# **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\*

**Excellerated Teaching Academy** 

### **Proposal Name\***

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

School Equipment

#### EIN\*

82-4186161

#### Incorporation Year\*

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

2018

### Organizational Mission Statement\*

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

The mission of Excellerated Teaching Academy is to give each of our students the opportunity to live the most independent and fulfilling life possible. We allow each of our students to access an academic environment that suits their unique needs while using natural opportunities to teach crucial social and communication skills.

### **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.

\$501,250.00

### **Amount Requested\***

The maximum grant amount is \$199,999.

\$25,000.00

### 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?

Excellerated Teaching Academy (ETA) provides educational and classroom behavior management services to school-aged children diagnosed with behavioral and mental health diagnoses. Our school has 21 students enrolled with a wait list of over 30 students. In addition, ETA provides a summer camp opportunity for our enrolled students over summer break. During the summer we go on weekly field trips, weekly swimming lessons, and daily activities related to weekly themes. Predominantly, our students are diagnosed with Autism Spectrum Disorder, along with other comorbid disorders. While Autism has a multitude of outward signs and symptoms; sensory integration difficulties have the most outward presentation. Often, these sensory integration difficulties lead to the maladaptive behaviors targeted for reduction in children diagnosed with Autism. Our school's purpose is to teach students academic skills, but also to teach them how

to manage their own behaviors in a classroom environment and regulate their sensory input to be successful learners. ETA has been providing these services since 2018. We provide these services to children who live in Pinellas and Hillsborough counties.

### 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.

Pinellas County school system serves approximately 14,000 students with disabilities. While the variety of the diagnosed disabilities is vast, each student has one thing in common; they all need an individualized educational plan and environment. During the 2020-2021 school year 17,446 students were funded by the state scholarship, McKay Scholarship. This scholarship is now referred to as Florida Empowerment Scholarship - Unique Abilities. Due to the reduction in barriers to access it is estimated that the number of students that apply for this scholarship will increase, beyond what the scholarship program can support. Within Pinellas County there is an increasing demand for specialized education services for children diagnosed with a variety of medical conditions that our school is able to support. While the exact number of students who will receive funding through FES-UA is unknown, it is expected that the number of funding recipients will increase significantly. (https://www.stepupforstudents.org/for-parents/special-needs/how-the-scholarship-works/)

As the number of students who receive funding increases, the number of students looking for individualized instruction will also increase. Yearly, we receive approximately 50 calls from parents looking for an appropriate educational environment for their children. We are simply unable to provide the educational environment for all of them.

### 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

Printed On: 1 October 2022

- 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 <a href="PROVIDED THAT">PROVIDED THAT</a> 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.

Our greatest negative impact arising from the COVID-19 pandemic took place between the 2020 fiscal year and the 2021 fiscal year. In general, revenue from 2020 to 2021 fell from \$274,518 to \$235,130. Meanwhile, expenses increased from \$146,913 to \$256,053, respectively. The effects of the pandemic are being experienced well into 2022 as well, one aspect of our operations that had been greatly impacted by inflationary pressures is cost of transportation. We use a few different transportation companies to transport us to various activities 15 times during the summer and approximately 8 times during the school year. In 2019, 2020, and 2021 the cost per trip was \$275 for trips in Pinellas county. In 2022 these trips increased in base cost and some companies imposed a fuel surcharge; increasing the cost of each trip to \$300 to \$431 per trip.

As an individualized educational program our services were hands-on, close knit, and highly interactive. We had to overcome these barriers as they related to COVID-19. We needed to purchase additional technology to assist in distance learning and remote support for teachers and parents alike. In 2019 and 2020 we purchased five laptops and 15 iPads to support individualized learning with dedicated devices, and we still need more. Due to the inflationary increase in costs, we have had to limit our purchases and spread them out over time.

The CDC's implementation of its health and safety guidelines imposed a new challenge. How do we continue to provide our services to our students, increase enrollment, and continue to meet guidelines of safety necessary to protect our staff, our students, and their families. For the 2022 - 2023 school year we needed to lease more space at our current facility. We also needed to expense more cleaning supplies, PPE, and physical barriers throughout the school.

