

Application Form

Organization Information

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

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

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

Organization Name*

C.A.P. Inc./DBA Citizens Alliance for Progress

Proposal Name*

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

Technology Update

EIN*

59-2299047

Incorporation Year*

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

1982

Organizational Mission Statement*

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

The Mission of Citizens Alliance for Progress Inc. is to deliver community-based services and partner with other providers to empower and support individuals and families to foster their growth and development.

Unique Entity ID (SAM)

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

If you do not have a Unique Entity ID number, you can create an account on [SAM.gov](#) and apply for one here (it is

free and may take 3-4 days for approval): <https://sam.gov/content/home>

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

Character Limit: 12

Annual Operating Budget Size*

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

\$850,003.00

Amount Requested*

The maximum grant amount is \$199,999.

\$30,815.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

Organization Programmatic Background*

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

Citizens Alliance for Progress, Inc. (CAP) takes a holistic approach, recognizing that children, families and neighborhoods are interrelated and each affects and can support the other. To that end, our specific services align with the mission of CAP and include but are not limited to: Health and Wellness; Youth Development, Educational Support, Family Involvement/Parent Engagement and School Navigation, and Literacy (financial, technological, etc.). With the overarching goal of empowering families, individuals, and neighborhoods to realize their assets and strengths, many of the services CAP offers, either directly or indirectly, assist at-risk families with children. By collaborating with other social service agencies, we are able to provide a strong support system for these families. CAP provides an assistance program that links families to services they specifically need. Programs, events, and workshops that fit the needs of our neighborhood families are developed on a continuous basis. We have been operating our center and providing services since 1986. Some of the programs we offer are:

Academic Enhancement Program (AEP) - This is an after school program for students in grades K-12. Students enrolled receive assistance with homework and test preparation. Tutoring and skills review are provided for struggling students.

Parent Meetings- Monthly meetings provided for parents of students in the after school program (AEP) to empower them to advocate for their children; some workshops are provided by Pinellas County Schools' Parent Academy.

Summer Academic Enrichment Camp- Summer Camp provides assistance to students in Mathematics, Reading, Technology and other academic areas. Field trips are scheduled on a weekly basis to enhance curriculum.

Boys 2 Men- Males, ages 7 -17, are assisted with developing their skills, abilities, and potential; developing their confidence, realistic goals: teaches character education and how to make good choices and decisions.

Community Need*

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

According to the Pinellas County Economic Impact on Poverty Report, "poverty is linked to lower educational attainment within a community and affects individuals from early childhood". This report listed the Union Academy Neighborhood, where our center is located, as one of the most five impoverished areas in the county.

The COVID-19 pandemic and the loss of household income during lockdowns has resulted in increased food insecurity in the community, as well as the need for more housing, unemployment, and cash assistance. Some of the other needs of families in the community are educational, skill development, and improving the well-being of children and families. Most of the students in the community go to a Title I School, where their past level of performance was 27% in ELA and 41% in Math, as evidenced by FSA scores. Virtual Learning, because of the COVID-19 pandemic, has also hurt the education of these students. This has given children with the most needs less of an opportunity to interact with their teachers. We now have children who are behind academically because of less interaction during their formative years because of COVID 19.

The community needs a program like ours that emphasizes educational support to children and families, which will improve student success in school. The parents have access to information and other resources at our center. With information and support, they will be able to take action in improving the well-being of children, families, and communities. The youth are provided positive developmental opportunities to aid character building, attitudes, and behaviors which enhance the likelihood of them becoming healthy and productive citizens/adults.

Negative Economic Impact on Organization*

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

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

- A reduction in revenue from 2019 to 2020

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

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

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

Fundraiser-Canceled.pdf

The COVID-19 pandemic has had a very negative economic impact on our agency and our day to day operations. We are a community-based agency located in a historically African American Neighborhood. This neighborhood has a growing Hispanic population. The ability to raise funds in a low-income neighborhood has presented some difficulties. Our agency has been able to overcome this obstacle by establishing an Annual Banquet. The Pandemic has prevented us from having this Banquet for two consecutive years. This lack of fundraising efforts has hindered us from having the necessary funding to improve our technological infrastructure.

The COVID-19 pandemic highlighted the need for a better technological system. Our Wi-Fi system is patched together which makes it vulnerable and gives spotty internet services. The center has three buildings that are served by the same wireless internet system. The classrooms for the After School Program are in these buildings. Safety precautions, due to COVID-19, dictated that we put computers in these classrooms for the students to use, to limit the students' movements around the center. Using more computers for instructional practices required greater internet band width. The additional usage of computers on the Wi-Fi resulted in slow connection or no connectivity at all.

The school system began utilizing technology more to teach students during the pandemic. The majority of children we serve are people of color and from low-income households. These households lack the technology and knowledge to make this adjustment to this type of teaching. The results were that some of the children fell further behind. This problem has been exacerbated because of the School System has increased the use of online sites to teach students, after the pandemic. Also, more families are coming to the center to use our computers for EBT, Job Search, ACCESS Recertification, etc.

The lack of a stable Wi-Fi system and computers hinders our ability to meet the growing needs of the community due to the impact of COVID-19. We don't have the ability to purchase the upgrade to our technology because of the economic harm from the pandemic i.e. cancelled fundraiser.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

We will be purchasing a technology upgrade for our Wi-Fi system and computers.

The estimated lifespan for the Wi-Fi system is 10 years.

The estimated lifespan for the computers is 3 years.

This upgrade will allow for greater accessibility and connectivity. The participants in the After School Program will benefit from having a Wi-Fi system and computers that will enable them to access online digital school work. The technology upgrade will provide greater internet and computer reliability to assist the students in increasing their learning gains. This improved network system and computers will also benefit the clients that utilize the Family Center in seeking employment, recertifying benefits, etc.

Guiding Principles - Client Impact*

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

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

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

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

Yes, our center services the needs of the priority population, especially the Black and Hispanic population. Our facility is in a historically African American community, where there is a greater need for access to reliable technology. This purchase will help us assist in alleviating the negative impact COVID has had on the learning for children of color. Also, it provides us with an opportunity to help clients with their technological needs, applying for employment, ACCESS recertification, utility assistance, etc., and other online services.

Number Served*

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

1800

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Duplicated

Other (Explanation Required)

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

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

To assess if your organization serves or is headquartered in a QCT, use the following link:

https://www.huduser.gov/portal/sadda/sadda_qct.html

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

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

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>
401 E. Martin Luther King Jr. Dr., Tarpon Springs, FL 34689

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Yes

Purchase Location*

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

Examples

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

Union Academy Family Center
401 E. Martin Luther King Jr. Dr., Tarpon Springs, FL 34689

QCT Determination - Purchase*

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

Yes

Community Connection

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

Community Representation and Connection*

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

The Agency was formed by residents of the community to secure and renovate the former Union Academy Elementary School. During the times of segregation, this was the school where the residents received their formative education. CAP has been working for nearly forty years, in providing needed services, at the Union Academy Family Center. The organization has worked with the Pinellas County and City of Tarpon Springs Planning Department, and the Community Development Department on many projects to revitalize the community. The Board of Directors at our Neighborhood Family Center is made up of a diverse group of individuals. Some of the Board members are residents, or people who are affiliated with the Union Academy community, which helps the organization stay attuned to the needs of the community. The organization continually looks to partner with other organizations and groups who provide services to the community. Some of these are: churches/faith-based community, Pinellas County Schools, Shepherd Center, Tarpon Housing Authority, Tarpon Health Department, and the Hispanic Outreach Center.

