Participant Expenses	5,663.37	741.88	7,807.79	4,238.28
6600 Student Scholarships			4,000.00	
Sales Tax			13.73	
Total Expenses	\$15,073.92	\$22,798.51	\$203,614.99	\$145,814.65
NET OPERATING INCOME	\$9,989.28	\$ -475.97	\$84,741.36	\$19,459.52
NET INCOME	\$9,989.28	\$ -475.97	\$84,741.36	\$19,459.52

InterCultural Advocacy Institute, Inc.
Schedule of Activities - YTD Budget vs. Actual - Modified Cash Basis - JWB
October 2022 - July 2023

	YTD Actual	Annual Budget	\$ Over Budget	% of Budget
Income				
4200 Grants -- Restricted				
42008 JWB Reimbursement	684,265.05	901,095.00	-216,829.95	75.94%
Total 4200 Grants -- Restricted	684,265.05	901,095.00	-216,829.95	75.94%
Total Income	684,265.05	901,095.00	-216,829.95	75.94%
Gross Profit	684,265.05	901,095.00	-216,829.95	75.94%
Expenses				
5120a Salaries & Wages	396,138.81	511,187.00	-115,048.19	77.49%
5210 Total Benefits				
401k Processing Fees	1,987.73	3,024.00	-1,036.27	65.73%
5211 FICA	32,748.60	39,321.00	-6,572.40	83.29%
5230 Health Insurance	53,716.93	98,392.00	-44,675.07	54.59%
5231 Life/Dental/AD&D ins	1,273.71	3,000.00	-1,726.29	42.46%
5240 Workers Compensation	12,554.00	7,361.00	5,193.00	170.55%
5250 Unemployment Compensation	103.46	264.00	-160.54	39.19%
Total 5210 Total Benefits	102,384.43	151,362.00	-48,977.57	67.64%
5321 Bank Services	299.10	300.00	-0.90	99.70%
5340 Contractual Services	84,906.62	110,433.00	-25,526.38	76.89%
5310 Professional Services	0.00	750.00	-750.00	0.00%
5320 Accounting and Auditing	11,040.00	10,400.00	640.00	106.15%
Total 5340 Contractual Services	95,946.62	121,583.00	-25,636.38	78.91%
5400 Travel and Per Diem	4,000.96	5,200.00	-1,199.04	76.94%
5401 Conference & Training	1,354.50	2,500.00	-1,145.50	54.18%
5544 Educational Training	299.00	0.00	299.00	
Total 5401 Conference & Training	1,653.50	2,500.00	-846.50	66.14%
5430 Utilities	9,383.63	13,250.00	-3,866.37	70.82%
5410 Communications	6,223.21	9,252.00	-3,028.79	67.26%
Total 5430 Utilities	15,606.84	22,502.00	-6,895.16	69.36%
5440 Rentals & Leases				
5441 Rental & Lease/equipment	6,131.84	9,083.96	-2,952.12	67.50%
5442 Rentals & Lease/Building	2,871.75	3,446.04	-574.29	83.33%
Total 5440 Rentals & Leases	9,003.59	12,530.00	-3,526.41	71.86%
5450 Insurance	31,207.84	33,720.00	-2,512.16	92.55%
5465 Repairs & Maintenance				
5460 R & M Equipment	2,232.49	5,040.00	-2,807.51	44.30%
5461 R & M Property/Building	1,460.44	1,061.00	399.44	137.65%
5463 Vehicle R & M	0.00	270.00	-270.00	0.00%
Total 5465 Repairs & Maintenance	3,692.93	6,371.00	-2,678.07	57.96%
5520 Operating Expense	10,182.16	11,400.00	-1,217.84	89.32%
5412 Postage	177.90	600.00	-422.10	29.65%
5470 Copying/Binding/Printing	163.14	1,000.00	-836.86	16.31%
5510 Office Supplies	1,228.69	2,000.00	-771.31	61.43%
Total 5520 Operating Expense	11,751.89	15,000.00	-3,248.11	78.35%

	YTD Actual	Annual Budget	\$ Over Budget	% of Budget
5640 Capital Equipment	0.00	3,400.00	-3,400.00	0.00%
5641 Competitive Capital	0.00	0.00	0.00	
6402 Participant Transportation	40.00	1,490.00	-1,450.00	2.68%
6515 Participant Expenses	6,245.15	9,950.00	-3,704.85	62.77%
6521 Participant Food & Nutrition	6,293.39	4,000.00	2,293.39	157.33%
6543 Participant Educational Materials	0.00	0.00	0.00	0.00%
Total 6515 Participant Expenses	12,538.54	13,950.00	-1,411.46	89.88%
Total Expenses	684,265.05	901,095.00	-216,829.95	75.94%
Net Operating Income	0.00	0.00	0.00	0.00%
Net Income	0.00	0.00	0.00	0.00%



AmGUARD Insurance Company – A Stock Company

P.O. Box A-H • Wilkes-Barre, PA 18703-0020
800-673-2465

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, and Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

I elect to purchase terrorism coverage for a prospective premium of \$97 _____.

I decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses arising from certified acts of terrorism.

Note: In states where applicable, if you decline this offer, the premium for terrorism (fire only) coverage is n/a _____.

Important Note: Your election or rejection shall apply to renewals unless you provide us with a signed Policyholder Disclosure form changing your election.

