

**The White Family Foundation
Grant Request #785
Pinellas County Sheriff's Police Athletic League, Inc.
February 6, 2023**

Date of grant proposal submission	Monday, February 6, 2023
Are you an IRS compliant 501(c)3 public charity/nonprofit?	Yes
Legal name of organization	Pinellas County Sheriff's Police Athletic League, Inc.
Address	3755 46th Ave North St. Petersburg, Florida 33714 United States
Website	http://www.pinellaspal.com
Telephone	(727) 521-5315
Organization Director/ Title	Lauren O'Connor, Executive Director
Contact Person/Title	Andy Nall, Grants Specialist
Contact Person's Telephone	(727) 521-5315
Contact Person's Email	andy@pinellaspal.com
Grant Request Amount	\$20,000.00

Please provide us with a brief description of your organization (no more than 500 words).

The Pinellas County Sheriff’s Police Athletic League (PAL) was formed in 2001 and incorporated as a 501 (c)(3) organization in 2002. This PAL location is sponsored by the Pinellas County Sheriff's Office. It was created to provide opportunities for disadvantaged youth in Pinellas County. The after-school and summer programs serve over 100 children ages 5–18 in two separate facilities in Lealman.

PAL's after-school program for K–12 students seeks to provide a variety of educational and recreational sports activities in a safe environment. Our participants are picked up from their school and transported to our two facilities each day. PAL provides both educational (tutoring, computer lab, life skills, art, trivia, etc.) and recreational sports activities (basketball, volleyball, flag football, soccer, etc.) during the critical after-school hours. Our youth are strongly encouraged to participate in at least one group activity each day. All participants are also provided a snack and drink daily provided by Boys and Girls Club of the Suncoast.

Grant Purpose (one paragraph)	PAL is seeking grant funding from the White Family Foundation to support our after-school program for middle and high school students. We provide both a certified teacher and a life skills coach to work with our youth. PAL also focuses on recreational sports because exercise is crucial to living a healthy lifestyle. Our hope is the balance of educational and recreational activities we provide will produce well-rounded individuals.
Annual Project/Program Budget (if request is for a specific project)	\$759,556.00
Annual Organization Budget	\$1,356,350.00

White Family Foundation Grant Request Proposal 2023

Pinellas County Sheriff's Police Athletic League, Inc.
3755 46th Ave. North
St. Petersburg, Fl. 33714
(727) 521-5315

Andy Nall
Grants Specialist
andy@pinellaspal.com

Table of Contents

- Case Statement
- Organization Annual Budget
- Organization Balance Sheet
- Program Budget
- Form 990 (sent as separate attachment)
- PAL Executive Staff
- PAL Officers & Board of Directors
- PAL Board member requirements
- PAL photos
- IRS 501 (c) (3) letter
- Florida Charity Solicitation of Contributions approval letter

Case Statement

The Pinellas County Sheriff's Police Athletic League (PAL) was formed in 2001 and incorporated as a 501 (c)(3) organization in 2002. This PAL location is sponsored by the Pinellas County Sheriff's Office. It was created to provide opportunities for disadvantaged youth in Pinellas County, Florida. The after-school and summer programs serve children ages 5-18 in two separate facilities in Lealman.

PAL programs target the Lealman area of Pinellas County. Lealman sits between the cities of St. Petersburg and Pinellas Park, in an unincorporated area of our county. Census Bureau statistics from 2020 show a median household income in Pinellas County of \$56,419, but in Lealman the figure is \$35,092. The two main zip codes PAL serves (33709 & 33714) are identified by Pinellas County Health and Community Services as one of the county's five at-risk zones, with a high concentration of poverty. These statistics show the pressing need for youth services and families in this community.

PAL is very active in the Lealman community, collaborating with many community partners to put on a back-to-school event with a backpack and school supply giveaway, and a Halloween party providing safe trick or treating for area kids. These are community events open to all children in the area, not just PAL members, and attended by hundreds of children in the Lealman community.

PAL provides free after-school care to approximately 90 middle and high school students. All our participants are picked up from their school in PAL vans and transported to our facility. Our program includes both educational (tutoring, life skills, computer lab, art, trivia, etc.) and recreational sports activities (flag football, basketball, soccer, volleyball, etc.). Programs address the critical after-school hours by promoting positive youth development and offering a place where kids can explore their potential.

The primary long-term goal of PAL programs is to provide our youth the tools necessary to become successful students. The objective of our staff is to improve attitude and motivation towards learning, leading to increased study hours and improved academic performance. PAL's Credentialed Director coordinates the daily activities with the help of a Staff Member in Charge and several coaches. We also contract with a certified teacher and a life skills coach to assist with academic programs.

Participant Success Story

PAL would like to share a story about Kelly, (not her real name) who came to PAL a little over two years ago at the beginning of her 7th grade school year. From the start we could tell she was going to be a challenge for our staff. She was disrespectful to both staff and other participants. Kelly basically did not like being told what to do.

Our Credentialed Director talked with our staff about these issues, and we developed some ideas about how to interact with Kelly. We knew this was not going to be a quick fix, it was going to take time to earn her trust. PAL refers to our staff that work directly with our youth as coaches. Over time Kelly developed close relationships with several of our coaches. As soon as she arrived after-school she would immediately seek out these coaches, they had earned her trust.