Leadership Demographics - Board Membership*

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

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

BIPOC

Leadership Demographics - Executive Level Leadership Team*

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

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

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

BIPOC

Leadership Demographics - CEO/Executive Director*

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

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

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

BIPOC

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

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

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

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

Bids for Technology Upgrade.pdf

Sole Source*

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

N/A

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties

Budget Summary*

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

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

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

Budget-Template-Small-Capital-Purchases-Symmetric.xlsx

The bid selected was \$1,800 more than the other bid. The vendor was selected because of the extensive visits to the site to ensure that the proposal would meet our needs to address the technological problem. Also, the computers suggested would better serve our needs.

Other Funding Sources*

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

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

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

N/A

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

This project should not affect operating costs.

Organization Documentation

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

Organization Budget*

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

Agency Budget-2022-23-Final.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

BOD List 2022-2023.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

Citizens Alliance for Progress - Public Disclosure 990.pdf

Most Recent Financial Statements*

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

CAP_9.30.21. Financial Statements-Final.pdf

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

Certificate of Insurance.pdf

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

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

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

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

Additional Upload

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

Anything else to share?

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

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- Fundraiser-Canceled.pdf
- Bids for Technology Upgrade.pdf
- Budget-Template-Small-Capital-Purchases-Symmetric.xlsx
- Agency Budget-2022-23-Final.pdf
- BOD List 2022-2023.pdf
- Citizens Alliance for Progress - Public Disclosure 990.pdf
- CAP_9.30.21. Financial Statements-Final.pdf
- Certificate of Insurance.pdf

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	60.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	655,679.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	32,883.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 14,815.			
	h	Total. Add lines 1a-1f		688,622.			
	Program Service Revenue	2 a		Business Code			
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,677.		7,677.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	6a			
			(ii) Personal	6b			
				6c			
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a	13,070.		
			(ii) Other	7b	10,389.		
				7c	2,681.		
	d	Net gain or (loss)		2,681.		2,681.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	624100	2,168.	2,168.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,168.			
12	Total revenue. See instructions		701,148.	0.	0.	12,526.	

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL AWARDS DINNER (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	26,808.		26,808.
	2	Less: Contributions	1,875.		1,875.
	3	Gross income (line 1 minus line 2)	24,933.		24,933.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,195.		1,195.
	7	Food and beverages	9,207.		9,207.
	8	Entertainment			
	9	Other direct expenses	3,172.		3,172.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			13,574.
	11	Net income summary. Subtract line 10 from line 3, column (d)			11,359.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Symmetric IT Group Quote



SYMMETRIC
IT Group

From: Jevon Curry
Symmetric IT Group
12330 Race Track Road
Tampa, FL 33626
United States
(813) 749-0895
jcurry@symmetricgroup.com

Prepared for: David Archie
Citizens Alliance for Progress, Inc.
401 E. Martin Luther King Jr. Dr.
Tarpon Springs, FL 34689
United States
(727) 934-5881
darchie@citizensallianceforprogress.org

Bid Submitted On 9/7/2022

Quantity	Description	Unit Price	Ext. Price
10.00	Ubiquiti UniFi HD Access Point - High-Performance, 802.11AC Wave 2 Dual-Band Access Point, Capable of Throughput Speeds of up to 2533 Mbps and a Maximum Range of up to 122 Meters - Indoor/Outdoor	\$350.00	\$3,500.00
2.00	Ubiquiti UniFi Switch - 24 Ports Managed PoE	\$475.00	\$950.00
1.00	Ubiquiti UFiiber 1Gtek Module - 1GB SFP module - 2 Pack	\$25.00	\$25.00
1.00	APC UPS, 425VA Battery Backup Surge Protector - 8 Outlets	\$55.00	\$55.00
1.00	APC UPS, 650VA Battery Backup Surge Protector - 8 Outlets	\$120.00	\$120.00
2.00	MM Fiber Cable - 1M (3.3Ft)	\$20.00	\$40.00
1.00	CAT6 Cabling Project - Wire facility for ten (10) UniFi HD Access Points. Run indoor/outdoor MM Fiber with enclosures to IDF located in East wing back office. All locations are to be wired with one (1) CAT6 Cable and will terminate onto CAT6 patch panel in MDF and IDF, as well as onto CAT6 modular ICE cubes at Access Points. Tone, test, and label all runs.	\$3,925.00	\$3,925.00
20.00	Professional Services - Setup & Configure one (1) UniFi Switch in Main Wiring Closet for existing drops and UniFi Access Points. Setup & Configure one (1) UniFi Switch in Back Closet for UniFi Access Points. Setup & Configure ten (10) UniFi HD Access Points. Connect networks via Fiber run. Hang UniFi Access Points. Test connection to network and Internet. Resolve any open issues.	\$135.00	\$2,700.00
14.00	HP 24 All-in-One Desktop - Ryzen 7 5700U Processor, 16GB RAM, 256GB SSD + 1TB HDD, 24" Full HD IPS Touchscreen, Privacy Camera w/ mic & speakers, GigE, WiFi, Win 11, 1YR Warranty	\$1,200.00	\$16,800.00
20.00	Professional Services - Install & Setup fourteen (14) HP All-in-One Systems. Apply updates and patches. Configure systems to standards and connect to Network. Test connection to Network and Internet.	\$135.00	\$2,700.00
Subtotal:			\$30,815.00
Sales Tax:			\$0.00
Total:			\$30,815.00

Signature: _____

Date: _____



MISSION

IT Recommendations

September 06, 2022

Proposal prepared for:

David Archie

Citizens Alliance for
Progress

Proposal prepared by:

Logan Rusnak

Logan Rusnak

1646 W. Snow Ave, #91

Tampa, FL 33606

United States

logan@themissionit.com

8135137797

Introduction

At Mission, we are AV and IT-centric professionals whose focus is to provide clients with top notch support, service, and technology, so they can achieve great work.

Needs

After speaking with David, I think there are a few items that need to be addressed:

1. Hardware. I'm recommending 3 PoE switches, a firewall, and access points for the office. This will allow for proper WiFi and hard-wired internet throughout the office.
2. Toning and labeling. All lines in the office need to be toned out to verify the line is terminate and run properly, and then labeled.
3. Additional low voltage. We will need to run Cat6 for all access points. Once we tone out what is currently there, we may have to run additional lines, which would be an additional cost.
4. Workstations. Setup touchscreen workstations for the after-school program.
5. Programming and Training. Once everything is installed and toned out, we will program the network and train the staff on the solution.

Hardware

Firewall

\$480.00

\$480.00 x 1 item



Ubiquiti Dream Machine Pro. This unit is responsible for handing out IP's to all devices, as well as offer security for the organization.

Switch

\$2,520.00

\$840.00 x 3 items



Ubiquiti Switch Pro 24 PoE. 1 per building. Most ports will not be used, but this will allow for additional growth down the road.

Access Points

\$3,352.00

\$419.00 x 8 items



Ubiquiti HD Access Point. I am recommending we install 8 throughout the buildings.

Network Rack

\$1,047.00

\$349.00 x 3 items



All equipment needs to go into a network rack. It's my recommendation that we use 1 per building.



\$2,430.00
\$810.00 x 3 items

Battery Backup. This is for the main office network closet and the 2 other buildings.

Workstations

\$11,186.00
\$799.00 x 14 items



Lenovo IdeaCenter Touchscreen Computer

Labor

This will include toning and labeling all lines, running additional ethernet for the access points, programming and testing the network equipment, setting up workstations, and training on the solution.

