

ARPA items

ARPA Nonprofit Capital Project Fund - Small Purchases

Clearwater Martin Luther King JR Neighborhood Center Coalition Inc.

Ms. Carmen Lundy
1201 Douglas Ave
Clearwater, FL 33755

clearwatermlkcenter@gmail.com
O: 727-443-5437

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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*

Clearwater Martin Luther King Jr Neighborhood Center Coalition, Inc.

Proposal Name*

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

ARPA items

EIN*

90-0634955

Incorporation Year*

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

2011

Organizational Mission Statement*

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

The Center's mission is to inspire and facilitate the lives and accomplishments of our residents by providing access to effective quality programs and services that are designed to raise the educational levels, and improve life, jobs, and business skills for North Greenwood and surrounding communities; and the Coalition will make the Center available as a venue for community events and meetings; and as a memorial to keep alive the non-violent and positive messages of Dr. King.

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

ZNFDMPQWBFN9

Annual Operating Budget Size*

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

\$30,000.00

Amount Requested*

The maximum grant amount is \$199,999.

\$11,759.00

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?

The Center has been a long-standing fixture in the North Greenwood community, one of the most disadvantaged communities in Pinellas County, and has seen several iterations and re-incorporations. The current entity was formed over a decade ago. Our current Executive Board is made up of long-term and new members. Our General Membership Board has 20 members, many of who are local residents and who have solidly supported the Center throughout its existence.

The Center offers and provides, directly or via its onsite partners, access to resources for all who contact us. The majority of those we serve live close by, although our community is not based strictly on geography. We are not “program” based, but a “resource” conduit for those in need. These resources include but are not limited to assistance with enrollment and registration for Medicaid and Medicare, Food Stamps, rent/mortgage assistance, utility bill assistance, free phone services. We have a computer lab for seniors (or anyone for that matter) to learn and use new technology, or to apply for employment etc. – for free; access to free household goods, foods, pet supplies and services; social gatherings for seniors; supports for those returning from the incarceration system.

We are 100% volunteer operated. Our volunteers have no problems going out – anytime - to a motel to pay rent and provide essentials for a family that has been evicted.

We earn income mainly through individual donations, for the use of our facilities by community members although we always offer the facility at no charge for community group meetings such as Clearwater Community Policing, advocacy groups, voter registration events, holiday giveaways, and gardening groups. Since we have no paid employees, our budget remains small. Too small, in fact, to have benefited from the COVID related Federal relief funding distributed in the past two years. With zero dollars from those plans, we survived based on our own efforts to fund the operation.

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.

North Greenwood is in the center of a Qualified Census Tract. It has historically had one of the highest poverty rates in Pinellas County, which was also made worse by the 2020 pandemic for those who lost their jobs in “non-essential” work and, for many, who have yet to recover.

2020 US Census data for tract 262 shows poverty rates in the community were 1/3rd higher than the average for Pinellas County (15% versus 11%). Individuals with income less than 125% of the poverty rate grew from 858 (2018) to 1,173 (2020).

In 2018, the community scored a 0.9 out of 1.0 (very high) on the CDC / Social Vulnerability Index and Agency for Toxic Substances and Disease Registry in 2018. Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

Our Center provides part of the solutions to these severe social imbalances by connecting people in need with what they need, conveniently.

The Clearwater Urban League Coalition states that within the North Greenwood community there is a specific concentration of poverty that has 51 percent of people living in poverty – the largest concentration in Pinellas County.

This community does not have easy access to many things which are expected as basics in most other places. Other than our Center or some churches, there are zero venues or facilities for general social activities; not even a coffee shop. No banks; not even an ATM. There is one restaurant, a few convenience stores that sell sandwiches, some meats and seafood products. On the main corridor, Dr. Martin Luther King St, "social service" outlets and City owned properties outnumber businesses. There is as much empty retail space as occupied.

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.