Kelly has made serious progress in her third year at PAL. She is very clever, but sometimes uses that in a negative way. Our coaches are quick to remind her to use her cleverness to promote positive actions. She still has room to improve in some areas, but she is better equipped to handle difficult situations.

Measurable Outcome for middle and high school program (after-school):

- 95% of PAL participants who maintain at least 70% attendance in our after-school program will be promoted to the next grade level.

PAL will use the following tools to measure success:

- School attendance
- PAL attendance
- Progress reports from PAL's certified teacher
- School report cards
- Promotion to the next grade level

PAL is requesting a \$20,000 grant from The White Family Foundation to partially cover salaries for our coaches at our middle and high school facility. These staff are part-time employees that work directly with our youth. Coaches provide a variety of educational and recreational sports activities from daily lesson plans. They develop close relationships and trust with our participants, many of whom have been raised in very difficult circumstances. Our coaches are the real backbone of PAL, and an example of our motto "Success Starts Here."

PAL staff would like to thank The White Family Foundation for their generous support of our organization for many years. We hope to continue and partner to provide quality programs to the youth of the Lealman community.

Pinellas PAL Budget FY 22-23

Approved October 19, 2022

Income

Total

4000	Grants and Contracts (JWB, etc.)	\$	792,700
4100	Contributions Income	\$	329,000
4500	Program Fees and Dues	\$	18,700
4600	Fundraising Revenue	\$	215,950
4700	In-Kind	\$	- (\$381,000)

Total Income

\$ 1,356,350

Expenses

Total

6100	Office/Operating Supplies	\$	90,300
6150	Travel and Meals	\$	12,500
6180	Insurance	\$	86,350
6200, 6250	Facilities and Real Estate (Landing's rent; maintenance and repairs)	\$	8,500
6300	Fundraising	\$	40,000
6400	Participant Expenses	\$	68,000
6500	Contract Labor (Teachers; fingerprints; drivers' physicals)	\$	119,500
6600	Payroll Expenses	\$	893,000
6750	Professional Fees	\$	16,200
6950	Financial Fees/Bank Fees (Taxes, fees, bank services, etc.)	\$	1,760
6950	Investment (loss)	\$	20,240

Total Expenses

\$ 1,356,350 + (\$381,000) In-Kind

TOTAL

\$1,737,350

**PINELLAS COUNTY SHERIFF'S
POLICE ATHLETIC LEAGUE, INC.**

Statements of Financial Position

September 30, 2022 and 2021

	2022	2021
<u>Assets</u>		
Cash and cash equivalents	\$ 270,648	\$ 538,777
Investments	278,531	97,393
Grants receivable	74,424	40,879
Other receivables	453	1,000
Prepaid expenses	9,854	9,363
Total current assets	633,910	687,412
Property and equipment, net of accumulated depreciation	307,797	473,720
Total assets	\$ 941,707	\$ 1,161,132
<u>Liabilities and Net Assets</u>		
Current liabilities		
Accounts payable and accrued expenses	\$ 40,026	\$ 33,937
Deferred revenue	15,300	1,000
Total current liabilities	55,326	34,937
Net Assets		
Net assets without donor restrictions	875,742	1,118,875
Net assets with donor restrictions	10,639	7,320
Total net assets	886,381	1,126,195
Total liabilities and net assets	\$ 941,707	\$ 1,161,132

The accompanying notes are an integral part of the financial statements.

2022-2023 PAL Middle and High School Program Budget (After-School)

Income

Grants & Contracts	\$ 443,912.00
Contributions	\$ 184,240.00
Program Fees & Dues	\$ 10,472.00
Fundraising	\$ <u>120,932.00</u>
Total Income	\$ <u>759,556.00</u>

Expenses

Office/Operating Supplies	\$ 50,568.00
Travel & Meals	\$ 7,000.00
Insurance	\$ 48,356.00
Fundraising	\$ 22,400.00
Participant	\$ 38,080.00
Contract Labor	\$ 71,680.00
Payroll	\$ 500,080.00
Professional Fees	\$ 9,072.00
Financial/Bank Fees	\$ 986.00
Investment (Loss)	\$ <u>11,334.00</u>
<u>Total Expenses</u>	\$ <u>759,556.00</u>

**Federal
Tax Return**

**PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC
2020**

**CORMIER & RABB, CPAs, PA
28163 US HWY 19 N, STE 204
CLEARWATER, FL 33761
Phone: (727) 796-2459
Fax: (727) 791-0507
kathy.cormier@cpa.com**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 10/1, 2020, and ending 9/30, 2021

Department of the Treasury
Internal Revenue Service

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

2020

Name of exempt organization or person subject to tax
PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC

Taxpayer identification number
XX-XXXXXXX

Name and title of officer or person subject to tax
NEIL BRICKFIELD **EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	770,289
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

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

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

PIN: check one box only

I authorize CORMIER & RABB, CPAs, PA to enter my PIN XXXXX as my signature
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax _____ Date ▶ _____

Part III Certification and Authentication

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

XXXXXXXXXX
do not enter all zeros

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

ERO's signature ▶ _____ Date ▶ 5/31/2022

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

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 10/1, 2020, and ending 9/30, 2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Name of exempt organization or person subject to tax PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC	Taxpayer identification number XX-XXXXXXX
--	---