\$8,000.00

Total

Total: \$29,015.00

Next

By accepting this proposal you give us the authority to carry out this project as outlined above.

We look forward to working with you, and hope that this might be a step towards a continued working relationship. If you have any questions don't hesitate to get in touch.

Sincerely,

Logan Rusnak + Jon Denison

Mission IT

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: C.A.P., Inc

Proposal Name: Technology Upgrade

A	B	C	D	E	F	G	H
Line Item	Item (Description)	Price Per Item	Quantity of Item	Purchase Total	ARPA Grant Funds Requested	Applicant Match	Funding Total
1	Fiber Cable	\$ 20.00	2	\$ 40	\$ 40	\$ -	\$ 40
2	Switch	\$ 475.00	2	\$ 950	\$ 950	\$ -	\$ 950
3	Access Points	\$ 350.00	10	\$ 3,500	\$ 3,500	\$ -	\$ 3,500
4	CAT6 Cabling Project	\$ 3,925.00	1	\$ 3,925	\$ 3,925	\$ -	\$ 3,925
5	Ubiquiti Ufiber	\$ 25.00	1	\$ 25	\$ 25	\$ -	\$ 25
6	Battery Backup	\$ 55.00	1	\$ 55	\$ 55	\$ -	\$ 55
7	Battery Backup	\$ 120.00	1	\$ 120	\$ 120	\$ -	\$ 120
8	Professional Services-Setup	\$ 135.00	20	\$ 2,700	\$ 2,700	\$ -	\$ 2,700
9	Computers	\$ 1,200.00	14	\$ 16,800	\$ 16,800	\$ -	\$ 16,800
10	Computer Installation	\$ 135.00	20	\$ 2,700	\$ 2,700	\$ -	\$ 2,700
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		TOTAL	72	\$ 30,815	\$ 30,815	\$ -	\$ 30,815

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL

Columns E, H, and the "TOTAL" row are locked and cannot be edited

Key

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

Citizens Alliance for Progress Inc.

Budget 2022-23

Revenues

2022-2023

JWB Funding	\$	779,931
ELC Grant	\$	38,414
Mission Grant	\$	10,000
Fund Raising	\$	12,000
Memberships	\$	300
Contributions/Other Income	\$	20,400
Rental Income	\$	320
Total Cash Revenues	\$	861,365

Expenses

Salaries	\$	472,178
FICA	\$	36,122
Retirement	\$	-
Health & Life	\$	77,490
Worker's Comp.	\$	8,511
Unemployment Comp.	\$	420
Professional Services-Accounting/Audit	\$	48,798
Rent Expenses (EQUIP.)	\$	5,400
Repair & Maintenance-Prop,Grounds, Veh	\$	8,694
Utility -Electric-W/S/S-Tel (Combined)	\$	37,065
Operating Expenses (Office & Operating)	\$	16,759
Participant Transportation	\$	7,336
Participant Expenses(Food-Books -Combined)	\$	51,917
Dues/Memberships	\$	1,172
Training	\$	800
Travel and Per Diem	\$	1,684
Conference	\$	810
Promotional	\$	1,800
Insurance Expense	\$	34,369
Bank Services	\$	264
Miscellaneous	\$	38,414
Total Expenses	\$	850,003
 Net Surplus (Deficit)	 \$	 11,362

Citizens Alliance for Progress

Board of Directors (2022 – 2023)

1. Larry Black
2. Nathaniel Crawford
3. Glenn Davis
4. Gale Gadson (Secretary)
5. Sandra Hopkins (Treasurer)
6. Taurean Mathis
7. Thomas McKone (President)
8. Isiah Montgomery
9. Kathy Monahan
10. Diane Porter (Vice-President)
11. Nancy Zambito

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

September 30, 2021

Prepared For:

CITIZENS ALLIANCE FOR PROGRESS INC
401 E MARTIN LUTHER KING JR DR
TARPON SPRINGS, FL 34689

Prepared By:

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

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CITIZENS ALLIANCE FOR PROGRESS INC		D Employer identification number 59-2299047
	Doing business as		E Telephone number (727) 934-5881
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	401 E MARTIN LUTHER KING JR DR		G Gross receipts \$ 711,537.
	City or town, state or province, country, and ZIP or foreign postal code TARPON SPRINGS, FL 34689		
F Name and address of principal officer: DAVID ARCHIE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: **WWW.CITIZENSALLIANCEFORPROGRESS.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2000** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EMPOWER AND SUPPORT INDIVIDUALS AND FAMILIES TO FOSTER THEIR PERSONAL GROWTH AND DEVELOPMENT.		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	93
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 681,793.	Current Year 688,622.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,882.	10,358.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,864.	2,168.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	722,539.	701,148.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,025.	14,815.
	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)	498,901.	478,763.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,733.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	170,542.	179,409.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	680,468.	672,987.	
19 Revenue less expenses. Subtract line 18 from line 12	42,071.	28,161.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,678,370.	End of Year 1,669,012.
	21 Total liabilities (Part X, line 26)	198,161.	188,661.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,480,209.	1,480,351.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO DELIVER COMMUNITY-BASED SERVICES AND PARTNER WITH OTHER SERVICE PROVIDERS TO EMPOWER AND SUPPORT INDIVIDUALS AND FAMILIES TO FOSTER THEIR PERSONAL GROWTH AND DEVELOPMENT.

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

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

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

4a (Code:) (Expenses \$ 543,658. including grants of \$ 14,815.) (Revenue \$) THE ORGANIZATION OPERATES A NEIGHBORHOOD FAMILY CENTER AND SPONSORS PROGRAMS AND EVENTS TO PROVIDE PHYSICAL, MENTAL, SPIRITUAL, AND MORAL SUPPORT FOR FAMILIES AND TO STRENGTHEN THE NEIGHBORHOOD. SERVICES ARE DELIVERED PRIMARILY TO INDIVIDUALS RESIDING IN AND AROUND THE CITY OF TARPON SPRINGS IN PINELLAS COUNTY, FLORIDA. WE PROVIDE A HOLISTIC APPROACH TO STRENGTHENING AND EMPOWERING FAMILIES AND THE COMMUNITY, SO THEY CAN FOSTER THE OPTIMAL DEVELOPMENT OF CHILDREN, YOUTH, AND ADULT FAMILY MEMBERS. THE AGENCY IS NOT ONLY NATIONALLY ACCREDITED BY THE COUNCIL ON ACCREDITATION (COA), BUT ALSO BECAME A LICENSED CHILDCARE CENTER. A MAJOR COMPONENT OF OUR SERVICE DELIVERY INCLUDES FAMILY SUPPORT. FAMILY SUPPORT SERVICES PROVIDE ASSISTANCE IN AREAS OF SELF-SUFFICIENCY AND RESILIENCY SUCH AS MENTAL HEALTH SERVICES,

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

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

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

4e Total program service expenses 543,658.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

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 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 11		
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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
15b			
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 **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **DAVID ARCHIE - 727-934-5881**
401 E MLK JR DR, TARPON SPRINGS, FL 34689