Intercultural Advocacy Institute Inc
Policyholder/Applicant's Name (Print)

Q-20306

Policy Number


Authorized Signature

3/7/2023
Date



POLICY NUMBER: Q-20306

COMMON POLICY DECLARATIONS FLORIDA

<p style="text-align: center;">COMPANY NAME</p> <p>AmGUARD Insurance Company 39 Public Square P.O. Box AH Wilkes Barre, PA 18703-0020</p>	<p style="text-align: center;">PRODUCER NAME</p> <p>Care Providers Insurance Services, LLC dba NSM Insurance Group 555 E. North Lane Suite 6060 Conshohocken, PA 19428</p>
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NAMED INSURED: Intercultural Advocacy Institute Inc

MAILING ADDRESS: 612 Franklin Street
Clearwater, FL 33756

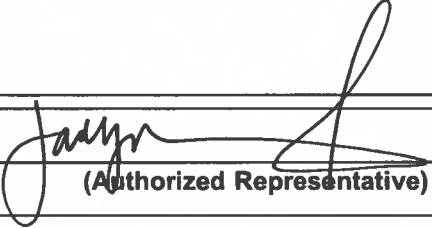
POLICY PERIOD: FROM 03/15/2023 TO 03/15/2024
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

BUSINESS DESCRIPTION	Counseling Services
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IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$8,642.00
COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART	\$1,544.00
COMMERCIAL CRIME COVERAGE PART	\$300.00
TERRORISM - CERTIFIED ACTS (GENERAL LIABILITY)	\$96.00
	TOTAL: \$10,582.00
	TOTAL TAXES, SURCHARGES AND FEES (SEE SCHEDULE): \$220.68
	TOTAL PAYABLE: \$10,802.68

POLICY NUMBER: 0-20306

FORMS APPLICABLE TO ALL COVERAGE PARTS (SHOW NUMBERS):	
See Schedule of Forms and Endorsements.	
Countersigned 3/7/2023	By: 
(Date)	(Authorized Representative)

THESE DECLARATIONS, TOGETHER WITH THE ATTACHED AUTHORIZATION AND ATTESTATION ENDORSEMENT, SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS THAT WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.



Applicant/Insured: Intercultural Advocacy Institute Inc

Effective Date: 03/15/2023

CONDITIONS OF PROPOSAL & FEE DISCLOSURE (CONT'D)

Fee Charged: 500

Length of Service Agreement: One year from effective date indicated above.

DISCLOSURE NOTICE TO ALL CLIENTS:

The Care Providers Services program provides (through its insurance companies or via contract services) a variety of services that may include, but are not limited to: loss prevention, motor vehicle reports, training, policy issuance, risk management and related services to its insureds.

For example, telephone contact may be made with policyholders to assess their individual loss prevention needs. On-site physical inspections may be conducted at one or more of a client's facilities. The fees charged for services is based on an estimate of the those usually required for an average social service client of similar size and operation.

A policyholder may be subject to additional fees and/or charges should it be determined that additional services are warranted due to loss severity, loss frequency, operational change in business exposure, risk management needs, elevated MVR requests, training or a policyholder's desire for services beyond what the above fee contemplates.

This fee is a reimbursement for administrative services (MVR's, delivery services, property location reports, printing and reproductions services, electronic mail and telephone transmission costs) unrelated to the purchase or sale of insurance. You are not required to purchase insurance to obtain these administrative services.

ACCEPTED AND ACKNOWLEDGED BY:

Insured Signature:

Print Name:

Jacklyn M. Ballard (Boland)

Insured's FEIN required:

27-1230728

Today's Date

3/7/2023

Date Coverage to be Bound:

3/15/2023

Broker Signature:

Print Name:

NOTE – THIS PROPOSAL IS A SUMMATION OF THE LIMITS, TERMS COVERAGE AND CONDITIONS ALL OF WHICH ARE SUPERCEDED BY THE ACTUAL POLICY WHEN ISSUED.

Policy Number Q-20306

FORMS SCHEDULE

Named Insured

Intercultural Advocacy Institute Inc

Effective Date:

03/15/2023

12:01 A.M. Standard Time

Agent Name

Care Providers Insurance Services, LLC
dba NSM Insurance Group

Agent No.

COMMON

BHGIC Privacy Policy Notice (02-20)	Guard Privacy Policy
IL 09 85 (12-20)	Disclosure Pursuant To Terrorism Risk Insurance Act
IL DS 00 FL (04-19)	Common Policy Declarations Florida
CPS FEE DISCLOSURE (02-20)	CPS Fee Disclosure
IL DS 99 04 (01-19)	Schedule of Forms and Endorsements
IL 00 03 (09-08)	Calculation of Premium
IL 00 17 (11-98)	Common Policy Conditions
IL 00 21 (09-08)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 02 55 (03-16)	Florida Changes - Cancellation And Nonrenewal
IL 09 35 (07-02)	Exclusion Of Certain Computer-Related Losses
IL 101 01 (01-19)	Exclusion - Recording And Distribution Of Material Or Information In Violation Of Law
IL 108 02 (01-19)	Crisis Response Coverage Extension Endorsement (Including Acts Of Nature)
IL 108 03 (01-19)	Anti-Stacking Endorsement
IL 99 00 (08-13)	Authorization And Attestation
IL 99 04 FL (09-18)	Exclusion - Punitive Damages - Florida

GENERAL LIABILITY

CG 21 32 (05-09)	Communicable Disease Exclusion
CG 21 71 (01-15)	Exclusion Of Other Acts Of Terrorism Committed Outside The United States; Cap on Losses From Certified Acts of Terrorism
CG DS 01 (01-19)	Commercial General Liability Declarations
CG 00 01 (04-13)	Commercial General Liability Coverage Form
GL TOC FL (07-19)	General Liability Coverage Form - Table of Contents
CG 02 20 (03-12)	Florida Changes - Cancellation And Nonrenewal
CG 04 35 (12-07)	Employee Benefits Liability Coverage

THESE SCHEDULES, TOGETHER WITH THE ATTACHED AUTHORIZATION AND ATTESTATION ENDORSEMENT, POLICY DECLARATIONS, AND ANY FORMS AND ENDORSEMENTS THAT WE HAVE ATTACHED OR MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

FORMS SCHEDULE

Named Insured
Intercultural Advocacy Institute Inc

Effective Date:
03/15/2023

12:01 A.M. Standard Time

Agent Name
Care Providers Insurance Services, LLC
dba NSM Insurance Group

Agent No.