In 2019, under the direction of a new Board President and Executive team, our Center was a hive of activity in the community. Donations were around \$26,000 which included proceeds from a well-supported fundraising gala. Cash reserves and expected future donations were to be used to upgrade such things as banquet tables, computers, and general facility items that were well worn or obsolete.

Before lock downs, our donations and associated community activities were steady for the first few months of 2020. Once the lock downs started, we paid out much of those donations as refunds of deposits made for cancelled event reservations. Lock downs stopped our main source of funding. Disinfecting equipment, supplies, and routines increased operating costs. Even though we are volunteer based, there were many times our volunteers were unavailable meaning funds had to be used for paid cleaning services.

We remained open for such needs as cold night shelter space, food donation and holiday gift donation events, community group meetings, and special gatherings.

We secured an \$11,400 SBA loan (repayable) to cover cash needs for the remainder of 2020 and into early 2021 but did not meet the criteria for Federal aid / COVID grant relief funds.

Receipts from facility rentals in 2020 & 2021 were down from prior years levels. Even with expenses reduced from lower utility usage, and gaining new partners and donors, our reserves were used to sustain operations in 2020 and 2021. The fact we could not organize another annual gala fundraiser (in 2020 or 2021) also set us back.

In mid-2020, we received a Social Action grant of \$10,650 to pay for food and supplies distribution; 100% of those funds were spent for that purpose. Just before the 2020 Christmas holidays, we got \$2,500 in donations which were immediately spent on families in need. So although these were revenues from new sources, none of those "extra" funds went towards the organization's reserves or daily operations.

In late 2021, we were awarded a \$25,000 grant from the PCF Social Justice Fund to build a computer lab onsite so that local residents would not need to travel far to access online needs, especially during the latter part of the pandemic when employment opportunities were re-opening and the need for online benefits access was growing. Here again, those funds have not contributed to our reserves. We also needed to spend over \$4,000 in one-time repairs for the air conditioning systems and roof in 2021. Costs which we could have borne readily had we been able to raise funds our usual ways.

In 2022, inflation in utility costs have significantly offset any reductions from lower usage. Insurance premiums and other costs have also increased significantly.

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?

Our Center has a very small budget because we have no payroll and no administrative costs. Everything we spend a dollar on is for the benefit of those we serve. This often puts us at a disadvantage, as seen in the past two years when we could not qualify for Federal grant funds to cover non-payroll expenses. So when we use any standard fiscal measure of “proportional level of economic impact” the result may also be skewed, on paper, since 100% of the benefits we provide are done so voluntarily, without regard to tracking of specific benefit values.

That said, we have limited our proposal to include only those items which we reasonably would have expected to replace from our own funds had we not needed to use those reserves and new donations towards the demands created by the pandemic.

We will be purchasing:

Conference tables. To replace the older, well-worn and broken ones currently on hand. We have already replaced a few but the majority of our inventory is about 20 years old. In addition, we will purchase some lifting equipment to move the tables and stacking chairs in and out of our storage areas. These will minimize damage to the new assets, and to the volunteers who move them. Life expectancy exceeds 10 years.

Copier / printer. We currently are renting a copier / printer for \$199 per month, including service and toner. The purchase of this unit (with the same maintenance and supplies coverage for almost two years) will reduce our ongoing monthly expenses. Since we have added the computer lab, its users often need copies of documents they generate or download. A unit with sufficient capacity, low maintenance, and low cost per page is needed. Life expectancy exceeds 5 years.

Oven / range. The unit we have had in our kitchen for over twenty years no longer works and cannot be repaired as some needed parts are no longer available. We will buy a unit with an induction powered top range and will need a suitable set of pans to go with it. This will save energy as a modern induction unit will use considerably less electricity. Life expectancy exceeds 10 years.

These are items we need to maintain the Center operations. We have other well-used but still usable items that would be nice to replace but are not as urgent which, in our minds, are then not reasonable to request funding for.

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?