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS MCKONE PRESIDENT	1.00	X		X				0.	0.	0.
(2) DIANE PORTER VICE PRESIDENT	1.00	X		X				0.	0.	0.
(3) SANDRA HOPKINS TREASURER	1.00	X		X				0.	0.	0.
(4) GALE GADSON SECRETARY	1.00	X		X				0.	0.	0.
(5) DR. LARRY BLACK DIRECTOR	1.00	X						0.	0.	0.
(6) SGT. TAUREAN MATHIS DIRECTOR	1.00	X						0.	0.	0.
(7) GLENN DAVIS DIRECTOR	1.00	X						0.	0.	0.
(8) DR. KATHY MONAHAN DIRECTOR	1.00	X						0.	0.	0.
(9) DR. NANCY ZAMBITO DIRECTOR	1.00	X						0.	0.	0.
(10) ISIAH MONTGOMERY DIRECTOR	1.00	X						0.	0.	0.
(11) DR. NATHANIEL CRAWFORD, JR. DIRECTOR	1.00	X						0.	0.	0.
(12) DAVID O ARCHIE EXECUTIVE DIRECTOR	40.00			X				64,987.	0.	19,276.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Subtotal							64,987.	0.	19,276.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							64,987.	0.	19,276.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	60.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	655,679.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	32,883.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 14,815.				
	h Total. Add lines 1a-1f			688,622.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,677.			7,677.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	13,070.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	10,389.				
	c Gain or (loss)	7c	2,681.				
d Net gain or (loss)			2,681.		2,681.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	624100	2,168.		2,168.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			2,168.			
12 Total revenue. See instructions			701,148.	0.	0.	12,526.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,815.	14,815.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	83,936.	67,149.	12,590.	4,197.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	310,939.	248,751.	46,641.	15,547.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	55,053.	44,042.	8,258.	2,753.
10 Payroll taxes	28,835.	23,068.	4,325.	1,442.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,400.		10,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,303.	3,303.		
12 Advertising and promotion				
13 Office expenses	36,519.	33,035.	2,613.	871.
14 Information technology				
15 Royalties				
16 Occupancy	27,568.	22,055.	4,135.	1,378.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,886.	31,109.	5,833.	1,944.
23 Insurance	26,450.	21,160.	3,967.	1,323.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT EXPENSES	22,190.	22,190.		
b FOOD AND NUTRITION	8,533.	8,533.		
c EQUIPMENT RENTAL AND MA	5,560.	4,448.	834.	278.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	672,987.	543,658.	99,596.	29,733.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	187,007.	1	160,255.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	692,080.	4	651,430.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,384.	9	16,534.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 703,334.		
	b Less: accumulated depreciation	10b 370,129.		
	11 Investments - publicly traded securities	314,258.	10c	333,205.
	12 Investments - other securities. See Part IV, line 11	356,744.	11	391,306.
	13 Investments - program-related. See Part IV, line 11	112,897.	12	116,282.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,678,370.	15		
		16	1,669,012.	
Liabilities	17 Accounts payable and accrued expenses	198,161.	17	188,661.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	198,161.	26	188,661.
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	840,348.	27	899,497.
	28 Net assets with donor restrictions	639,861.	28	580,854.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,480,209.	32	1,480,351.
	33 Total liabilities and net assets/fund balances	1,678,370.	33	1,669,012.

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	701,148.
2	Total expenses (must equal Part IX, column (A), line 25)	2	672,987.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,161.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,480,209.
5	Net unrealized gains (losses) on investments	5	30,989.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-59,008.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,480,351.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **CITIZENS ALLIANCE FOR PROGRESS INC** Employer identification number **59-2299047**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	661,863.	773,267.	627,161.	681,793.	688,622.	3432706.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	105,230.	104,708.	121,986.	724,904.	56,650.	1113478.
4 Total. Add lines 1 through 3	767,093.	877,975.	749,147.	1406697.	745,272.	4546184.
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.						4546184.

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	767,093.	877,975.	749,147.	1406697.	745,272.	4546184.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,753.	16,570.	14,671.	14,324.	10,358.	69,676.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,347.	5,627.	6,652.	15,671.	2,681.	32,978.
11 Total support. Add lines 7 through 10						4648838.
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	97.79 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	97.65 %
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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
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>		

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>		
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>		

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>		

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?		
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>		
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>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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>		
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>		
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>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

CITIZENS ALLIANCE FOR PROGRESS INC

Employer identification number

59-2299047

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization CITIZENS ALLIANCE FOR PROGRESS INC	Employer identification number 59-2299047
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>655,679.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CITIZENS ALLIANCE FOR PROGRESS INC	Employer identification number 59-2299047
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD INVENTORY _____ _____ _____	\$ 14,815.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CITIZENS ALLIANCE FOR PROGRESS INC	Employer identification number 59-2299047
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CITIZENS ALLIANCE FOR PROGRESS INC **Employer identification number** 59-2299047

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		86,443.		86,443.
b Buildings				
c Leasehold improvements				
d Equipment		616,891.	370,129.	246,762.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				333,205.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT - VALIC	116,282.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	116,282.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	788,788.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	30,989.
b	Donated services and use of facilities	2b	56,651.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	87,640.
3	Subtract line 2e from line 1	3	701,148.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	701,148.

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

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

1	Total expenses and losses per audited financial statements	1	788,647.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	115,660.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	115,660.
3	Subtract line 2e from line 1	3	672,987.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	672,987.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **CITIZENS ALLIANCE FOR PROGRESS INC** Employer identification number **59-2299047**

Part I General Information on Grants and Assistance

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

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

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

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

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD ASSISTANCE	331	0.	14,815.	COST	FOOD INVENTORY

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

PART I, LINE 2:

RECIPIENTS OF FOOD ASSISTANCE MUST SUBMIT AN APPLICATION TO THE PROGRAM

MANAGER FOR APPROVAL BEFORE RECEIVING ASSISTANCE.

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

CITIZENS ALLIANCE FOR PROGRESS INC

Employer identification number

59-2299047

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FINANCIAL LITERACY, AID WITH NAVIGATING THE EDUCATIONAL SYSTEM AND AN

ARRAY OF OTHER SERVICES. SOME OF THESE INCLUDE BASIC NEEDS SERVICES

SUCH AS THE LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) AND

OTHER PROGRAMS, EVENTS, AND WORKSHOPS THAT FIT THE NEEDS OF OUR

NEIGHBORHOOD FAMILIES. DURING THE PANDEMIC, WE ALSO HELPED FAMILIES

APPLY FOR FEDERAL FUNDING, THROUGH THE PINELLAS COUNTY, FOR RENTAL AND

UTILITY ASSISTANCE, AS WELL AS DISTRIBUTED FOOD, FACE MASKS AND OTHER

PPE ITEMS. OTHER PROGRAM SERVICES PROVIDED: THE ACADEMIC ENHANCEMENT

PROGRAM (AEP) GAVE EDUCATIONAL SUPPORT TO STUDENTS AND THEIR PARENTS;

PARENT MEETINGS (2ND MONDAY OF EACH MONTH) TO HELP PARENTS ADVOCATE FOR

THEIR CHILDREN AND BECOME MORE ENGAGED WITH THE SCHOOL SYSTEM;

BILINGUAL INTERPRETERS ARE PRESENT AT EACH PARENT MEETING AND ON SITE

ONCE A WEEK; - A SUMMER CAREER INSTITUTE AT ST. PETERSBURG COLLEGE WAS

HELD FOR MIDDLE AND HIGH SCHOOL STUDENTS TO EXPLORE CAREERS AND GAIN

JOB SKILLS TRAINING. A SUMMER ENRICHMENT CAMP WAS HELD FOR ELEMENTARY

STUDENTS TO DECREASE SUMMER LEARNING LOSS. -COOKING MATTERS, COOKING

CLASSES FOCUSED ON FAMILY NUTRITION, WAS TAUGHT BY UF/IFAS EXTENSION.