GENERAL LIABILITY

CG 21 06 (05-14) Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
CG 21 16 (04-13) Exclusion - Designated Professional Services
CG 21 47 (12-07) Employment-Related Practices Exclusion
CG 21 57 (04-13) Exclusion - Counseling Services
CG 21 65 (12-04) Total Pollution Exclusion With A Building Heating, Cooling, And Dehumidifying
CG 21 67 (12-04) Fungi or Bacteria Exclusion
CG 22 39 (04-13) Exclusion - Camps Or Campgrounds
CG 22 44 (04-13) Exclusion - Services Furnished By Health Care Providers
CG 24 16 (12-07) Canoes Or Rowboats
GL 101 02 (01-19) Exclusion - Fungus
GL 101 03 (01-19) Exclusion - ERISA
GL 108 02 FL (01-19) Social Services General Liability Enhancement Endorsement - Florida
GL 108 03 (01-19) Physical Abuse Or Molestation Liability Coverage
GL 108 04 (01-19) Limited Health Insurance Portability And Accountability Act (HIPPA) Coverage Extension Endorsement
GL 108 05 (01-19) Amendment To The Definition of Personal and Advertising Injury
GL 99 26 (09-18) Exclusion - Cimicidae and Reduviidae Insects (Bed Bugs or Kissing Bugs)
GL 99 38 (09-18) Exclusion - Lead
GL 99 43 (09-18) Exclusion - Radioactive Matter
GL 99 45 (01-19) Physical Abuse or Molestation Exclusion
GL 99 55 (09-18) Total Asbestos Exclusion

CRIME

CR DS 09 (08-13) Crime And Fidelity Coverage Part Declarations (Commercial Entities) (State Of Florida)
CR TOC FL (03-19) Care Providers Insurance Program Crime And Fidelity Table Of Contents
CR 00 21 (11-15) Commercial Crime Coverage Form (Loss Sustained Form)
CR 01 51 (08-07) Florida Changes - Legal Action Against Us
CR 25 47 (09-17) U.S. Department Of Labor - ERISA Plan Coverage Amendments

THESE SCHEDULES, TOGETHER WITH THE ATTACHED AUTHORIZATION AND ATTESTATION ENDORSEMENT, POLICY DECLARATIONS, AND ANY FORMS AND ENDORSEMENTS THAT WE HAVE ATTACHED OR MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number Q-20306

FORMS SCHEDULE

Named Insured

Intercultural Advocacy Institute Inc

Effective Date:

03/15/2023

12:01 A.M. Standard Time

Agent Name

Care Providers Insurance Services, LLC
dba NSM Insurance Group

Agent No.

CRIME

CR 98 01 FL (03-19) Florida Changes - Payment Of Claim After Settlement And Judgement

PROFESSIONAL LIABILITY

PL DS 102 02 (01-19) Social Services Professional Liability Coverage Form Declarations - Occurrence
PL 100 01 (01-19) Social Services Professional Liability Coverage Form
PL 104 03 FL (01-19) Florida Changes - Occurrence

THESE SCHEDULES, TOGETHER WITH THE ATTACHED AUTHORIZATION AND ATTESTATION ENDORSEMENT, POLICY DECLARATIONS, AND ANY FORMS AND ENDORSEMENTS THAT WE HAVE ATTACHED OR MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number Q-20306

SCHEDULE OF TAXES, SURCHARGES OR FEES

Named Insured
Intercultural Advocacy Institute Inc

Effective Date:
03/15/2023
12:01 A.M. Standard Time

Agent Name

Agent No.

This endorsement amends the following:
ALL COVERAGE PARTS

TAXES / SURCHARGES* / FEES / DETAILED BREAKDOWN:

FL State Fire Marshal Surcharge	\$9.04
FL Insurance Guaranty Assessment Surcharge	\$211.64
Total	\$220.68

* Note: Surcharges are not applicable in New York.

THESE SCHEDULES, TOGETHER WITH THE ATTACHED AUTHORIZATION AND ATTESTATION ENDORSEMENT, POLICY DECLARATIONS, AND ANY FORMS AND ENDORSEMENTS THAT WE HAVE ATTACHED OR MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.



COMMERCIAL GENERAL LIABILITY DECLARATIONS

COMPANY NAME AmGUARD Insurance Company	PRODUCER NAME Care Providers Insurance Services, LLC dba NSM Insurance Group 555 E. North Lane Suite 6060 Conshohocken, PA 19428
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NAMED INSURED Intercultural Advocacy Institute Inc

MAILING ADDRESS 612 Franklin Street
Clearwater, FL 33756

POLICY PERIOD: FROM 03/15/2023 TO 03/15/2024 AT 12:01 A.M. TIME AT
YOUR MAILING ADDRESS SHOWN ABOVE

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT	<u>\$1,000,000</u>
DAMAGE TO PREMISES RENTED TO YOU LIMIT	<u>\$100,000</u> Any one premises
MEDICAL EXPENSE LIMIT	<u>\$5,000</u> Any one person
PERSONAL & ADVERTISING INJURY LIMIT	<u>\$1,000,000</u> Any one person or organization
GENERAL AGGREGATE LIMIT	<u>\$3,000,000</u>
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	<u>\$3,000,000</u>

RETROACTIVE DATE (CG 00 02 ONLY)
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.
RETROACTIVE DATE: _____ (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS
FORM OF BUSINESS:
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> TRUST <input type="checkbox"/> LIMITED LIABILITY COMPANY <input checked="" type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: <u>Counseling Services</u>



ALL PREMISES YOU OWN, RENT OR OCCUPY

LOC NO.	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
001- 001	612 Franklin Street Pinellas Clearwater, FL 33756



CLASSIFICATION AND PREMIUM

LOC NO.	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
001-001	Markets-Open Air (Lessor's Risk Only) Not-For-Profit only Products-completed operations are subject to the General Aggregate Limit TERRITORY: 004	1512 4	13,000 Gross Sales	15.341	Incl.	\$199	Incl.
	Camps-not for Profit Products-completed operations are subject to the General Aggregate Limit TERRITORY: 004	4142 2	1,050 Each	2.839	Incl.	\$2,981	Incl.
	Buildings or Premises-Office - Not-For-Profit Only Products-completed operations are subject to the General Aggregate Limit TERRITORY: 004	6122 7	6,428 Area	614.366	Incl.	\$3,949	Incl.