The Center is located in North Greenwood, Clearwater. A Qualified Census Tract. The majority of the residents of North Greenwood are well described as under served, under employed, financially under resourced (poor), and persistently negatively affected because of inequality. At a "giveaway" event in early August, set-up in our parking lot, we had over 300 local residents come to our facility in less than three hours. As a result of our partnerships with other organizations we were able to give away over 1,500 pounds of food, hundreds of school supply items, personal care products, household products, diapers, pet food and supplies, and much more.

This is a typical way we use our tables. All the dozens of boxes of products we accumulate are placed on tables. Registration space for people to fill out forms (for other services offered by our on site partners) needs tables.

Tables are part of every event we host whether for our own fundraising (which benefits our community directly) or for those who use the facility for free.

For community needs directly, such as a cold night shelter, we need the ability to provide some hot food and drinks onsite. A working oven and range is most certainly a benefit to those who chose our facility for their needs.

The copier / printer will directly benefit those who have been unemployed since the pandemic began. In conjunction with the availability of our computer facilities, we serve people every week for job seeking and other online uses.

Number Served*

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

2500

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/>
1201 Douglas Avenue, Clearwater, FL 33755

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).

1201 Douglas Avenue, Clearwater, FL 33755

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 majority of our 20 Board Members are from the direct community and have been supporters of the Center for many years. Three of our four Executive Committee members are also long time local residents. These dedicated volunteers also have multiple generations of family members and friends in the community. They are the part of the fabric of our community. They attend local churches; their kids go to local schools; they are at the youth football and baseball games. Some of them volunteer at multiple organizations. There is a resurgence of hope within the people of North Greenwood. Community level activities have finally brought recognition – and the beginnings of long term financing through a new CRA district - to address the dire need for investment in modernization, rebuilding, and restoration of a local economic base. The spirit of the community is changing. The creation of this CRA was headed by the Clearwater Urban League Coalition (CULC), an organization that uses our facility for office and meeting needs and of which our Board President is an active member. Several of the CULC members are also partners with us through other non-profit organizations in the community.

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
LGBTQ+

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.

202209 Small purchases details.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.

We currently rent a refurbished copier / printer a the option to buyout that contract, which would save money from our budget. This option is less than purchasing a similar machine but since there is one place - the rental company - that has this exact unit, no exactly comparable prices are available.

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.

202209 ARPA-Budget-Template-Small-Purchases.xlsx

Other Funding Sources*

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

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

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

No other sources have been applied to for these items, although we do have a CDBG grant for other facility repairs.

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.

We expect a reduction in:

Machine rental costs for the copier / printer of \$199 monthly.

Some reduction in electricity costs with the new oven

Increased ability of volunteers to safely move tables and chairs. Most of our volunteers are retired. Reducing the possibility of injury is important for them and for us.

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.

2022 Expense Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

2022 Officers.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.

2021-form990ez-clearwater-mlk-jr-neighborhood-center-coalition e-filed.pdf
990 EZ no attachments

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.

202208 Financial Report MLK Center.pdf

We do not require an annual audit. Our self prepare financial report is attached

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.

Cert of Ins - Pinellas County School Board.PDF

Sample of current Certificate of Insurance

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?

We truly respect the Pinellas Community Foundation and all the people who come together to make these distributions happen, fairly and equitably. We understand the competitive nature of grants and appreciate the transparency you give to this process. We value the support you offer to all. Because we are a 100% volunteer run organization, we find ourselves writing and preparing grants in our "spare time ", i.e. late at nights, on weekends and during holidays because we typically work other jobs so that we can afford to volunteer our skills and extra time. We are reviewing this application a few hours before the deadline, with gratitude, and hope, and with a view that our efforts are worthy. We thank you all, sincerely.