-YOUTH PARTICIPANTS, FAMILIES AND STAFF PARTICIPATED IN THE CITY OF

TARPON SPRINGS CHRISTMAS PARADE AND THE MLK JR. PARADE; -BACKPACK

GIVEAWAY WAS HELD IN AUGUST TO PROVIDE FREE BACKPACKS AND SCHOOL

SUPPLIES TO STUDENTS IN THE COMMUNITY. INTERGENERATIONAL LUNCHEON WAS

HELD FOR SENIORS IN THE COMMUNITY TO INTERACT WITH THE YOUTH; FARM

SHARE HOLIDAY PRODUCE GIVEAWAY, SPONSORED BY SEN. ED HOOPER AND REP.

CHRIS SPROWLS, DISTRIBUTED FOOD TO FAMILIES IN NEED; - COMMUNITY EVENTS

INCLUDED MAKE A DIFFERENCE DAY, KWANZAA CELEBRATION, ORATORICAL CONTEST

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

CITIZENS ALLIANCE FOR PROGRESS INC

Employer identification number

59-2299047

AT ST. PETERSBURG COLLEGE- TARPON CAMPUS AND SOUL FOOD FEST.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL BE COMPOSED OF THE OFFICERS OF THE CORPORATION AND THREE MEMBERS AT-LARGE THAT IS SELECTED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THIS CORPORATION SHALL CONSTITUTE ALL PERSONS WHO HAVE PAID THE SPECIFIED ANNUAL DUES. MEMBERSHIP SHALL BE FOR A PERIOD OF ONE YEAR FROM THE DATE OF PAYMENT. MEMBERS UNDER THE AGE OF 18 YEARS (YOUTH MEMBERS) SHALL HAVE NO VOTING RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ANNUAL MEETING OF THE MEMBERS SHALL BE HELD ON THE SECOND THURSDAY IN JANUARY EACH YEAR, FOR THE PURPOSE OF ELECTING DIRECTORS.

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

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

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

FULL DISCLOSURE, BY NOTICE IN WRITING, SHALL BE MADE BY THE INTERESTED PARTIES TO THE FULL BOARD OF DIRECTORS IN ALL CONFLICTS OF INTEREST. FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO, THE BOARD SHALL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT CAP'S

Name of the organization CITIZENS ALLIANCE FOR PROGRESS INC	Employer identification number 59-2299047
--	--

BEST INTERESTS. BOTH VOTES SHALL BE BY A MAJORITY VOTE WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM, PROVIDED THAT AT LEAST ONE CONSENTING DIRECTOR IS DISINTERESTED. AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER SHALL NOT PARTICIPATED IN ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THRE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER. A COPY OF THIS POLICY SHALL BE GIVEN TO ALL BOARD MEMBERS, STAFF MEMBERS, VOLUNTEERS OR OTHER KEY STAKEHOLDERS UPON COMMENCEMENT OF SUCH PERSONS RELATIONSHIP WITH CAP OR AT THE OFFICIAL ADOPTION OF STATED POLICY. EACH BOARD MEMBER, OFFICER, STAFF MEMBER, AND VOLUNTEER SHALL SIGN AND DATE THE POLICY AT TEH BEGINNING OF HIS OR HER TERM OF SERVICE OR EMPLOYMENT AND EACH YEAR THEREAFTER FAILURE TO SIGN DOES NOT NULLIFY THE POLICY. THE POLICY AND DISCLOSURE FORM MUST BE FILED ANNUALY BY ALL SPECIFIED PARTIES.

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

THE BOARD OF DIRECTORS DECIDE THE COMPENSATION OF THE EXECUTIVE DIRECTOR, UTILIZING COMPARABLE COMPENSATION INFORMATION PROVIDED BY THE JUVENILE WELFARE BOARD. ALL COMPENSATION DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE MEETINGS.

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

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

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.

FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2021 AND 2020



WEALTH ADVISORY | OUTSOURCING
AUDIT, TAX, AND CONSULTING

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**C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
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INDEPENDENT AUDITORS' REPORT

Board of Directors
C.A.P., Inc. dba: Citizens Alliance for Progress, Inc.
Tarpon Springs, Florida

We have audited the accompanying financial statements of C.A.P., Inc. dba: Citizens Alliance for Progress, Inc. (the Organization), which comprise the statements of financial position as of September 30, 2021 and 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Board of Directors
C.A.P., Inc. dba: Citizens Alliance for Progress, Inc.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of C.A.P., Inc. dba: Citizens Alliance for Progress, Inc. as of September 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 4, 2022, on our consideration of C.A.P., Inc. dba: Citizens Alliance for Progress, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the result of that testing, and not to provide an opinion on the effectiveness of C.A.P., Inc. Citizens Alliance for Progress, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering C.A.P., Inc. dba: Citizens Alliance for Progress, Inc.'s internal control over financial reporting and compliance.



CliftonLarsonAllen LLP

Lakeland, Florida
March 4, 2022

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2021 AND 2020

	2021	2020
ASSETS		
CURRENT ASSETS		
Cash	\$ 160,255	\$ 187,007
Grants and Other Receivables	70,576	52,219
Facility Receivable, Current Portion	59,008	59,008
Prepaid Expenses	16,534	15,384
Investments in Mutual Funds	391,306	356,744
Total Current Assets	697,679	670,362
NONCURRENT ASSETS		
Investments in Insurance Contracts	116,282	112,897
Facility Receivable, Less Current Portion	521,846	580,853
Property and Equipment, Net	333,205	314,258
Total Noncurrent Assets	971,333	1,008,008
Total Assets	\$ 1,669,012	\$ 1,678,370
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable	\$ 1,376	\$ 6,916
Accrued Expenses	25,725	29,684
Total Current Liabilities	27,101	36,600
NONCURRENT LIABILITIES		
Other Liabilities	161,560	161,560
Total Liabilities	188,661	198,160
NET ASSETS		
Without Donor Restrictions	899,497	840,349
With Donor Restrictions	580,854	639,861
Total Net Assets	1,480,351	1,480,210
Total Liabilities and Net Assets	\$ 1,669,012	\$ 1,678,370

See accompanying Notes to Financial Statements.

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
STATEMENTS OF ACTIVITIES
YEARS ENDED SEPTEMBER 30, 2021 AND 2020

	2021			2020		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES AND OTHER SUPPORT						
Juvenile Welfare Board of Pinellas County, Inc.	\$ 640,864	\$ -	\$ 640,864	\$ 597,768	\$ -	\$ 597,768
Pinellas Community Foundation	5,000	-	5,000	10,000	25,768	35,768
Contributions and Other Grants	5,882	25,993	31,875	10,034	23,533	33,567
In-Kind Contributions	14,815	-	14,815	11,001	694,270	705,271
Donated Services from Juvenile Welfare Board of Pinellas County, Inc.	30,658	-	30,658	30,658	-	30,658
Special Events:						
Proceeds	-	-	-	26,808	-	26,808
Special Events Expenses	-	-	-	(14,182)	-	(14,182)
Membership	60	-	60	1,790	-	1,790
Rental Income	-	-	-	442	-	442
Other Income	24,168	-	24,168	15,671	-	15,671
Investment Income	10,359	-	10,359	13,883	-	13,883
Unrealized Gain on Investments	30,989	-	30,989	1,448	-	1,448
Net Assets Released from Restrictions	85,000	(85,000)	-	110,920	(110,920)	-
Total Revenues and Other Support	<u>847,795</u>	<u>(59,007)</u>	<u>788,788</u>	<u>816,241</u>	<u>632,651</u>	<u>1,448,892</u>
EXPENSES						
Program Services	608,695	-	608,695	631,898	-	631,898
Management and General	145,229	-	145,229	126,097	-	126,097
Fundraising	34,723	-	34,723	38,131	-	38,131
Total Expenses	<u>788,647</u>	<u>-</u>	<u>788,647</u>	<u>796,126</u>	<u>-</u>	<u>796,126</u>
CHANGE IN NET ASSETS	59,148	(59,007)	141	20,115	632,651	652,766
Net Assets - Beginning of Year	<u>840,349</u>	<u>639,861</u>	<u>1,480,210</u>	<u>820,234</u>	<u>7,210</u>	<u>827,444</u>
NET ASSETS - END OF YEAR	<u>\$ 899,497</u>	<u>\$ 580,854</u>	<u>\$ 1,480,351</u>	<u>\$ 840,349</u>	<u>\$ 639,861</u>	<u>\$ 1,480,210</u>

See accompanying Notes to Financial Statements.