Name and title of officer or person subject to tax NEIL BRICKFIELD	EXECUTIVE DIRECTOR
--	--------------------

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

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

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input checked="" type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	0
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

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

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

PIN: check one box only

I authorize CORMIER & RABB, CPAs, PA to enter my PIN XXXXX as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax ▶ _____	Date ▶ _____
---	--------------

Part III Certification and Authentication

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

XXXXXXXXXX <small>do not enter all zeros</small>
--

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

ERO's signature ▶ _____	Date ▶ <u>5/31/2022</u>
-------------------------	-------------------------

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

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning 10/1/2020, and ending 9/30/2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3755 46TH AVENUE NORTH
 City or town State ZIP code
SAINT PETERSBURG FL 33714
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 59-3760782

E Telephone number 727-521-5315

G Gross receipts \$ 770,289

F Name and address of principal officer:
NEIL BRICKFIELD 3755 46TH AVENUE NORTH, ST PETERSBURG, FL

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: WWW.PINELLASPAL.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2002

M State of legal domicile: FL

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>IT IS THE PINELLAS COUNTY SHERRIF'S POLICE ATHLETIC LEAGUE (PAL)'S MISSION TO PROVIDE POSITIVE ACTIVITIES, ACADEMICS, MENTORING, LEADERSHIP TRAINING, TUTORING, AND LIFE SKILLS PROGRAMMING TO PINELLAS COUNTY YOUTHS.</u>		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	799,258	714,844
	9 Program service revenue (Part VIII, line 2g)	18,640	7,141
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,770	1,097
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	620	47,207
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	822,288	770,289
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	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)	447,277	452,158
	16a Professional fundraising fees (Part IX, column (A), line 11e)	43,106	9,607
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>31,447</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	277,191	199,355
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	767,574	661,120	
19 Revenue less expenses. Subtract line 18 from line 12	54,714	109,169	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,599,670	End of Year 1,846,264
	21 Total liabilities (Part X, line 26)	81,953	106,607
	22 Net assets or fund balances. Subtract line 21 from line 20	1,517,717	1,739,657

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: NEIL BRICKFIELD Date: _____
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: KATHY A CORMIER CPA Preparer's signature: _____ Date: 5/31/2022 Check if self-employed PTIN: XXXXXXXXXX

Firm's name ▶ CORMIER & RABB, CPAs, PA Firm's EIN ▶ XX-XXXXXXX

Firm's address ▶ 28163 US HWY 19 N, STE 204, CLEARWATER, FL 33761 Phone no. (727) 796-2459

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE PINELLAS COUNTY SHERRIF'S POLICE ATHLETIC LEAGUE (PAL)'S MISSION IS TO PROVIDE POSITIVE ACTIVITIES, ACADEMICS, MENTORING, LEADERSHIP, TRAINING, TUTORING, AND LIFE SKILLS PROGRAMMING TO PINELLAS COUNTY YOUTH. THE VISION OF THE PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE IS TO PROVIDE A POSITIVE INFLUENCE ON YOUTH IN THE PINELLAS COUNTY.

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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