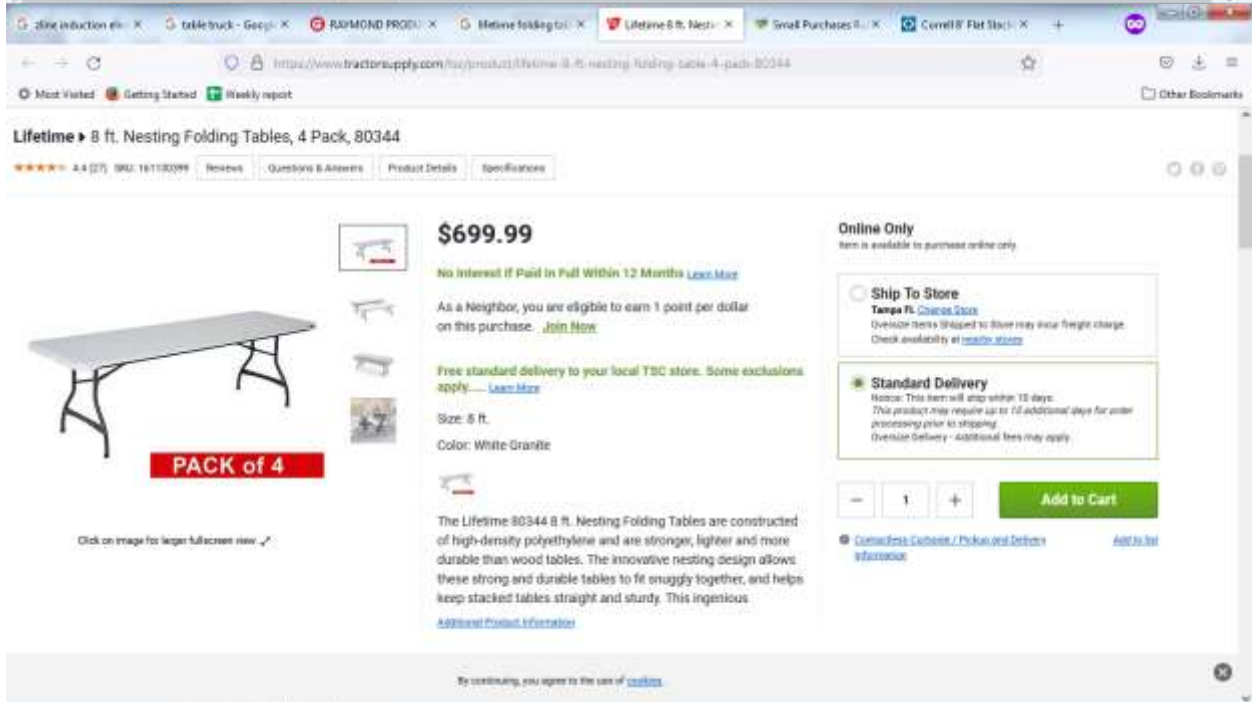
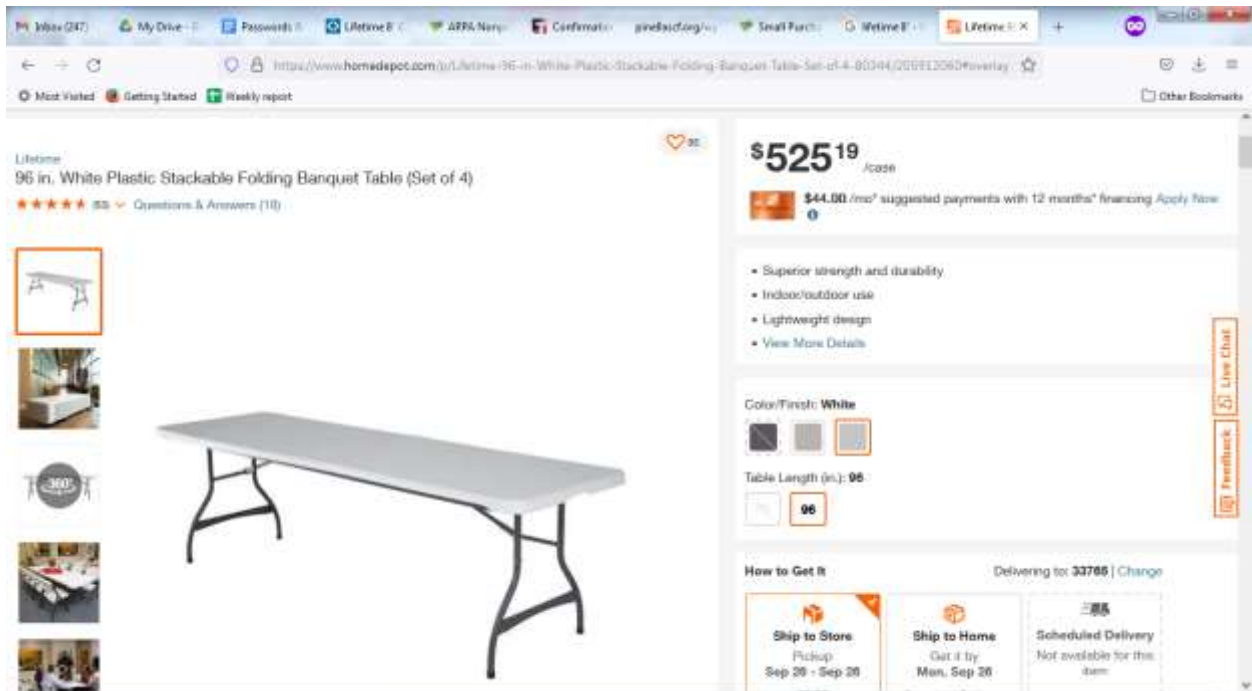
Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- 202209 Small purchases details.pdf
- 202209 ARPA-Budget-Template-Small-Purchases.xlsx
- 2022 Expense Budget.pdf
- 2022 Officers.pdf
- 2021-form990ez-clearwater-mlk-jr-neighborhood-center-coalition e-filed.pdf
- 202208 Financial Report MLK Center.pdf
- Cert of Ins - Pinellas County School Board.PDF