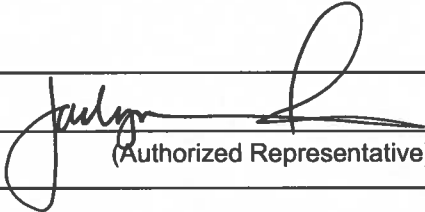
CLASSIFICATION AND PREMIUM

LOC NO.	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
	Social Services General Liability Enhancement					\$50	
	Terrorism - Certified Acts					\$97	
	Abuse or Molestation					\$1,212	
	Employee Benefits Liability					\$250	

	STATE TAX OR OTHER (if applicable) <u>Refer to Common Dec</u>
	TOTAL PREMIUM (SUBJECT TO AUDIT) <u>\$8,738</u>
PREMIUM SHOWN IS PAYABLE:	AT INCEPTION _____ AT EACH ANNIVERSARY _____ (IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:
<u>See Schedule of Forms and Endorsements</u>

THESE DECLARATIONS, TOGETHER WITH THE ATTACHED AUTHORIZATION AND ATTESTATION ENDORSEMENT, SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS THAT WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	<u>3/7/2023</u>	By:	
	(Date)		(Authorized Representative)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYEE BENEFITS LIABILITY COVERAGE

**THIS ENDORSEMENT PROVIDES CLAIMS-MADE COVERAGE.
PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY.**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Coverage	Limit Of Insurance	Each Employee Deductible	Premium
Employee Benefits Programs	\$1,000,000 each employee	\$1,000	Included
	\$1,000,000 aggregate		
Retroactive Date:	03/15/2010		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

A. The following is added to Section I – Coverages:

COVERAGE – EMPLOYEE BENEFITS LIABILITY

1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of any act, error or omission, of the insured, or of any other person for whose acts the insured is legally liable, to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages to which this insurance does not apply. We may, at our discretion, investigate any report of an act, error or omission and settle any "claim" or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in Paragraph D. (Section III – Limits Of Insurance); and
- (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

b. This insurance applies to damages only if:

- (1) The act, error or omission, is negligently committed in the "administration" of your "employee benefit program";
- (2) The act, error or omission, did not take place before the Retroactive Date, if any, shown in the Schedule nor after the end of the policy period; and
- (3) A "claim" for damages, because of an act, error or omission, is first made against any insured, in accordance with Paragraph c. below, during the policy period or an Extended Reporting Period we provide under Paragraph F. of this endorsement.

c. A "claim" seeking damages will be deemed to have been made at the earlier of the following times:

- (1) When notice of such "claim" is received and recorded by any insured or by us, whichever comes first; or

- (2) When we make settlement in accordance with Paragraph a. above.

A "claim" received and recorded by the insured within 60 days after the end of the policy period will be considered to have been received within the policy period, if no subsequent policy is available to cover the claim.

- d. All "claims" for damages made by an "employee" because of any act, error or omission, or a series of related acts, errors or omissions, including damages claimed by such "employee's" dependents and beneficiaries, will be deemed to have been made at the time the first of those "claims" is made against any insured.

2. Exclusions

This insurance does not apply to:

a. Dishonest, Fraudulent, Criminal Or Malicious Act

Damages arising out of any intentional, dishonest, fraudulent, criminal or malicious act, error or omission, committed by any insured, including the willful or reckless violation of any statute.

b. Bodily Injury, Property Damage, Or Personal And Advertising Injury

"Bodily injury", "property damage" or "personal and advertising injury".

c. Failure To Perform A Contract

Damages arising out of failure of performance of contract by any insurer.

d. Insufficiency Of Funds

Damages arising out of an insufficiency of funds to meet any obligations under any plan included in the "employee benefit program".

e. Inadequacy Of Performance Of Investment/Advice Given With Respect To Participation

Any "claim" based upon:

- (1) Failure of any investment to perform;
- (2) Errors in providing information on past performance of investment vehicles; or
- (3) Advice given to any person with respect to that person's decision to participate or not to participate in any plan included in the "employee benefit program".

f. Workers' Compensation And Similar Laws

Any "claim" arising out of your failure to comply with the mandatory provisions of any workers' compensation, unemployment compensation insurance, social security or disability benefits law or any similar law.

g. ERISA

Damages for which any insured is liable because of liability imposed on a fiduciary by the Employee Retirement Income Security Act of 1974, as now or hereafter amended, or by any similar federal, state or local laws.

h. Available Benefits

Any "claim" for benefits to the extent that such benefits are available, with reasonable effort and cooperation of the insured, from the applicable funds accrued or other collectible insurance.

i. Taxes, Fines Or Penalties

Taxes, fines or penalties, including those imposed under the Internal Revenue Code or any similar state or local law.

j. Employment-Related Practices

Damages arising out of wrongful termination of employment, discrimination, or other employment-related practices.

B. For the purposes of the coverage provided by this endorsement:

1. All references to Supplementary Payments – Coverages A and B are replaced by Supplementary Payments – Coverages A, B and Employee Benefits Liability.
2. Paragraphs 1.b. and 2. of the Supplementary Payments provision do not apply.

C. For the purposes of the coverage provided by this endorsement, Paragraphs 2. and 3. of Section II – Who Is An Insured are replaced by the following:

2. Each of the following is also an insured:
 - a. Each of your "employees" who is or was authorized to administer your "employee benefit program".
 - b. Any persons, organizations or "employees" having proper temporary authorization to administer your "employee benefit program" if you die, but only until your legal representative is appointed.

- c. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Endorsement.
3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if no other similar insurance applies to that organization. However:
- a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier.
 - b. Coverage under this provision does not apply to any act, error or omission that was committed before you acquired or formed the organization.
- D. For the purposes of the coverage provided by this endorsement, **Section III – Limits Of Insurance** is replaced by the following:

1. Limits Of Insurance

- a. The Limits of Insurance shown in the Schedule and the rules below fix the most we will pay regardless of the number of:

- (1) Insureds;
- (2) "Claims" made or "suits" brought;
- (3) Persons or organizations making "claims" or bringing "suits";
- (4) Acts, errors or omissions; or
- (5) Benefits included in your "employee benefit program".