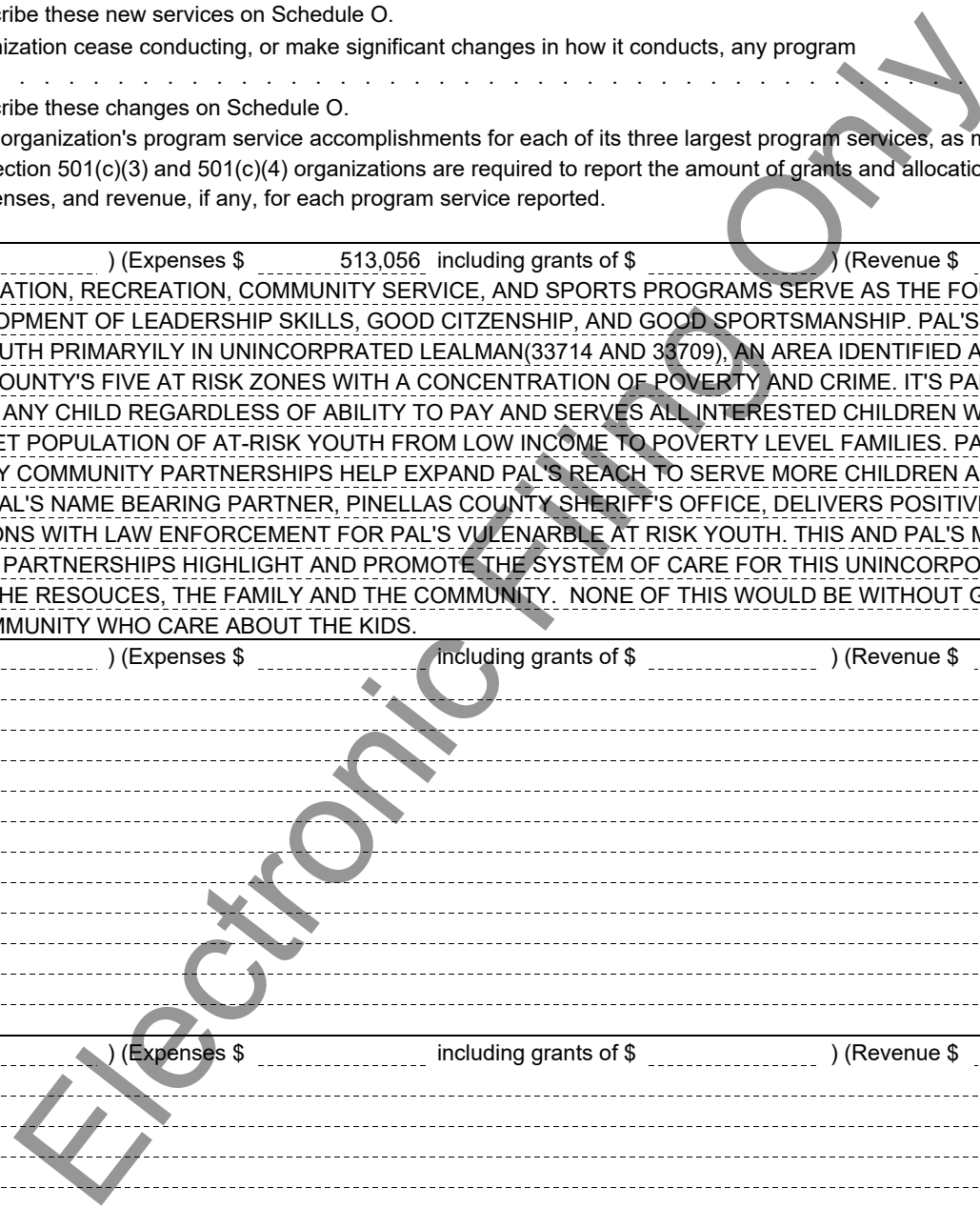
4a (Code:) (Expenses \$ 513,056 including grants of \$) (Revenue \$ 7,141) PAL'S EDUCATION, RECREATION, COMMUNITY SERVICE, AND SPORTS PROGRAMS SERVE AS THE FOUNDATION FOR THE DEVELOPMENT OF LEADERSHIP SKILLS, GOOD CITIZENSHIP, AND GOOD SPORTSMANSHIP. PAL'S PROGRAMS TARGET YOUTH PRIMARILY IN UNINCORPRATED LEALMAN(33714 AND 33709), AN AREA IDENTIFIED AS ONE OF PINELLAS COUNTY'S FIVE AT RISK ZONES WITH A CONCENTRATION OF POVERTY AND CRIME. IT'S PAL'S POLICY TO ACCEPT ANY CHILD REGARDLESS OF ABILITY TO PAY AND SERVES ALL INTERESTED CHILDREN WITH EMPHASIS ON A TARGET POPULATION OF AT-RISK YOUTH FROM LOW INCOME TO POVERTY LEVEL FAMILIES. PAL'S ENDEARED BY ITS MANY COMMUNITY PARTNERSHIPS HELP EXPAND PAL'S REACH TO SERVE MORE CHILDREN AND THEIR FAMILIES. PAL'S NAME BEARING PARTNER, PINELLAS COUNTY SHERIFF'S OFFICE, DELIVERS POSITIVE INTERACTIONS WITH LAW ENFORCEMENT FOR PAL'S VULENARBLE AT RISK YOUTH. THIS AND PAL'S MANY OTHER STRATEGIC PARTNERSHIPS HIGHLIGHT AND PROMOTE THE SYSTEM OF CARE FOR THIS UNINCORPORATED AREA TO ENHANCE THE RESOUCES, THE FAMILY AND THE COMMUNITY. NONE OF THIS WOULD BE WITHOUT GENEROUS PEOPLE IN OUR COMMUNITY WHO CARE ABOUT THE KIDS.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 513,056



Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
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
b	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.)

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶	
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ▶ NEIL BRICKFIELD 3755 46TH AVE N, ST PETERSBURG, FL 33714 727-521-5315	

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NEIL BRICKFIELD ----- EXEC DIRECTOR	40.00 0.00	X		X		X	97,500			
(2) HARLOD M. PAXTON JR. ----- DIRECTOR	1.00 0.00	X								
(3) JAMES ROBERTO ----- DIRECTOR	1.00 0.00	X								
(4) JOHN ANDERSON JR. ----- VICE PRESIDENT	1.00 0.00	X		X						
(5) KATHLEEN LITTON ----- SECRETARY	1.00 0.00	X		X						
(6) MICHEAL BOYLE ----- DIRECTOR	1.00 0.00	X								
(7) SHERRIE PENNINGTON ----- DIRECTOR	1.00 0.00	X		X						
(8) TERRY O'REILLY ----- DIRECTOR	1.00 0.00	X								
(9) JOHN WIER III ----- PRESIDENT	1.00 0.00	X		X						
(10) RICHARD BUTLER ----- DIRECTOR	1.00 0.00	X								
(11) JENNIFER CROCKETT ----- DIRECTOR	1.00 0.00	X								
(12) BOB GUALTIERI ----- DIRECTOR	1.00 0.00	X								
(13) CORY MCLAUGHLIN ----- TREASURER	1.00 0.00	X								
(14) GEORGE MENKE ----- DIRECTOR	1.00 0.00	X								