Home Depot (top picture) set of 4 = \$525 or \$131 each; lowest price we could find These match our existing tables (recent purchases)

ZLINE KITCHEN & BATH 36-in 4 Elements Convection Oven Freestanding Induct... **\$3,649.95** [Return to Top](#)

Overview Specifications Compare Reviews Q&A Protection Plans Product Features

- Power Boost Mode for maximum power over a short period of time.
- An oven with three layers of glass, and aluminum mesh seal that allows for the oven door to stay cool while...
- Superior induction technology allows for a more heat and energy efficient experience compared to gas or...

Protect your Product
View available plans & Services

1 **Add to Cart**

Complete Your Kitchen **Start Chat**

ZLINE Kitchen and Bath ZLINE 36 in. 4.6 cu. ft. Induction Range with a 4 Element Stove and Electric Oven in Stainless Steel **\$3649.95**

How to Get It **Delivering to: 33785 | Change**

- Ship to Store** Pickup Sep 8 - Sep 13 **FREE**
- Ship to Home** Get it by Tue, Sep 13 **FREE**
- Scheduled Delivery** Not available for this item

Protect This Item Learn more

- 5 Year / \$425.00
- No thanks

Lowe's and Home Depot same price

Installation estimate quoted verbally by Arcs and Sparks Electrical, Clearwater. Includes all cabling and breaker work \$750. They have donated services for small jobs for us previously, are licensed etc.