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED SEPTEMBER 30, 2021

	Program			Support		
	Juvenile Welfare Board	Other Program Services	Total Program Services	Management and General	Fundraising	Total
SALARIES AND RELATED EXPENSES						
Salaries	\$ 303,443	\$ 3,457	\$ 306,900	\$ 57,544	\$ 19,181	\$ 383,625
Employee Benefits	41,708	11,334	53,042	9,945	3,315	66,302
Payroll Taxes	22,585	483	23,068	4,325	1,442	28,835
Total Salaries and Related Expenses	<u>367,736</u>	<u>15,274</u>	<u>383,010</u>	<u>71,814</u>	<u>23,938</u>	<u>478,762</u>
EXPENSES						
Accounting and Auditing	-	-	-	10,400	-	10,400
Accounting In-Kind Services	-	-	-	30,658	-	30,658
Depreciation	-	31,109	31,109	5,833	1,944	38,886
Donated Use of Facilities	-	79,852	79,852	14,972	4,991	99,815
Equipment Rental and Maintenance	4,416	32	4,448	834	278	5,560
Food and Nutrition	8,339	194	8,533	-	-	8,533
Occupancy Costs	37,527	5,688	43,215	8,103	2,701	54,019
Office Expenses	2,510	1,093	3,603	676	225	4,504
Operating Supplies	3,521	1,109	4,630	868	289	5,787
Other Expense	18,921	172	19,093	-	-	19,093
Participant Expenses	18,596	3,594	22,190	-	-	22,190
Professional Services	97	3,206	3,303	-	-	3,303
Telephone and Internet	5,409	300	5,709	1,071	357	7,137
Total Expenses Included in the Expense Section of the Statement of Activities	<u>\$ 467,072</u>	<u>\$ 141,623</u>	<u>\$ 608,695</u>	<u>\$ 145,229</u>	<u>\$ 34,723</u>	<u>\$ 788,647</u>

See accompanying Notes to Financial Statements.

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED SEPTEMBER 30, 2020

	Program			Support		
	Juvenile Welfare Board	Other Program Services	Total Program Services	Management and General	Fundraising	Total
SALARIES AND RELATED EXPENSES						
Salaries	\$ 314,412	\$ 7,150	\$ 321,562	\$ 60,293	\$ 20,098	\$ 401,953
Employee Benefits	31,846	21,900	53,746	10,077	3,359	67,182
Payroll Taxes	23,428	385	23,813	4,465	1,488	29,766
Total Salaries and Related Expenses	<u>369,686</u>	<u>29,435</u>	<u>399,121</u>	<u>74,835</u>	<u>24,945</u>	<u>498,901</u>
EXPENSES						
Accounting and Auditing	-	-	-	11,605	-	11,605
Accounting In-Kind Services	-	-	-	-	-	-
Advertising	-	-	-	97	-	97
Depreciation	-	40,647	40,647	7,621	2,540	50,808
Donated Use of Facilities	-	101,347	101,347	19,002	6,334	126,683
Equipment Rental and Maintenance	6,510	2,128	8,638	1,620	540	10,798
Food and Nutrition	4,269	-	4,269	-	-	4,269
In-Kind Expense	-	-	-	-	-	-
Occupancy Costs	34,695	2,171	36,866	6,912	2,304	46,082
Office Expenses	4,674	1,284	5,958	1,117	372	7,447
Operating Supplies	4,166	8,348	12,514	2,346	782	15,642
Other Expense	2,312	812	3,124	-	-	3,124
Participant Expenses	4,087	541	4,628	-	-	4,628
Professional Services	9,764	-	9,764	-	-	9,764
Special Event Expenses	-	-	-	-	14,182	14,182
Telephone and Internet	5,022	-	5,022	942	314	6,278
Total Expenses	<u>445,185</u>	<u>186,713</u>	<u>631,898</u>	<u>126,097</u>	<u>52,313</u>	<u>810,308</u>
Less: Expenses Netted Against Revenues on the Statement of Activities						
Special Event Expenses	-	-	-	-	(14,182)	(14,182)
Total Expenses Included in the Expense Section of the Statement of Activities	<u>\$ 445,185</u>	<u>\$ 186,713</u>	<u>\$ 631,898</u>	<u>\$ 126,097</u>	<u>\$ 38,131</u>	<u>\$ 796,126</u>

See accompanying Notes to Financial Statements.

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
STATEMENTS OF CASH FLOWS
YEARS ENDED SEPTEMBER 30, 2021 AND 2020

	2021	2020
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 141	\$ 652,766
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities		
Depreciation Expense	38,886	50,808
Unrealized Gain on Investments	(30,989)	(1,448)
Realized Gain on Investments	(2,682)	-
Reinvestment of Investment Income	3,385	3,291
Donated Use of Facilities	85,000	85,000
Amortization of Discount on Donated Use of Facilities	(25,993)	(23,557)
(Increase) or Decrease in Assets:		
Grants and Other Receivables	(18,357)	90,743
Facility Receivable	-	(694,246)
Prepaid Expenses	(1,150)	(5,236)
Increase (or Decrease) in Liabilities:		
Accounts Payable	(5,540)	(12,914)
Accrued Expenses	(3,959)	3,335
Net Cash Provided by Operating Activities	38,742	148,542
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Investment in Mutual Funds	(19,969)	(64,758)
Proceeds from Sale of Investments	12,308	49,854
Purchases of Property and Equipment	(57,833)	(29,684)
Net Cash Used by Investing Activities	(65,494)	(44,588)
NET CHANGE IN CASH	(26,752)	103,954
Cash - Beginning of Year	187,007	83,053
CASH - END OF YEAR	\$ 160,255	\$ 187,007

See accompanying Notes to Financial Statements.

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Description of Organization

C.A.P., Inc. dba: Citizens Alliance for Progress, Inc. (the Organization) was chartered as a Florida nonprofit corporation in 1983. The Organization operates a neighborhood family center and sponsors programs and events to provide physical, mental, spiritual, and moral support for families and to strengthen the neighborhood. Services are provided primarily to individuals residing in and around the city of Tarpon Springs in Pinellas County, Florida. The Organization's primary sources of funding are grants and contributions.

Property and Equipment

Furniture, equipment, and vehicles are stated at cost, if purchased, or at estimated market value at the date of receipt if acquired by gift. It is the Organization's policy to capitalize items with cost or donated values in excess of \$750. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Property acquired with restricted contributions or government funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition, as well as the ownership of any proceeds there from, is subject to applicable restrictions.