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							97,500	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							97,500	0	0	

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
		0
		0
		0
		0
		0

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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	0				
	1b	Membership dues	0				
	1c	Fundraising events	120,270				
	1d	Related organizations	0				
	1e	Government grants (contributions)	349,263				
	1f	All other contributions, gifts, grants, and similar amounts not included above	245,311				
	1g	Noncash contributions included in lines 1a-1f	\$ 0				
	h	Total. Add lines 1a-1f	714,844				
	Program Service Revenue			Business Code			
		2a	CAMP & SPORTS FEES	900099	7,141	7,141	
b				0			
c				0			
d				0			
e				0			
f		All other program service revenue		0			
g	Total. Add lines 2a-2f		7,141				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,097	1,097		
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a	0	0		
			7b	0	0		
	7c	Gain or (loss)	0	0			
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising events (not including \$ 120,270 of contributions reported on line 1c). See Part IV, line 18					
			8a				
			8b	0			
c	Net income or (loss) from fundraising events		0				
9a	Gross income from gaming activities. See Part IV, line 19						
		9a	0				
		9b	0				
c	Net income or (loss) from gaming activities		0				
10a	Gross sales of inventory, less returns and allowances						
		10a	0				
		10b	0				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
	11a	PPP LOAN FORGIVENESS	900099	47,207	0		
	b			0			
	c			0			
	d	All other revenue		0			
e	Total. Add lines 11a-11d		47,207				
12	Total revenue. See instructions		770,289	8,238	0	0	

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 domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	452,158	338,943	94,846	18,369
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	1,590		1,590	
c	Accounting	13,974		13,974	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	9,607			9,607
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,288	12,288	0	
12	Advertising and promotion	225	225		
13	Office expenses	25,821	23,372	583	1,866
14	Information technology	0			
15	Royalties	0			
16	Occupancy	16,104	16,104		
17	Travel	7,215	7,121	94	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	16,436	16,436		
20	Interest	769		769	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	10,915	10,658	257	
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	OPERATING SUPPLIES	6,455	5,602	8	845
b	T-SHIRTS AND UNIFORMS	10,604	10,604		
c	EDUCATION MATERIALS	4,279	4,279		
d	EQUIPMENT FOR PARTICIPANTS	15,407	15,407		
e	All other expenses	57,273	52,017	4,494	760
25	Total functional expenses. Add lines 1 through 24e	661,120	513,056	116,615	31,447
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	502,507	1	538,777
	2 Savings and temporary cash investments	56,636	2	97,394
	3 Pledges and grants receivable, net	53,282	3	0
	4 Accounts receivable, net	0	4	193,781
	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	0	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)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	7,017	9	18,347
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,200,538		
	b Less: accumulated depreciation	10b 202,573	980,228	10c 997,965
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)		1,599,670	16	1,846,264
Liabilities	17 Accounts payable and accrued expenses	22,022	17	33,539
	18 Grants payable	0	18	
	19 Deferred revenue	12,724	19	30,000
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	47,207	25	43,068
	26 Total liabilities. Add lines 17 through 25		81,953	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,507,785	27	1,691,908
	28 Net assets with donor restrictions	9,932	28	47,749
	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	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	1,517,717	32	1,739,657	
33 Total liabilities and net assets/fund balances	1,599,670	33	1,846,264	

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	770,289
2	Total expenses (must equal Part IX, column (A), line 25)	2	661,120
3	Revenue less expenses. Subtract line 2 from line 1	3	109,169
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,517,717
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	112,771
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,739,657

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC	Employer identification number 59-3760782
--	---

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	783,619	905,105	779,040	814,898	799,258	4,081,920
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	783,619	905,105	779,040	814,898	799,258	4,081,920
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						4,081,920

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	783,619	905,105	779,040	814,898	799,258	4,081,920
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,898	2,414	1,490	3,770	1,097	10,669
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	23	1,252	7,200	620	47,207	56,302
11 Total support. Add lines 7 through 10						4,148,891
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	98.39%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.91%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	0	0
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		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015	0		
b From 2016	0		
c From 2017	0		
d From 2018	0		
e From 2019	0		
f Total of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7: \$	0		
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2021. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016	0		
b Excess from 2017	0		
c Excess from 2018	0		
d Excess from 2019	0		
e Excess from 2020	0		

Part VI

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

Part II Section B Line 10e OTHER INCOME IS PPP LOAN FORGIVENESS

Area with horizontal dashed lines for supplemental information.

CLIENT COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC
Employer identification number: 59-3760782

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions about purpose, number of easements, and monitoring, with a sub-table for 'Held at the End of the Tax Year'.

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 for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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 | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 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	0	0	0	0	
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	0	0	0	0	0

- 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 | | |
| (ii) Related organizations | | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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	0	636,650		636,650
b Buildings	0	457,248	202,573	254,675
c Leasehold improvements	0	0	0	0
d Equipment	0	106,640	0	106,640
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 997,965

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	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

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.)	0

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	0
(2) PAYCHECK PROTECTION PROGRAM LOAN PAYABLE	43,068
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	43,068

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 XIII Supplemental Information *(continued)*

CLIENT COPY

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BREAKFAST (event type)	OOT WITH THE STA (event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	116,670	3,600	0	120,270
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	116,670	3,600	0	120,270
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages			0	0
	8	Entertainment			0	0
	9	Other direct expenses			0	0
	10	Direct expense summary. Add lines 4 through 9 in column (d)				0
	11	Net income summary. Subtract line 10 from line 3, column (d)				120,270

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	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)				0	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				0	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC	Employer identification number 59-3760782
--	---

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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
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?	30a		
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?	31		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		
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.			