Lastly, the piece without a directly measurable economic impact; the lack of growth related to the COVID-19 pandemic. Our ability to increase our enrollment year-over-year was greatly restricted between 2020/2021 and 2021/2022 school years.

### Proposal Description\*

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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 school would use the funds to purchase items necessary for increasing the educational value of our school while addressing the needs of our individual students. Some examples of items that would be purchased are PE equipment, Sensory Room items, and technology equipment.

The ability to purchase additional PE equipment would provide our students with a multitude of benefits. Due to our population's sensory needs we have to be very selective in the types of equipment we use for PE activities. Most of the time during (9 - 10 months out of the year) we provide PE services inside due to heat exposure, humidity levels, and precipitation. Specialized PE equipment has an increased cost associated with it, as opposed to generic equipment. Majority of the PE equipment will have a life span of five to seven years; with adequate equipment we can extend the life of each piece of the equipment by not being required to use it daily.

Sensory items for a sensory room are expensive. Due to the highly regulated nature of sensory toys and equipment these items often hold a larger ticket price than something similar in nature, but designed for typically developing children. One sensory need that is often overlooked in children, especially students, is the desire to climb. With these funds we would be able to purchase items that are made for our students' specific needs while keeping them safe. Climbing devices are fun, tactile, and engaging but come with their own risk. Many of the items created for climbing need specialized foams, surfaces, and protective equipment surrounding them. Smaller sensory items will have an estimated lifespan of less than a year, but the larger items will have a lifespan of five to ten years.

Technology equipment is expensive, in and of itself. However, with students with special needs our devices have increased exposure to damaging activities, costing organizations more in the long run. With this grant we will be purchasing new interactive smart boards, computers, and tablets. The estimated lifespan of these devices will be up to five years.

In summation, the grant covering these expenses will allow us to allocate other sources of revenue towards other expenses. One example of this would be allowing us to hire another instructional personnel to provide individualized and specialized services to our students to meet their individual academic goals.

### **Guiding Principles - Client Impact\***

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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! Each student in our school meets the criteria as defined above. Autism Spectrum Disorder is a diagnosable disorder classified by a disability. In addition, eleven out of 21 students are Black, Latino, or Asian Americans and Pacific Islanders and 12 out of 21 students are medicaid recipients. Each of our medicaid recipients have been identified as negatively impacted by persistent poverty or increased financial expenses related to their diagnoses.

Disproportionately, children with autism are more affected by the pandemic due to differences in communication, social skills, and executive functioning that are the basis of the diagnosis. As well, children diagnosed with Autism are more likely to have comorbid medical diagnoses that increase their inherent risk

for complications due to COVID-19. One study, Oomen, D., Nijhof, A.D. & Wiersema, J.R. The psychological impact of the COVID-19 pandemic on adults with autism: a survey study across three countries. Molecular Autism 12, 21 (2021). https://doi.org/10.1186/s13229-021-00424-y, found that children and adults diagnosed with autism were more likely to suffer from increased anxiety and depression symptoms.

Urban.org stated that children of color will disproportionately experience learning loss as a result of COVID-19. This combined with damaging policies will have a lasting impact for generations to come. It states that narrowing the equity gap is key to ensuring the future recovery of people of color. At Excellerated Teaching Academy this grant will support students through equitable practices that focus on the needs of the individual, as a person.

#### Number Served\*

How many people will directly benefit from this capital purchase annually? 25

### Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated? **Duplicated:** A client is counted each time they access services **Unduplicated:** A client is counted once, regardless of the number of times they access services