Total = \$4,400 installed

Flash Furniture RD-STK-DOLL

Only **\$158.49**
Discounted shipping with **Flash**

1 **Add to Cart**

Wish List Report Issue

✓ Increases efficiency and productivity
UPC Code: 400010022981
Shipping: Usually Ships in 3-5 Business Days

FLASH FURNITURE
View all Flash Furniture Chair Cams, Trucks, and Dollies

Harper CM012 Chair Mover

Only **\$159.99**

1 **Add to Cart**

Wish List Report Issue

✓ Moves up to 12 chairs at a time
✓ 200 lb. frame capacity
✓ Semi-pneumatic wheels provide extra cushion for going over curbs

UPC Code: 400010313395
Shipping: Usually Ships in 5-7 Business Days
Not eligible for expedited shipping

HARPER

Plus estimated shipping \$50
Total budget = \$210

chrome induction electric... x table track - Google Ser... x carts for stacking chair... x Table Cart: Carts for Fo... x Correll T6060 28" x 48" E... x Small Purchases Rubin... x


https://www.webstaurantstore.com/correll-t6060-28-x-48-edge-stacking-table-truck/08476D60.html

Most Visited Getting Started Weekly report Other Bookmarks

WebstaurantStore > Restaurant Furniture > Restaurant Tables > Table Carts, Trunks, and Dishes > Correll T6060 28" x 48" Edge Stacking Table Truck

Correll T6060 28" x 48" Edge Stacking Table Truck

★★★★★ Read 1 reviews Item # 384T6060 MFR # T6060-01



Only **\$258.49/Each**

1 **Add to Cart**

Earn up to \$7.75 back (10% bonus) with a Restaurant Rewards Visa® Credit Card

Wish List Report Review

- ✓ Designed for round tables no longer than 50"
- ✓ Brown finish

UPC Code: 400010085286


Shipping: Usually Ships in 3 Weeks Not eligible for expedited shipping

CORRELL
Commercial Furniture
Incorporated since 1963

chrome induction electric... x table track - Google Ser... x carts for stacking chair... x Table Cart: Carts for Fo... x Correll T450 Table Truck... x Small Purchases Rubin... x

https://www.webstaurantstore.com/correll-t450-table-truck-for-48-to-72-round-folding-tables/0847455.html

Most Visited Getting Started Weekly report Other Bookmarks



Only **\$298.99/Each**

1 **Add to Cart**

Earn up to \$8.97 back (10% bonus) with a Restaurant Rewards Visa® Credit Card

Wish List Report Review

- ✓ Holds 48", 60", or 72" round tables
- ✓ 7 - 10 table capacity
- ✓ Made of steel

UPC Code: 400010085279


Shipping: Usually Ships in 3 Weeks Not eligible for expedited shipping

CORRELL
Commercial Furniture
Incorporated since 1963

Plus estimated shipping \$50

Total budget = \$309

Correll T3096 30" x 90" Flat Stacking Table Truck



Only **\$246.49/Each**

1 **Add to Cart**

Earn up to \$7.39 back (10% cashback) with a Visa Signature Rewards Visa® Credit Card

Wish List Report Barcode

Other Available Sizes:


- 90" ✓
- 72"

Use to transport 12-16 rectangular tables

UPC Code: 40000562749

Shipping:

National Public Seating DY-3096 Rectangular Folding Table Dolly



\$357.20/Each

Discounted shipping with **Star**

Contact us or login for pricing

Call 717-393-7472
 Mon - Thurs: 9am - 5pm EST
 Fri - Sat: 9am - 5pm EST
 Sun & Sun. Eve: 4pm - 8pm EST
 © 1999-2014 National Public Seating

1 **Add to Cart**

Earn up to \$10.72 back (3.1% cashback) with a Visa Signature Rewards Visa® Credit Card

Wish List Report Barcode

Other Available Sizes:

- 31" x 90 1/4" ✓
- 31" x 74"

Plus estimated \$50 shipping

Total budget = \$297

Small Purchases Rubric - ARPU X Induction ready cookware - G... X Cuisinart® D5 Induction Noni... X

https://www.bedbathandbeyond.com/store/product/cuisinart-d5-induction-nonstick-hand-and-footed-15-piece-cookware-set/104772

Most Visited Getting Started Weekly report


★★★★★ 143 Reviews Write Review Q&A

Earn **2,600 points** on this product!