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.

CLIENT COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC

Employer identification number

59-3760782

Form 990, Part IV, Section B, Line 11A: FORM 990 IS EMAILED TO BOARD OF DIRECTORS PRIOR TO

FILING

Form 990, Part IV, Section B, Line 12C: BOARD MEMBERS DISCUSS CONFLICTS OF INTEREST AT BOARD

MEETINGS

Form 990, Part IV, Section B, Line 15A: THE EXECUTIVE DIRECTOR'S PAY IS BASED ON PAY OF

COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS AND IS VOTED ON AND APPROVED BY THE BOARD OF

DIRECTORS

Form 990, Part IV, Section B, Line 15B: NO OTHER KEY EMPLOYEES OF COMPENSATED OFFICERS.

PROGRAM MANAGER IS SHERIFF'S OFFICE EMPLOYEE AND PAID BASED ON SHERIFF'S OFFICE POLICIES AND

PAY SCALE.

Form 990, Part IV, Section C, Line 19: THE DOCUMENTS ARE AVAILABLE UPON REQUEST

Form 990, Part IX, Section B, Line 24b: TROPHIES AND AWARDS \$119; PARTICIPANT RECRUITMENT

\$1485; STAFF RECRUITMENT \$11703; SMALL EQUIPMENT \$7874; PARTICIPANT SERVICES \$201; FOOD FOR

PARTICIPANTS \$5535; FIELD TRIPS FOR PARTICIPANTS \$5236; PARTICIPANT TRANSPORTATION \$59;

PARTICIPANT SUPPLIES \$8044; MISCELLANEOUS \$8939; SOFTWARE \$2821

Name of the organization

Employer identification number

PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC

59-3760782

CLIENT COPY

The following questions should be answered in the context of the FEDERAL return being electronically filed. Responses for state efiles are below.

Check ("x") this column to see more information, when available.

Name of signing officer or fiduciary . . . NEIL BRICKFIELD
Check ("X") if foreign officer and does not have a SSN/TIN
OR
Check ("X") if officer opts not to provide SSN/ITIN
OR
Enter SSN/EIN of signing officer or fiduciary

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. All cells contain 'Y'.

Total Income from Prior Year return 822,288
Total income reported on the prior year return. If first time filer, enter "0".
Example: For Tax Year 2020 this would be the amount entered on the businesses 2019 return on the following lines:
Form 1120, line 11 Form 1120S, line 6
Form 1065, line 8 Form 1120-F, Section II, line 11
Form 1041, line 9

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. 1065, 1120/F, 1120S, 1041 contain 'Y'. 990 is shaded.

If claiming deduction for Salary & Wages on current year return, mark this box and enter the COUNT of original W2's reported to SSA for this tax year. 22

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. 1065, 1120/F, 1120S contain 'Y'. 990 and 1041 are shaded.

If claiming Compensation of Officers on current year return, mark this box and enter the number of officers 1

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. 1120/F, 1120S contain 'Y'. 1065, 990, 1041 are shaded.

Parent Company Name
Parent Company EIN

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. 1065, 1120/F, 1120S contain 'Y'. 990 and 1041 are shaded.

Business's Primary Physical Address:
Street
Line 2
City St Zip
Country Province Postal Code

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. 1065, 1120/F, 1120S contain 'Y'. 990 and 1041 are shaded.

Grantor Name
Grantor SSN

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. 1041 contains 'Y'. 1065, 1120/F, 1120S, 990 are shaded.

Indicate which, if any, of the following forms this entity is required to file.
720 990 1042
940 941 943 944 945

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. 1065, 1120/F, 1120S, 1041 contain 'Y'. 990 is shaded.

Were estimated tax payments made for this entity towards the current tax year's liability?
Yes No

Table with 5 columns: 1065, 1120/F, 1120S, 990, 1041. 1120/F, 1120S, 1041 contain 'Y'. 1065, 990 are shaded.

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

First Payment, regardless of quarter or date paid.

Method Direct Debit/ACH Cash Check EFTPS
Amount paid with first quarter
Date payment was requested to be debited
For Cash payments, date cash was deposited. For Check payments, date on check.
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment
EFTPS Confirmation Number

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

Last Payment, regardless of quarter or date paid.

Do NOT use if only one estimated payment was made.
Method Direct Debit/ACH Cash Check EFTPS
Amount of last payment
Date payment was requested to be debited
For Cash payments, date cash was deposited. For Check payments, date on check.
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment
EFTPS Confirmation Number

Electronic Filing Information (8868)

Signature Method

- Option (1) - Using Practitioner PIN. Use Section (A) below.
 Option (2) - Scanned 8453-EO.

PIN Information Enter information below

(A) Practitioner PIN:			
	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN:	28706	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ERO PIN:	38643		

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Preparer Table.