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

Unduplicated

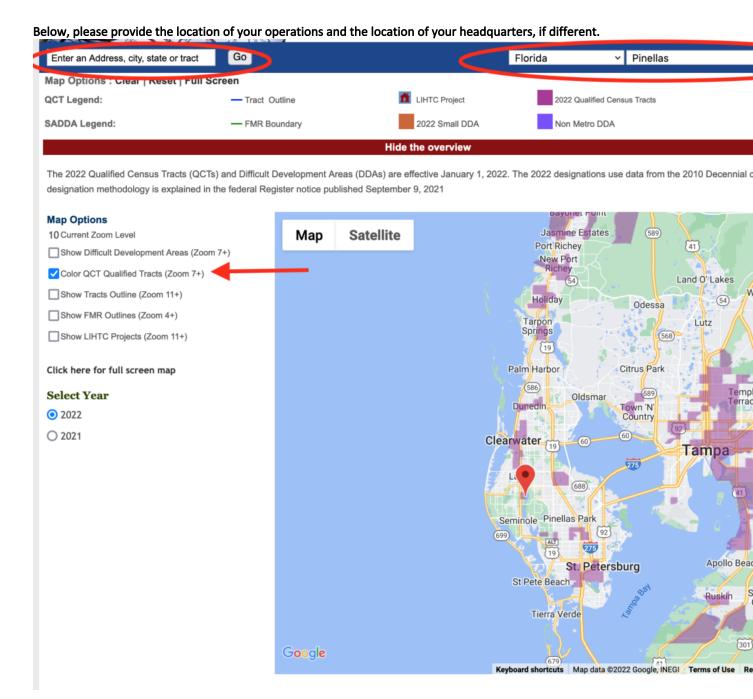
### Other (Explanation Required)

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



### **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/ 5175 45th St N, St. Petersburg, FL 33714

## 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).

All the purchases from this grant will take place in our headquarters.

#### QCT Determination - Purchase\*

 $\label{lem:constraints} \mbox{Does this organization's proposed purchase benefit residents of QCTs?}$ 

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.

In working with various members of the Autism community and support professionals, Speech, Occupational, Behavior Therapists, Teachers and other caregivers, we identified specific barriers limiting our students. One area of attempted inclusion was physical education services in the public school system. The mainstream educational system does not meet the needs of our students. Children with disabilities have great success with adaptive equipment and scaled programming to meet smaller, more obtainable goals, leading to greater success long-term. Our students have difficulty interacting with traditional PE equipment and a traditional PE curriculum.

At ETA we embrace the characteristics of each student enrolled and encourage individual expression of their need for sensory regulation. Generally, the community struggles with allowing our students to express themselves in a way that meets their needs. We encourage them to meet their individual sensory needs through specialized sensory equipment. When students have access to stimulatory activities and equipment,

they are able to more readily learn self-regulation leading to more appropriate engagement in the community as a whole.

Communication deficits and difficulties are a defining characteristic of Autism. Eleven out of our 21 students have or need (but do not have access to) an augmentative and alternative communication (AAC) device. While not all of our students could benefit from an AAC, they all have some form of communication deficit or difficulty. Greater access to technology devices that support social communication allow our students lower barriers to entry into the community. These devices also allow members of our community to engage with our students in a meaningful and productive way.

### 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

Neurodiverse/physically disabled

### Leadership Demographics - Executive Level Leadership Team\*

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

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

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

Neurodiverse/physically disabled

### Leadership Demographics - CEO/Executive Director\*

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

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

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If your organization is volunteer-run and does not have an executive leader, please select "Not applicable." None of the above

## **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.

ETA - Combined Bids-compressed.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.

Due to the small purchase nature of the items that will be used by the grant, only one vendor was used to determine a price. Pricing was established on 09/07/2022.40

#### 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.

 $\label{lem:arpha-budget-Template-Small-Purchases.} ARPA-Budget-Template-Small-Purchases.\\ xlsx-Sheet 1.pdf none to note.$ 

### 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.

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

There are no other funding sources.

### Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

This purchase decreases our operating costs by offsetting our expenses towards these items. These items are essential to the ongoing educational programming for our students and eventually we will need to purchase these or similar items for our school.

# 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.

ETA Budget 2022\_2023 - Sheet3.pdf

#### **Board of Directors List\***

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

ETA Budget 2022\_2023 - Sheet4.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.

Compressed 2020 990 - ETA.pdf

Our 2021 990 is on extension and should be completed soon. I have attached a PDF version of our 2020 990.

#### 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.

ProfitandLoss.pdf

We have not had a recent audit because we have not been required to.