\$259.99 Regular Price
\$207.99 Get 20% off & earn 5% back in points with Welcome Rewards™ [Enroll Now](#)

[Price Match Promise](#)

FREE Store Pickup **Out of stock** Same Day Delivery **Out of stock** **Ship to Home** Estimated Delivery 9/9 - 9/12



Shipping to 33701 **Choice 2x Color**
 Free Shipping on Order Over \$39


Qty: 1 [Add to Cart](#) [Add to Registry](#) [Add to Shopping List](#)

Get 20% off every time you shop & earn 10% back in points

Small Purchases Rubric - ARPU X Induction ready cookware - G... X **Vigor 12-Piece Induction Ready...** X Cuisinart® D5 Induction Noni... X

https://www.webstaurantstore.com/vigor-12-piece-induction-ready-stainless-steel-cookware-set-with-2-saucer-pans/3-28-3411

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3D

[View Quantity Discounts](#)

Buy 1 or more
\$242.99
 Ships free with [PRO](#)

Accessories & Options

Choose a Free Double Boiler

Choose a Free Frying Pan

1 [Add to Cart](#)

Earn up to \$7.29 back (7% cash) with a Mastercard Rewards Visa® Credit Card

[Wish List](#) [Repeat Recipe](#)

- ✓ Made of durable, scratch-resistant stainless steel that will withstand the rigors of everyday use
- ✓ Smooth, nonreactive stainless steel interior promotes flavor neutrality to enhance signature dishes
- ✓ 4 mm thick aluminum-clad bottom maximizes heat distribution and eliminates hot spots
- ✓ Versatile construction can be used with induction, gas, and electric cooktops

[Share](#) [Add](#)

Pick up at local store
 Total budget = \$208 – no shipping



**Clearwater Martin Luther King Jr.
Neighborhood Center Coalition, Inc.**

1201 Douglas Ave, Clearwater, FL 33755
(727) 443-5437 email: clearwatermlkcenter@gmail.com
Non Profit 501(c)3 State Reg. CH37113

Annual Budget
For the fiscal year ending
December 31, 2022

Operating Expenses

Licenses and Registration Fees	\$	350
Fire alarm maint'ce and inspections		3,000
Facility Maintenance and Cleaning		4,700
Insurances; property, liability		4,700
Utilities, cable,		12,000
Office supplies		700
Miscellaneous items		<u>1,200</u>
Total Operating Expenses	\$	<u>26,650</u>

Approved: December 14, 2021



**Clearwater Martin Luther King Jr.
Neighborhood Center Coalition, Inc.**

1201 Douglas Ave, Clearwater, FL 33755
(727) 443-5437 email: clearwatermlkcenter@gmail.com
Non Profit 501 (c)3 State Reg. CH37113

OFFICERS FOR 2022 / 23

Officers Elected for a two year term beginning January 2022 are:

President	Carmen Lundy
Treasurer	Yvette Pendleton
Secretary	Magnolia Green
Vice President	Vacant

Form 990EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

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

C Name of organization CLEARWATER MLK JR NEIGHBORHOOD CENTER COALITION
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
1201 Douglas Ave
City or town, state or province, country, and ZIP or foreign postal code
Clearwater, FL 33755

D Employer identification number 90-0634955
E Telephone number (727) 443-5437
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.clearwatermlkcenter.org
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 48,679

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Description, Amount, and Total. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 48,679 and total expenses is 40,604.