EFIN: 500921

Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.

Submission ID: 5009212021228kiskb6m

Name Control

[Click here to see Knowledge Base Document 14500, for more information on Name Controls](#)

PINE

Organization Information

Name PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC			Employer identification no. XX-XXXXXXX		
Address 3755 46TH AVENUE NORTH					
Address continuation			In care of name		
City SAINT PETERSBURG		State FL	Zip code 33714	Daytime phone 727-521-5315	
Foreign country		Foreign province/county		Foreign phone number	
Foreign postal code					
Officer name NEIL BRICKFIELD		Title EXECUTIVE DIRECTOR			
				Date return signed 08/16/2021	

ERO

(Enter data in the Preparer Manager)

ERO's name KATHY A CORMIER CPA			Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN XXXXXXXXXX	
Firm's name CORMIER & RABB, CPAs, PA			ERO's EIN XX-XXXXXXX		
Address 28163 US HWY 19 N, STE 204			Phone (727) 796-2459		
City CLEARWATER		State FL	ZIP code 33761		

Preparer

(Enter data in the Preparer Manager)

Preparer's name KATHY A CORMIER CPA			Non-paid prep type	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN XXXXXXXXXX	
Firm's name CORMIER & RABB, CPAs, PA			EIN XX-XXXXXXX			
Address 28163 US HWY 19 N, STE 204			Phone (727) 796-2459			
City CLEARWATER		State FL	ZIP code 33761			

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns		
2	Membership dues		
3	Fundraising events	120,270	
4	Related organizations		
5	Government grants (contributions)	349,263	
6	All other contributions, gifts, grants, and similar amounts not included above: CONTRIBUTIONS	245,311	
	Other contributions total	245,311	0
7	Total	714,844	0

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	PLEDGES & GRANTS RECEIVABLE	53,282		0	
2		0		0	
3		0		0	
4		0		0	
5		0		0	
6		0		0	
7		0		0	
8		0		0	
9		0		0	
10		0		0	
11	Total pledges and grants receivable	53,282	0	0	0

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	OTHER RECEIVABLES	0	193,781	0	
2		0		0	
3		0		0	
4		0		0	
5		0		0	
6		0		0	
7		0		0	
8		0		0	
9		0		0	
10		0		0	
11	Total accounts receivable	0	193,781	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

			Before Disposition:	1,200,538	202,573	997,965			
			Less Disposed:	0					
* Asset disposed during tax year			After Disposition:	1,200,538			0	202,573	997,965
Check (X) if Investment Asset	Asset Description and Classification		Beginning of Year			End of Year			
	Category or Item	Asset Classification	Cost/Other Basis	Beginning Accumulated Depreciation	Beginning Balance	Current Year Depreciation	Ending Accumulated Depreciation	Ending Balance	
1	LAND	Land	636,650	0	636,650		0	636,650	
2	BUILDING	Buildings	107,586	0	107,586		0	107,586	
3	BUILDING IMPROVEMENTS	Buildings	349,662	202,573	147,089		202,573	147,089	
4	SPORTS COMPEX IMPROVEMENTS & EQ	Equipment	81,308	0	81,308		0	81,308	
5	COMPUTERS & SOFTWARE	Equipment	7,595	0	7,595		0	7,595	
6	ACCUMULATED DEPRECIATION	Other	0	0	0		0	0	
7	EQUIPMENT	Equipment	17,737	0	17,737		0	17,737	

CLIENT COPY

Part X, Line 25 (990) - Other Liabilities

		Total:	47,207	43,068
			Beginning	End
1	Federal income taxes		0	0
2	PAYCHECK PROTECTION PROGRAM LOAN PAYABLE		47,207	43,068

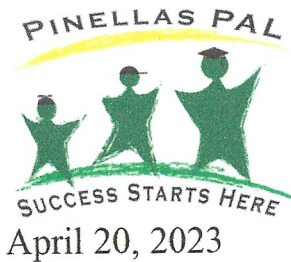
Unnamed Itemized List

Description	Total
1 GRANTS	
2 CONTRIBUTIONS	799,258
3 PROGRAM FEES	
4 FUNDRAISING	
Total	799,258

Unnamed Itemized List

Description	Total
1 IN-KIND OPERATIONAL COST	
2 IN-KIND FACILITY COST	
3 IN-KIND OTHER	
Total	

CLIENT COPY



Pinellas Sheriff's Police Athletic League

3755 46th Ave. N, St. Petersburg, FL 33714 | (727) 521 5315 | pinellaspal.com

Executive Director

Lauren O'Connor

President

John Wier III

Vice President

Duke Mitchell

Treasurer

Corey McLaughlin

Secretary

Kathleen Litton

Board Members

John Anderson, Jr.

Georgie Barbetto

Michael Boyle

Michael Broadus

Richard Butler

Jennifer Crockett

Sheriff Bob Gualtieri

SGT Ben McBride

Rev. Harold Paxton

Sherrie Pennington

James Roberto

Honorary Members

Jerry Babcock

Sheriff Jim Coats

(Retired)

Sponsors



Pinellas PAL Executive Staff

Randi Meyer

Executive Director

Hired by Pinellas Pal to current position in April of 2023.