- b. The Aggregate Limit is the most we will pay for all damages because of acts, errors or omissions negligently committed in the "administration" of your "employee benefit program".

- c. Subject to the Aggregate Limit, the Each Employee Limit is the most we will pay for all damages sustained by any one "employee", including damages sustained by such "employee's" dependents and beneficiaries, as a result of:

- (1) An act, error or omission; or
- (2) A series of related acts, errors or omissions

negligently committed in the "administration" of your "employee benefit program".

However, the amount paid under this endorsement shall not exceed, and will be subject to, the limits and restrictions that apply to the payment of benefits in any plan included in the "employee benefit program".

The Limits of Insurance of this endorsement apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations of the policy to which this endorsement is attached, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits Of Insurance.

2. Deductible

- a. Our obligation to pay damages on behalf of the insured applies only to the amount of damages in excess of the deductible amount stated in the Schedule as applicable to Each Employee. The limits of insurance shall not be reduced by the amount of this deductible.

- b. The deductible amount stated in the Schedule applies to all damages sustained by any one "employee", including such "employee's" dependents and beneficiaries, because of all acts, errors or omissions to which this insurance applies.

- c. The terms of this insurance, including those with respect to:

- (1) Our right and duty to defend any "suits" seeking those damages; and
- (2) Your duties, and the duties of any other involved insured, in the event of an act, error or omission, or "claim"

apply irrespective of the application of the deductible amount.

- d. We may pay any part or all of the deductible amount to effect settlement of any "claim" or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as we have paid.

- E. For the purposes of the coverage provided by this endorsement, Conditions 2. and 4. of **Section IV – Commercial General Liability Conditions** are replaced by the following:

2. Duties In The Event Of An Act, Error Or Omission, Or "Claim" Or "Suit"

- a. You must see to it that we are notified as soon as practicable of an act, error or omission which may result in a "claim". To the extent possible, notice should include:

- (1) What the act, error or omission was and when it occurred; and

- (2) The names and addresses of anyone who may suffer damages as a result of the act, error or omission.
- b. If a "claim" is made or "suit" is brought against any insured, you must:
 - (1) Immediately record the specifics of the "claim" or "suit" and the date received; and
 - (2) Notify us as soon as practicable.
You must see to it that we receive written notice of the "claim" or "suit" as soon as practicable.
- c. You and any other involved insured must:
 - (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "claim" or "suit";
 - (2) Authorize us to obtain records and other information;
 - (3) Cooperate with us in the investigation or settlement of the "claim" or defense against the "suit"; and
 - (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of an act, error or omission to which this insurance may also apply.
- d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation or incur any expense without our consent.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under this endorsement, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when Paragraph b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph c. below.

b. Excess Insurance

- (1) This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis that is effective prior to the beginning of the policy period shown in the Schedule of this insurance and that applies to an act, error or omission on other than a claims-made basis, if:
 - (a) No Retroactive Date is shown in the Schedule of this insurance; or
 - (b) The other insurance has a policy period which continues after the Retroactive Date shown in the Schedule of this insurance.
- (2) When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of the total amount that all such other insurance would pay for the loss in absence of this insurance; and the total of all deductible and self-insured amounts under all that other insurance.
- (4) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Schedule of this endorsement.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limits of insurance to the total applicable limits of insurance of all insurers.

- F. For the purposes of the coverage provided by this endorsement, the following Extended Reporting Period provisions are added, or, if this endorsement is attached to a claims-made Coverage Part, replaces any similar Section in that Coverage Part:

EXTENDED REPORTING PERIOD

1. You will have the right to purchase an Extended Reporting Period, as described below, if:
 - a. This endorsement is canceled or not renewed; or
 - b. We renew or replace this endorsement with insurance that:
 - (1) Has a Retroactive Date later than the date shown in the Schedule of this endorsement; or
 - (2) Does not apply to an act, error or omission on a claims-made basis.
2. The Extended Reporting Period does not extend the policy period or change the scope of coverage provided. It applies only to "claims" for acts, errors or omissions that were first committed before the end of the policy period but not before the Retroactive Date, if any, shown in the Schedule. Once in effect, the Extended Reporting Period may not be canceled.
3. An Extended Reporting Period of five years is available, but only by an endorsement and for an extra charge.

You must give us a written request for the endorsement within 60 days after the end of the policy period. The Extended Reporting Period will not go into effect unless you pay the additional premium promptly when due.

We will determine the additional premium in accordance with our rules and rates. In doing so, we may take into account the following:

- a. The "employee benefit programs" insured;
- b. Previous types and amounts of insurance;
- c. Limits of insurance available under this endorsement for future payment of damages; and
- d. Other related factors.

The additional premium will not exceed 100% of the annual premium for this endorsement.

The Extended Reporting Period endorsement applicable to this coverage shall set forth the terms, not inconsistent with this Section, applicable to the Extended Reporting Period, including a provision to the effect that the insurance afforded for "claims" first received during such period is excess over any other valid and collectible insurance available under policies in force after the Extended Reporting Period starts.

4. If the Extended Reporting Period is in effect, we will provide an extended reporting period aggregate limit of insurance described below, but only for claims first received and recorded during the Extended Reporting Period.

The extended reporting period aggregate limit of insurance will be equal to the dollar amount shown in the Schedule of this endorsement under Limits of Insurance.

Paragraph D.1.b. of this endorsement will be amended accordingly. The Each Employee Limit shown in the Schedule will then continue to apply as set forth in Paragraph D.1.c.

- G. For the purposes of the coverage provided by this endorsement, the following definitions are added to the **Definitions** Section:

1. "Administration" means:
 - a. Providing information to "employees", including their dependents and beneficiaries, with respect to eligibility for or scope of "employee benefit programs";
 - b. Handling records in connection with the "employee benefit program"; or
 - c. Effecting, continuing or terminating any "employee's" participation in any benefit included in the "employee benefit program".However, "administration" does not include handling payroll deductions.
2. "Cafeteria plans" means plans authorized by applicable law to allow employees to elect to pay for certain benefits with pre-tax dollars.
3. "Claim" means any demand, or "suit", made by an "employee" or an "employee's" dependents and beneficiaries, for damages as the result of an act, error or omission.