Part II Balance Sheets(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	5,616	22	13,491
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	5,616	25	13,491
26 Total liabilities (describe in Schedule O).	11,400	26	11,200
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-5,784	27	2,291

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

What is the organization's primary exempt purpose?
 A charitable organization for the underprivileged

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 Computer lab addition (Grants \$ 25,000)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	25,000
29 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	25,000

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Maurice Mickens Vice President	5.00	0		
Carmen Lundy President	30.00	0		
Yvette Pendleton Treasurer	20.00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e _____		
41	List the states with which a copy of this return is filed. ▶ FL _____		
42a	The organization's books are in care of ▶ Y Pendleton _____ Telephone no. ▶ (727) 443-5437 Located at ▶ 1201 Douglas Ave Clearwater , FL _____ ZIP + 4 ▶ 33755		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
b If "Yes," was the related organization a section 527 organization?	49b	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ 0

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury

Name of the organization
CLEARWATER MLK JR NEIGHBORHOOD CENTER COALITION

Employer identification number
90-0634955

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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 0
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Total row shows 0 in columns (i) and (vi).

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")						
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..						
4 Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
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 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		550	430	11,750	31,489	44,219
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	26,852	24,312	23,015	17,190	91,369
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	0	27,402	24,742	34,765	48,679	135,588
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						135,588

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	0	27,402	24,742	34,765	48,679	135,588
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	27,402	24,742	34,765	48,679	135,588

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	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):	1	
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 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 (<i>prior IRS approval required - 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 2021 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

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

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

Facts And Circumstances Test

Return Reference	Explanation
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Clearwater MLK Center Neighborhood Coalition, Inc.
 Summary of Cash Usage
 for the years ending December 31st of 2020 2021
 and part year ending July 31st, 2022

	7 months		12 months	
	2022	2021	2020	
Cash reserves, opening balances	\$ 13,491	\$ 6,650	\$ 2,328	
Funds from operations				
Donations, memberships	2,530	6,489	4,850	
Facility Rental Income	11,481	17,190	18,165	
Fundraising Event revenues	8,130			
Total	22,141	23,679	23,015	
Pass-Through & Operating Grants	-	25,000	11,750	
Total funds from operations	22,141	48,679	34,765	
Funds from financing activities			11,400	
Total funds received	22,141	48,679	46,165	
Funds used for operations				
General operations expenses	3,588	2,295	2,798	
Outside events / food distributions	-	400	5,800	
Utilities	7,098	13,613	10,856	
Supplies, maintenance & other	12,776	11,488	11,639	
Total funds used for operations	23,462	27,796	31,093	
Grant funded items	9,192	12,808	10,750	
Total funds used	32,654	40,604	41,843	
Cash reserves, ending balances	<u>\$ 2,978</u>	<u>\$ 13,491</u>	<u>\$ 6,650</u>	

Issued: September 4, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/11/2022

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).

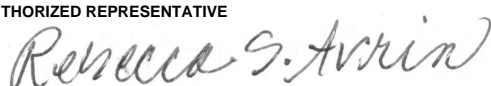
PRODUCER Avrin Insurance Agency 853 Main Street Suite B SAFETY HARBOR, FL 34695 License #: L057913	CONTACT NAME: Rebecca S Avrin PHONE (A/C, No, Ext): (727)260-5520 E-MAIL ADDRESS: rebecca@avrinagency.com	FAX (A/C, No): (727)260-5521
	INSURER(S) AFFORDING COVERAGE	
INSURED CLEARWATER MLK JR NEIGHBORHOOD CENTER COALITION INC INC 1201 DOUGLAS AVE CLEARWATER, FL 33755	INSURER A : US Liability Insurance Company	
	INSURER B : Mt Hawley	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 80231700-345741** **REVISION NUMBER: 1**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		NPP1577569E	08/04/2022	08/04/2023	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 \$ incl \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			NPP1577569E	08/04/2022	08/04/2023	1,000,000
B	Property Ins			GPD0006792	11/24/2021	11/24/2022	20,000 BPP 100,000 IMP/Bett

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

CERTIFICATE HOLDER Pinellas County School Board 1111 S Belcher Rd LARGO, FL 33771	CANCELLATION 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  (RSA)
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