Brenda Boykins

HR Specialist

Hired by Pinellas PAL in January of 2022 and promoted to current position in June of 2022.

Natalie Peraza

Credentialed Director

Hired by Pinellas PAL in May of 2021 and promoted to current position in February of 2022.



Pinellas Sheriff's Police Athletic League

3755 46th Ave. N, St. Petersburg, FL 33714 | (727) 521 5315 | pinellaspal.com

Executive Director

Lauren O'Connor

President

John Wier III

Vice President

Duke Mitchell

Treasurer

Corey McLaughlin

Secretary

Kathleen Litton

Board Members

John Anderson, Jr.

Georgie Barbetto

Michael Boyle

Michael Broadus

Richard Butler

Jennifer Crockett

Sheriff Bob Gualtieri

SGT Ben McBride

Rev. Harold Paxton

Sherrie Pennington

James Roberto

Honorary Members

Jerry Babcock

Sheriff Jim Coats

(Retired)

Sponsors



Giving Humanity a Hand Since 1969



PAL Officers & Board of Directors

President: **John Wier III**, Manufacturer

john4059@gmail.com

Vice President: **Duke Mitchell**, Retired Insurance Executive

reelnative22@gmail.com

Treasurer: **Corey McLaughlin**, Senior VP, First Bank

cmclaughlin@thefirstbank.com

Secretary: **Kathleen Litton**, Lealman Fire Commissioner

klitton@tampabay.rr.com

John Anderson Jr., Commercial Developer

jca01@mac.com

Georgie Barbetto, Advantage Group

gmstein75@gmail.com

Michael J. Boyle, Attorney

mboyle@leavenlaw.com

Michael Broadus, Foley & Lardner LLP

mbroadus03@gmail.com

Richard Butler, Community Programs Manager,

Pinellas County Sheriff's Office

rbutler@pcsonet.com

Jennifer Crockett, Pinellas County Sheriff's Office

jcrockett@pcsonet.com

Robert Gualtieri, Sheriff, Pinellas County Sheriff's Office

rgualtieri@pcsonet.com

Benjamin McBride, Pinellas County Schools Officer

benmcbride501@gmail.com

Rev. Harold Paxton, Church Pastor

hpaxton1@tampabay.rr.com

Sherrie Pennington, Pennington & Associates

slpenni@yahoo.com

James Roberto, Owner, County Sanitation

countyrecycling@aol.com



Pinellas Sheriff's Police Athletic League

3755 46th Ave. N, St. Petersburg, FL 33714 | (727) 521 5315 | pinellaspal.com

Executive Director
Neil Brickfield

President
John Wier III

Vice President
Duke Mitchell

Treasurer
Corey McLaughlin

Secretary
Kathleen Litton

Board Members
John Anderson, Jr.

Georgie Barbetto

Michael Boyle

Michael Broadus

Richard Butler

Jennifer Crockett

Sheriff Bob Gualtieri

Ben McBride

Terry O'Reilly

Rev. Harold Paxton

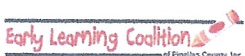
Sherrie Pennington

James Roberto

Honorary Members
Jerry Babcock

Sheriff Jim Coats (Retired)

Sponsors



Pinellas PAL Board Requirements

- (1) *Active Participation.* Board members are expected to exercise the duties and responsibilities of their position with integrity, professionalism, and care. This includes:
 - (a) Making attendance at all Board meetings a priority.
 - (b) Being prepared to discuss agenda items, including reading any background materials ahead of time.
 - (c) Cooperating with and respecting the opinions of fellow Board members, leaving personal opinions and prejudices out of all Board discussions. Supporting the actions of the Board even if the Board member personally disagrees with the action taken.
 - (d) Putting the interests of Pinellas PAL above personal interests.
 - (e) Representing the organization in a positive, supportive manner at all times.
 - (f) Showing respect and courteous conduct in all Board meeting and PAL events.
 - (g) Refraining from intruding on administrative issues that are the responsibility of staff or other entities, except to monitor results.
 - (h) Observing established lines of communication and directing requests for information or assistance to the Executive Director.

Pinellas PAL has a 100% giving Board.



Leadership program youth meeting with the St. Petersburg Mayor.



Backpacks filled with school supplies ready to be distributed at our back-to-school event. Last year we handed out close to 800 backpacks to area kids.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 25 2006

PINELLAS COUNTY SHERIFFS POLICE
ATHLETIC LEAGUE INC
10750 ULMERTON RD
LARGO, FL 33778-0000

Employer Identification Number:
59-3760782
DIN:
17053077744036
Contact Person: ID# 31309
DEL TRIMBLE
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated May 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)



Check-A-Charity

KNOW HOW YOUR MONEY IS BEING SPENT

**PINELLAS COUNTY SHERIFF'S POLICE ATHLETIC LEAGUE, INC., SAINT
PETERSBURG, FL**

Registration Number :CH14055

Expiration Date : 5/24/2024

Revenue Source : IRS 990 Form (09/30/2021)

Total Revenue : \$770,289.00

Program Services Expenses : \$513,056.00 **78%**

Total Expenses : \$661,118.00

Administrative Expenses : \$116,615.00 **18%**

Surplus/Deficit : \$109,171.00

Fundraising Expenses : \$31,447.00 **5%**