4. "Employee benefit program" means a program providing some or all of the following benefits to "employees", whether provided through a "cafeteria plan" or otherwise:
 - a. Group life insurance, group accident or health insurance, dental, vision and hearing plans, and flexible spending accounts, provided that no one other than an "employee" may subscribe to such benefits and such benefits are made generally available to those "employees" who satisfy the plan's eligibility requirements;
 - b. Profit sharing plans, employee savings plans, employee stock ownership plans, pension plans and stock subscription plans, provided that no one other than an "employee" may subscribe to such benefits and such benefits are made generally available to all "employees" who are eligible under the plan for such benefits;
 - c. Unemployment insurance, social security benefits, workers' compensation and disability benefits;
 - d. Vacation plans, including buy and sell programs; leave of absence programs, including military, maternity, family, and civil leave; tuition assistance plans; transportation and health club subsidies; and
 - e. Any other similar benefits designated in the Schedule or added thereto by endorsement.
- H. For the purposes of the coverage provided by this endorsement, Definitions 5. and 18. in the **Definitions** Section are replaced by the following:
 5. "Employee" means a person actively employed, formerly employed, on leave of absence or disabled, or retired. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
 18. "Suit" means a civil proceeding in which damages because of an act, error or omission to which this insurance applies are alleged. "Suit" includes:
 - a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PHYSICAL ABUSE OR MOLESTATION LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Limits of Insurance	
Abuse or Molestation Each Act Limit	\$1,000,000
Abuse Or Molestation Aggregate Limit	\$3,000,000
Deductible	
Abuse or Molestation Deductible Each Act	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. EXCLUSION – COVERAGES A AND B

The following is added to paragraphs 2. Exclusions of **Coverage A - Bodily Injury And Property Damage Liability** and **Coverage B - Personal And Advertising Injury Liability** in **Section I – Coverages**:

1. Abuse Or Molestation

This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury" or any other damages or injury arising out of:

- a. The actual, attempted or alleged physical or sexual abuse or molestation of any person by another person. This includes sexual assault, sexual injury, sexual misconduct, sexual molestation or sexual harassment;
- b. Any other acts, errors, omissions, "occurrences" or offenses that contribute to the acts described in a. above;
- c. Any acts to which Coverage – Abuse Or Molestation Liability applies; or
- d. Vicarious liability, violation of any law or statute, criminal act, intentional act or

negligence, and including but not limited to causes of action based on hiring, supervision, retention, training, instructing, advising, monitoring, providing security, or implementing procedures and protocols, all arising from the acts described in a. above.

The provisions of this exclusion will supersede any coverage that may otherwise be available under this policy or any of its endorsements.

B. COVERAGE

The following is added to **Section I – Coverages**:
COVERAGE – ABUSE OR MOLESTATION LIABILITY

1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of injury to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for injury to which this

insurance does not apply. We may at our discretion investigate any "act of abuse or molestation" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in **Section III – Limits Of Insurance** and as amended in Paragraph C. of this endorsement; and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

- b. This insurance applies to injury only if:
 - (1) The injury is caused by an "act of abuse or molestation" that takes place in the "coverage territory"; and
 - (2) The "act of abuse or molestation" occurs during the policy period.

c. Related Acts

All "acts of abuse or molestation", including any acts that contribute to an "act of abuse or molestation", that:

- (1) Are causally connected by common facts, circumstances, transactions, events and/or decisions; or
- (2) The same person commits or is a participant in committing, or multiple persons acting together commit or are participants in committing, regardless of the number of times the same person is abused or molested or the number of persons that are abused or molested by the same person(s);

will be treated as one claim or an "act of abuse or molestation" and will be considered to have occurred on the date the first of those "acts of abuse or molestation" occurred. This provision applies regardless of the number of injured parties, persons or organizations making claims or "acts of abuse or molestation".

2. Exclusions

This insurance does not apply to:

a. Perpetrator

Any insured who participated in; or who conspired with, knowingly allowed or directed a participant in; any "act of abuse or molestation". We will defend such insured in connection with a "suit" subject to the terms of this coverage part until either a judgment or final adjudication establishes that such insured participated in; or conspired with, knowingly allowed or directed a participant in; any "act of abuse or molestation" or such insured confirms that they participated in; or conspired with, knowingly allowed or directed a participant in; any "act of abuse or molestation".

b. Knowledge Of Prior Acts

Any claim or "suit" arising from a person's "act of abuse or molestation" that occurs after the Named Insured, its "executive officers", directors, trustees, partners or managers (if it is a limited liability corporation) or an "employee" authorized by you to give and receive notice of an "act of abuse or molestation" or claim has knowledge of any prior "act of abuse or molestation" committed by such person, whether the "act of abuse or molestation" occurred before or after such person was hired by you or became your responsibility.

For the purposes of this exclusion:

- (1) With respect to any prior "act of abuse or molestation" described above, the definition of "abuse or molestation" includes alleged abuse or molestation; and
- (2) Related acts that occur after the Named Insured, its "executive officers", directors, trustees, partners or managers (if it is a limited liability corporation) or an "employee" have the knowledge described above will be considered to have occurred on the date of the first act.

This exclusion does not apply if:

The knowledge of a prior "act of abuse or molestation" is possessed only by an insured or "employee" described above who committed or allegedly committed such "act of abuse or molestation".

c. Failure To Report Abuse Or Molestation

Any insured with knowledge of the "act of abuse or molestation" who intentionally fails to report such act to the proper authorities. Proper authorities may include those within your organization and any governmental, legal or regulatory bodies.

d. Material Published With Knowledge Of Falsity

Any injury arising out of oral or written publication of material, if done by or at the direction of the insured with knowledge of its falsity.

e. Material Published Prior To Policy Period

Any injury arising out of oral or written publication of material whose first publication took place before the beginning of the policy period.

f. Contractual Liability

Any injury for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.

g. Workers Compensation And Similar Laws

Any obligation of the insured under workers compensation, disability benefits or unemployment compensation law or any similar law.

h. Employers' Liability

Any injury to:

- (1) An "employee" arising out of and in the course of:
 - (a) Employment by the insured; or

- (b) Performing duties related to the conduct of the insured's business; or

- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

i. Employment Practices

Any injury to:

- (1) A person arising out of any:

- (a) Refusal to employ that person;
- (b) Termination of that person's employment; or,
- (c) Employment-related practices, policies, acts or omissions, such as coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination or malicious prosecution directed at that person; or

- (2) The spouse, child, parent, brother or sister of a person as a consequence of any injury to that person at whom any of the employment-related practices described in Paragraphs i.(1) (a), (b) or (c) above is directed.