Investments

Investments are recorded in accordance with *Accounting for Certain Investments Held by Nonprofit Organizations*. As such, investments in marketable securities with readily determinable fair values are reported at fair value in the statements of financial position. Fair value is determined by reference to an exchange or dealer-quoted process. If a quoted market price is not available, fair value is estimated using quoted market prices for similar investment securities. Unrealized gains and losses are included in the statements of activities.

Investments in insurance contracts are not considered securities and therefore are carried at surrender value.

Net Assets

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

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

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

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Revenue Recognition

Contributions, including unconditional promises to give, are recognized as without donor restrictions or with donor restrictions, depending on the existence and/or nature of any donor restrictions. When a donor restriction expires (that is when a stipulated time restriction ends, or purpose restriction is accomplished) net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Gifts of long-lived assets and gifts of cash restricted for acquisition of long-lived assets are recognized as restricted revenue when received and released from restrictions when the assets are placed in service.

Unconditional contributions are recognized as revenues or gains in the period received as assets, decreases of liabilities, or expenses depending on the form of benefits received. Conditional contributions are recognized when the conditions on which they depend are substantially met. The Organization has no such conditional gifts outstanding as of September 30, 2021.

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

Donated Services and Facilities

In accordance with generally accepted accounting principles the value of donated services is reported in the financial statements when the services require specialized skills that would have been purchased if not donated. All such amounts are included in in-kind contributions in the accompanying statements of activities. A number of volunteers have donated significant amounts of time to the Organization's operations. However, they are not reflected on the accompanying financial statements since they do not meet the requirements. The value of donated services included as contribution in the financial statements and the corresponding management and general expenses for the years ended September 30, 2021 and 2020 was \$30,658 and \$36,331, respectively.

Th Organization leases its facilities from the city of Tarpon Springs. As discussed in Note 7, the Organization has recorded contribution revenue with restrictions and a related facility receivable equal to the net present value of the future donated use of the facilities.

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income Taxes

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

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

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

Functional Allocation of Expenses

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

Fair Value Measurement

The Organization has adopted the Financial Accounting Standards Board Accounting Standard, *Fair Value Measurements, and Disclosures*. The Organization categorizes its assets and liabilities measured at fair value into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used in the determination of the fair value measurement fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement. Assets and liabilities valued at fair value are categorized based on the inputs to the valuation techniques as follows:

Level 1 – Inputs that utilize quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access.

Level 2 – Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument. Fair values for these instruments are estimated using pricing models, quoted prices of securities with similar characteristics, or discounted cash flows.

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2021 AND 2020

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurement (continued)

Level 3 – Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at the closing price reported on the active market on which the individual funds are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements at the reporting date.

Use of Estimates

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

New Accounting Pronouncements

In May 2014, FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. Subsequent to May 2014, the FASB has issued six ASUs to clarify certain matters related to Topic 606. Topic 606 supersedes the revenue recognition requirements in FASB ASC 605, Revenue Recognition, and requires the recognition of revenue when promised goods or services are transferred to customers in an amount that reflects the consideration to which an entity expects to be entitled in exchange for those goods or services. The updates address the complexity and understandability of revenue recognition and provide sufficient information to enable financial statements users to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization adopted the requirements of the new guidance as of October 1, 2020, utilizing the modified retrospective method of transition. There was no material impact on the Organization's financial position and results of operations as a result of the adoption of the new standard.

Subsequent Events

Management has performed an analysis of the activities and transactions subsequent to September 30, 2021 to determine the need for any adjustments to and/or disclosures within the audited financial statements for the year ended September 30, 2021. Management has performed their analysis through March 4, 2022, the date the financial statements were available to be issued.

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2021 AND 2020

NOTE 2 LIQUIDITY AND AVAILABILITY

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

	2021	2020
Cash	\$ 160,255	\$ 187,007
Grants and Other Receivables	70,576	52,219
Facility Receivable, Current Portion	59,008	59,008
Operating Investments	391,306	356,744
Total	<u>\$ 681,145</u>	<u>\$ 654,978</u>

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

NOTE 3 PROPERTY AND EQUIPMENT

Property and equipment consist of the following at September 30:

	2021	2020	Estimated Original Useful Lives
Land	\$ 86,443	\$ 86,443	N/A
Leasehold Improvements	173,209	162,309	7 to 40 Years
Kitchen Equipment	29,474	29,474	7 to 10 Years
Furniture and Fixtures	10,379	10,379	5 Years
Computers and Office Equipment	265,901	265,901	3 to 20 Years
Auto	137,928	90,994	7 Years
Subtotal	<u>703,334</u>	<u>645,500</u>	
Less: Accumulated Depreciation	<u>(370,129)</u>	<u>(331,242)</u>	
Total	<u>\$ 333,205</u>	<u>\$ 314,258</u>	

Depreciation expense for the years ended September 30, 2021 and 2020 was \$38,886 and \$50,808 respectively.

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2021 AND 2020

NOTE 4 INVESTMENTS

Investments are held long-term for the purpose of generating income to provide reserves for future operations and expansion of facilities. As of September 30, investments consisted of:

	2021 Fair Value	2020 Fair Value
Investments:		
Mutual Funds	\$ 388,763	\$ 353,375
Investments in Insurance Contracts	116,282	112,897
Cash Portion	2,543	3,369
Total	\$ 507,588	\$ 469,641

NOTE 5 FAIR VALUE MEASUREMENTS

The Organization uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. For additional information on how the Organization values all other assets and liabilities refer to Note 1 – Summary of Significant Accounting Policies.

The following represents fair value hierarchy for the balances of the assets of the Organization measured on a recurring basis at September 30:

	2021		2020	
	Fair Value	Level 1	Fair Value	Level 1
Mutual Funds	\$ 388,763	\$ 388,763	\$ 353,375	\$ 353,375

Investments in insurance contracts are not considered securities and therefore, are carried at surrender value. For the years ended September 30, 2021 and 2020 the investments in insurance contracts were valued at \$116,282 and \$112,897, respectively.

NOTE 6 LONG-TERM LIABILITY

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

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2021 AND 2020

NOTE 7 DONATED USE OF FACILITIES

The Organization leases its facilities from the city of Tarpon Springs for one dollar a year. The agreement was renewed in November 1, 2019, for an additional 10-year term, expiring October 31, 2029. Under the terms of the lease, the Organization agrees to continue to service the Tarpon Springs community for which it was incorporated. The Organization estimates that the fair value of the donated use of facilities is \$85,000 per year.

On the date the lease was signed, the Organization recorded contribution revenue with donor restrictions and an asset equal to the net present value of the future donated use of facilities to be received under the lease.

The discount rate used for this calculation was 4.2%. The net book value of this asset is \$580,854 and \$639,861 as of September 30, 2021 and 2020, respectively, and it is included as a facility receivable in the accompanying statements of financial position. The Organization recorded \$85,000 of in-kind expense in both 2021 and 2020, which is included as in-kind contributions in the accompanying statements of activities.

NOTE 8 CONCENTRATIONS AND UNCERTAINTIES

Revenue received from JWB represent about 85% and 43% of total revenue for the years ended September 30, 2021 and 2020, respectively.

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

NOTE 9 CONTINGENCY

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

C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2021 AND 2020

NOTE 10 NET ASSETS WITH DONOR RESTRICTIONS

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

	<u>2021</u>	<u>2020</u>
Use of Building	\$ 580,854	\$ 639,861
Total	<u>\$ 580,854</u>	<u>\$ 639,861</u>

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

	<u>2021</u>	<u>2020</u>
Use of Building	\$ 85,000	\$ 85,000
Pinellas Community Foundation Grants	-	25,920
Total	<u>\$ 85,000</u>	<u>\$ 110,920</u>



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

Board of Directors
C.A.P., Inc. dba: Citizens Alliance for Progress, Inc.
Tarpon Springs, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of C.A.P., Inc. dba: Citizens Alliance for Progress, Inc. (the Organization), which comprise the statement of financial position as of September 30, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated March 4, 2022.