This exclusion applies whether the insured may be liable as an employer or in any other capacity; and to any obligation to share damages with or repay someone else who must pay damages because of the injury.

j. Aircraft, Auto Or Watercraft

Any injury arising out of the ownership, maintenance, use or entrustment to others of any aircraft, auto or watercraft.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured with respect to any aircraft, auto or watercraft.

k. War

Any injury however caused, arising, directly or indirectly, out of:

- (1) War, including undeclared or civil war;

(2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack by any government, sovereign or other authority using military personnel or other agents; or

(3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

I. Damage To Property

Any damage to or loss of use of property owned; rented to; leased by; in the care, custody or control of; or entrusted to any insured.

m. Financial

(1) Gain, profit or advantage to which any insured is not legally entitled;

(2) Any injury resulting from fraud or theft;

(3) Any injury caused by financial, investment, insurance or fiduciary advice or services;

(4) Any injury resulting from tax assessments or regulatory actions;

(5) Any injury arising out of the operation of the principles of eminent domain, condemnation, inverse condemnation or adverse possession; or

(6) Any injury arising out of the failure to adequately provide utilities or other governmental services.

n. Services

Any injury caused by deficient, inadequate or faulty services.

o. Fines And Penalties

Fines or penalties imposed by regulatory or other legal authorities.

p. Americans With Disabilities Act (ADA)

Any injury arising out of your failure to comply with any of the accommodations for the disabled required of you by, or any expenses incurred as the result of physical modifications made to accommodate any person pursuant to, the Americans With Disabilities Act, or

any amendments thereto, or any similar state or local statutes, rules or regulations to the extent that they prescribe responsibilities or duties concerning accommodations for the disabled.

4. Supplementary Payments

For the purposes of the **Coverage – Abuse Or Molestation Liability** provided by this endorsement:

b. All references to **Supplementary Payments – Coverages A and B** will include **Abuse Or Molestation Liability Coverage**; and

c. Paragraph 2. of **Supplementary Payments – Coverages A and B** does not apply.

B. WHO IS AN INSURED

1. For the purposes of the **Coverage – Abuse Or Molestation Liability** provided by this endorsement, the following is added to **Section II – Who Is An Insured**:

a. Paragraph 3. does not apply to injury arising out of an "act of abuse or molestation" that occurred before you acquired or formed the organization.

b. Your past or present student teachers teaching as part of their educational requirements are insureds, but only while performing duties related to the conduct of your business.

c. Your student interns or apprentices are insureds, but only while performing duties related to the conduct of your business.

2. For the purposes of the **Coverage – Abuse Or Molestation Liability** provided by this endorsement, the following deletes and replaces Paragraph 2 of **Section II – Who Is An Insured**:

For acts within the scope of their employment by you or while performing duties related to the conduct of your business:

a. Your "employees";

b. Your "volunteer workers";

c. Your "contract workers"; and

d. Students in training.

No person described in 2. above is an insured for any act arising out of an "Act of abuse or molestation":

- (1) To you, your directors, your officers, your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company) or an "employee", "contract worker(s)", "volunteer workers" or student while in the course of his or her employment or while performing duties related to the conduct of your business;
- (2) To the spouse, child, parent, brother or sister of you, your directors, your officers, your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company) or an "employee", "contract worker(s)", "volunteer workers" or student as a consequence of the preceding paragraph;
- (3) For which there is any obligation to share "damages" with or repay someone else who must pay "damages" because of an "Act of abuse or molestation".

C. LIMITS OF INSURANCE AND DEDUCTIBLE

For the purposes of the **Coverage – Abuse Or Molestation Liability** provided by this endorsement, **Section III – Limits Of Insurance** is replaced by the following:

- a. Limits of Insurance
 - i. The Limits of Insurance shown in the Schedule and the rules below fix the most we will pay regardless of the number of:
 1. Insureds;
 2. Claims made or "suits" brought;
 3. Persons or organizations making claims or bringing "suits"; or
 4. "Acts of abuse or molestation".
 - ii. The Abuse Or Molestation Aggregate Limit is the most we will pay for the sum of all damages because of "Acts of abuse or molestation".
 - iii. Subject to the Abuse Or Molestation Aggregate Limit, the Abuse or Molestation Each Act Limit is the most we will pay for all damages arising from any one "act of abuse or molestation". All "acts of abuse or molestation", including any related or contributing acts, that are connected or committed by or participated in by the same person(s) will be considered one act in accordance with

Paragraph **B.1.c.** of the Abuse Or Molestation Liability Coverage Endorsement.

- iv. Any payments made under this coverage shall reduce the Abuse Or Molestation Aggregate Limit. Such payment shall not reduce the General Aggregate Limit shown in the Declarations.
 - v. Under no circumstance will any other limit of insurance of this policy apply to "acts of abuse or molestation".
- b. Our obligation under this insurance to pay damages applies only to the amount of damages in excess of the Abuse Or Molestation Deductible amount, if any, shown in the Declarations.

The Abuse Or Molestation Deductible applies separately to each "act of abuse or molestation". All "acts of abuse or molestation", including any contributing acts, that are connected or committed by or participated in by the same person(s) will be considered one act in accordance with Paragraph **B.1.c.** of the Abuse Or Molestation Liability Coverage Endorsement and only one deductible amount would apply.

- c. We may pay any part or the entire deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken; the insured shall promptly reimburse us for such part of the deductible amount as has been paid by us. Our rights as described in Paragraph **B.** Coverage of this **Abuse Or Molestation Liability Coverage** endorsement and **Section IV – Conditions** and your duties as described in **Section IV – Commercial General Liability Conditions** apply to any claims, "suits" or "acts of abuse or molestation" that are within the Deductible amount.

D. COMMERCIAL GENERAL LIABILITY CONDITIONS

For the purposes of the **Coverage – Abuse Or Molestation Liability** provided by this endorsement, the following is added to **Section IV – Commercial General Liability Conditions**:

a. Duties

When used in Condition 2. **Duties In The Event Of Occurrence, Offense, Claim Or Suit**, the term "occurrence" includes "act of

abuse or molestation".

b. Other Insurance

- i. The following is added to Condition 4. **Other Insurance**, Paragraph b.(1):

This insurance is excess over:

(a) Any other primary insurance available to you covering liability for damages arising out of "acts of abuse or molestation" for which you have been added as an additional insured by attachment of an endorsement.

(b) Any of the other insurance, whether primary, excess, contingent or on any other basis, that applies to damages arising out of "acts of abuse or molestation". This does not include other insurance purchased specifically by you to apply in excess of the limits of insurance of this policy.

- ii. When used in Condition 4. **Other Insurance**, the term **Coverage A** includes **Coverage – Abuse Or Molestation Liability**.

E. DEFINITIONS

- a. For the purposes of the **Coverage – Abuse Or Molestation Liability** provided by this endorsement, the following definitions are added to **Section V – Definitions**:

i. "Abuse or molestation" means actual, attempted or alleged physical or sexual abuse or molestation of any person by another person. This includes sexual assault, sexual injury, sexual misconduct or sexual molestation. "Abuse or molestation" includes "sexual harassment", unless:

1. Submission to or rejection of such conduct is made either implicitly or explicitly a condition of a person's employment, or a basis for employment decisions affecting a person; or
2. Such conduct has the purpose or effect of unreasonably interfering with an "employee's" work performance or creating an intimidating, hostile or offensive work environment for your "employees".

However, as respects to law enforcement activities, "abuse or molestation" means actual, attempted or alleged sexual abuse or sexual molestation of any person by another person. This includes sexual assault, sexual injury, sexual misconduct or sexual molestation. However, "abuse or molestation" does not include "sexual harassment".

ii. "Act of abuse or molestation" means an act of "abuse or molestation".

iii. "Contract Worker(s)" means any person performing services for the insured whether on a temporary basis, leased worker or as an independent contractor.

iv. "Sexual harassment" means any actual, attempted or alleged unwelcome sexual advances, requests for sexual favors or other conduct of a sexual nature by a person to another person or persons.

- b. For the purposes of the **Coverage – Abuse Or Molestation Liability** provided by this endorsement, the following definitions replace the definitions of the same term in **Section V – Definitions**:

i. "Suit" means a civil proceeding in which damages because of injury to which this insurance applies are alleged. "Suit" includes:

1. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
2. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

ii. "Volunteer worker" means a person who is not your "employee", and who donates his or her work and acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else for their work performed for you.

"Volunteer worker" includes the trustees, officials or members of the board of directors or governing board of your parent-teacher organization or association or parent support group, but only with respect to their duties or activities performed on your behalf.

All other terms and conditions of this policy remain unchanged.



Issue Dated:

Policy Number: Q-20306

Renewal of: C1GP302457

Carrier: AmGUARD Insurance Company – A STOCK COMPANY

SOCIAL SERVICES PROFESSIONAL LIABILITY COVERAGE FORM DECLARATIONS - OCCURRENCE

[1] Named Insured and Address: Intercultural Advocacy Institute Inc
612 Franklin Street
Pinellas
Clearwater, FL 33756

[1a] The Named Insured is: Individual Partnership Joint Venture Limited Liability Company
 Organization (Other Than a Partnership or Joint Venture) Trust

[2] Policy Period
From: 03/15/2023 To: 03/15/2024
(12:01 AM standard time at the Mailing Address of the Named Insured listed above)

[3] Limits of Insurance:
(a) Each Professional Incident Limit: \$1,000,000
(b) Professional Liability Aggregate Limit: \$3,000,000

[4] Designated Professional Services Covered Under This Policy: Social Service Organization

[5] Premium: \$1,544

[6] Claims Notification:

[7] Endorsements: As per Schedule attached to the Policy

THESE DECLARATIONS, TOGETHER WITH THE ATTACHED AUTHORIZATION AND ATTESTATION ENDORSEMENT, SCHEDULE OF FORMS AND ENDORSEMENTS, AND ANY FORMS AND ENDORSEMENTS THAT WE MAY LATER ATTACH TO REFLECT CHANGES, MAKE UP AND COMPLETE THE ABOVE NUMBERED POLICY.

CRIME AND FIDELITY COVERAGE PART DECLARATIONS (COMMERCIAL ENTITIES) (STATE OF FLORIDA)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations form and the Commercial Crime Coverage Form.

Coverage Is Written:

- Primary
 Excess
 Coindemnity
 Concurrent

Employee Benefit Plan(s) Included As Insureds:

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	\$300,000	\$1,000
2. Forgery Or Alteration	\$300,000	\$1,000
3. Inside The Premises – Theft Of Money And Securities	Not Covered	
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property	\$300,000	\$1,000
5. Outside The Premises	\$300,000	\$1,000
6. Computer And Funds Transfer Fraud	\$300,000	\$1,000
7. Money Orders And Counterfeit Money	Not Covered	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this Policy are deleted.

If Added By Endorsement:

Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence

Endorsements Forming Part Of This Coverage Part When Issued:

See Schedule of Forms and Endorsements

Total Premium At Policy Inception: \$ 300

Cancellation Of Prior Insurance Issued By Us:

**By acceptance of this Coverage Part, you give us notice cancelling prior Policy Numbers
; the cancellation to be effective at the time this Coverage Part becomes effective.**

Countersignature Of Authorized Representative

Name: *Jadyn M. Ballard (Boland)*

Title: *CEO*

Signature: *Jadyn*

Date: *8/7/2023*