Internal Control Over Financial Reporting

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

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

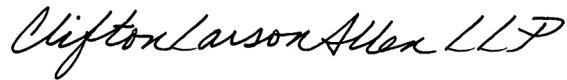
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify certain deficiencies in internal control, described in the accompanying schedule of findings and response as items 2021-001 that we consider to be a significant deficiency.

Compliance and Other Matters

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

Purpose of this Report

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



CliftonLarsonAllen LLP

Lakeland, Florida
March 4, 2022

**C.A.P., INC. DBA: CITIZENS ALLIANCE FOR PROGRESS, INC.
SCHEDULE OF FINDINGS AND RESPONSES
YEAR ENDED SEPTEMBER 30, 2021**

Significant Deficiencies

2021-001

IN-KIND REVENUE MISSTATED

Condition:

During our audit, we noted an error related to the recording of in-kind revenue.

Criteria:

In-kind revenue for a prior period was included for assets/services that had already been provided in prior years.

Effect:

All revenues should be accurately recorded.

Cause:

In-kind revenue was not being tracked appropriately.

Recommendation:

We recommend management establish a review process for the in-kind revenue to ensure accurate recording.

Corrective Action Plan:

Management will work with the accounting function to ensure that all in-kind revenue is properly identified and recorded. This will ensure that all in-kind amounts match what was received throughout the year.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Roe Insurance, Inc. 9851 State Road 54 New Port Richey FL 34655		CONTACT NAME: Sherri Britton PHONE (A/C, No, Ext): (727) 376-0030 E-MAIL ADDRESS: sherri@roeins.com	FAX (A/C, No): (727) 376-2262																					
INSURED CAP, Inc. DBA: Citizens Alliance for Progress, Inc. 401 E Martin Luther King Jr Dr Tarpon Springs FL 34689		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Ins Co</td> <td></td> <td>18058</td> </tr> <tr> <td>INSURER B: United States Liability Ins Co</td> <td></td> <td>25895</td> </tr> <tr> <td>INSURER C: Coalition Insurance Solutions Co *see below*</td> <td></td> <td></td> </tr> <tr> <td>INSURER D: *North American Capacity Ins Co</td> <td></td> <td>25038</td> </tr> <tr> <td>INSURER E: *Peleus Ins Co</td> <td></td> <td>34118</td> </tr> <tr> <td>INSURER F: *Arch Ins Co</td> <td></td> <td>11150</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Philadelphia Indemnity Ins Co		18058	INSURER B: United States Liability Ins Co		25895	INSURER C: Coalition Insurance Solutions Co *see below*			INSURER D: *North American Capacity Ins Co		25038	INSURER E: *Peleus Ins Co		34118	INSURER F: *Arch Ins Co		11150
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COVERAGES**CERTIFICATE NUMBER:** 2022-2023**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability; \$1mil/\$2mil <input checked="" type="checkbox"/> Abuse/Molestation; \$1mil/\$2mil GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2385031	04/17/2022	04/17/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 0
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2385031	04/17/2022	04/17/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB757541	04/17/2022	04/17/2023	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	D&O LIABILITY & EPLI			NDO1047536M	04/03/2022	04/03/2023	Each Occurrence \$1,000,000 Aggregate \$1,000,000 Deductible (EPLI Only) \$500 each claim

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

Cyber Liability, Policy# RPS-P-070114M, Effective 8/30/19 - 8/30/20, BCS Insurance Company; Limits: \$1,000,000 Each Occurrence / \$1,000,000 Aggregate / \$2,500 Deductible. Re: Location/Premises: 401 E. Dr MLK Jr Drive, Tarpon Springs, FL 34689

CERTIFICATE HOLDER**CANCELLATION**

Citizens Alliance For Progress
PO Box 295

Tarpon Springs

FL 34688

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gregory J Roe

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DATE (MM/DD/YYYY)

04/19/2022

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COVERAGES

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REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability; \$1mil/\$2mil <input checked="" type="checkbox"/> Abuse/Molestation; \$1mil/\$2mil GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2385031	04/17/2022	04/17/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 0
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2385031	04/17/2022	04/17/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB757541	04/17/2022	04/17/2023	COMBINED SINGLE LIMIT EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 PER STATUTE OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NDO1047536M	04/03/2022	04/03/2023	Each Occurrence \$1,000,000 Aggregate \$1,000,000 Deductible (EPLI Only) \$500 each claim
B	D&O LIABILITY & EPLI			NDO1047536M	04/03/2022	04/03/2023	Each Occurrence \$1,000,000 Aggregate \$1,000,000 Deductible (EPLI Only) \$500 each claim

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

JWB & JWB's Board members, employees, & other representatives are included as a general liability additional insured, as per ISO policy form CG2026, subject to the terms, conditions & exclusions of the policy & only when requested by written contract. Crime coverage is included w/in the Package policy & provides coverage for the following coverages, each w/ a \$300,000 limit & a \$5,000 deductible: Employee Dishonesty / Forgery or Alteration / Inside Premises, Theft of Money & Securities / Outside the Premises, Theft / Computer Fraud / Funds Transfer Fraud. Cyber Liability, Policy# C-4LY2-094997-CYBER-2021 (Co. C above), Effective 10/14/21 - 10/14/22; Limits: \$1,000,000 Ea Occurrence / \$1,000,000 Agg. / \$2,500 Deductible. General Liability & Auto Liability are covered under the Umbrella policy. Covered vehicles are: 2006 Ford E350 #1FBSS31L36DA21492 (includes comp/col with a 500/1,000 deductible, respectively) & 2018 Starcraft Mini-Bus #1FDFF4FS5HDC77948 (includes comp/col, each w/ a \$1,000 deductible).

CERTIFICATE HOLDER**CANCELLATION**

Juvenile Welfare Board 14155 58th St N Clearwater FL 33760	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Gregory G Roe</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Roe Insurance, Inc. 9851 State Road 54 New Port Richey FL 34655		CONTACT NAME: Sherri Britton PHONE (A/C, No, Ext): (727) 376-0030 E-MAIL ADDRESS: sherri@roeins.com		FAX (A/C, No): (727) 376-2262	
INSURED CAP, Inc. DBA: Citizens Alliance for Progress, Inc. 401 E Martin Luther King Jr Dr Tarpon Springs FL 34689		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Philadelphia Indemnity Ins Co			18058
		INSURER B: United States Liability Ins Co			25895
		INSURER C: Coalition Insurance Solutions Co *see below*			
		INSURER D: *North American Capacity Ins Co			25038
		INSURER E: *Peleus Ins Co			34118
		INSURER F: *Arch Ins Co			11150

COVERAGES

CERTIFICATE NUMBER: 2022-2023


REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				Each Occurrence \$1,000,000 Aggregate \$1,000,000 Deductible (EPLI Only) \$500 each claim
B	D&O LIABILITY & EPLI			NDO1047536M	04/03/2022	04/03/2023	Each Occurrence \$1,000,000 Aggregate \$1,000,000 Deductible (EPLI Only) \$500 each claim

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

CERTIFICATE HOLDER**CANCELLATION**

Pinellas County Transportation Dept. 7887 Bryan Dairy Rd, Ste 133 Largo FL 33777	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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