# 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. Policy.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

- ETA Combined Bids-compressed.pdf
- ARPA-Budget-Template-Small-Purchases.xlsx Sheet1.pdf
- ETA Budget 2022\_2023 Sheet3.pdf
- ETA Budget 2022\_2023 Sheet4.pdf
- Compressed 2020 990 ETA.pdf
- ProfitandLoss.pdf
- Policy.PDF

Item	Description	Price
Wooden Busy Board	Alligator - love this	171.64
Sand Box Real or fake sand? Concerns with each	Buy used? Use one the pools? Inside or outside?  Jurassic RiverBed Play Sand - 47 Pound Sandbox Sand	89.95
Hammock • Finish other swing base RH		
Sensory Socks	Sock	23.96 * 5
Pod hammock	<u>Hammock</u>	39.99
Crash pad covers	Covers	\$55.60 * 4
Music Supplies	Stoie's International Wooden Music Set, Percussion Kids Musical Instruments, Montessori Unique Play Toddler Musical Instruments for Kids Ages 3, 5, 9, 12- Baby Musical Toys, Baby Musical Instruments  PICK A TOY Bamboo Rainstick Rain Shaker Sensory Toy Musical Instrument for Kids and Adults, Lightweight and Easy to Use Music Game, Rainbow Colored Rain Maker – with	27.99
Cum Supplies	Gift Box	24.00
Gym Supplies  • Color dots	Spot Markers 9 Inch 12 Pack Rubber Floor Dots Non Slip	24.99

		,
<ul><li>Basketballs</li><li>Hula Hoops</li><li>Balance beam (make)</li></ul>	for Training and Drills Two of Each Red, Orange, Yellow, Green, Blue, Purple	
	Boley Rubber Basketball Set with Pump - 3 Pk 22 inch Size 3 Indoor & Outdoor Basketballs for Kids 3+	26.95
	Sportime 24 Inch and 28 Inch Dur-O-Hoops, Set of 12	82.34
	Yes4All 3 Shapes Hedgehog Balance Pods and Balance Disc, Rocky and Geometric Stability, Core Strength, Coordination, Massage for Adults, Obstacle Course for Kids and Dogs	22.99
	Springee 10FT Gymnastics Balance Beam - Faux Suede Foldable Non-Slip Extra-Firm Foam Floor Beams - Premium Home Training Equipment for Professionals and Beginners Athletes	79.90
	Walsai Exercise Mats Puzzle Foam Mats Gym Flooring Mat Cover 20 SQ.FT Interlocking Foam Mats with EVA Foam Floor Tiles for Home Gym Equipment Workouts	36.99 * 10
	https://us.amazon.com/Childr ens-Factory-Classroom-Furni ture-CF710-095PT/dp/B003B X9M9S?ref =ast sto dp	1217.52
	rainbow climber	
	https://www.amazon.com/Soft	1531.95
	Scape-Playtime-Structure-To ddlers-Crawling/dp/B08K2GB 88Q/ref=sr 1 24 mod prima	139.99
	ry new?crid=1F0MIH5WQPI	

	T7&keywords=foam%2Bwed ges%2Bfor%2Bkids&qid=166 0161243&sbo=RZvfv%2F%2 FHxDF%2BO5021pAnSA%3 D%3D&sprefix=foam%2Bwe dges%2Bfor%2Bkids%2Caps %2C132&sr=8-24&th=1 crash pad	404.00
	yoga ball	184.99 21.95 * 6
	balls for ball pit	
	spin chair	22.99
	crawl tunnel	89.95 * 2
	sensory tunnel	19.92
	weighted blanket	111.70
	light up sensory tube	38.99
	sensory circles for floor	89.99
	tactile bean bags	57.37
	LED fiber lamp	21.49
	https://a.co/d/8IRKhCn	19.99
	https://a.co/d/eWizLlf	37.95
	https://a.co/d/ccFO60K	39.98
	https://a.co/d/7UNNo9O	15.99
		33.24
Educational Technology	Promethean	4058.81 * 2

Ipad	329.99 * 6
MacBook Air	999.99 * 4



#### **ProLogic ITS**

106 Northpoint Parkway Acworth, Georgia 30102 United States (P) 866-923-0513 Quotation (Open)

Date
Jun 02, 2021 02:12 PM EDT

Modified Date
Jun 02, 2021 02:35 PM EDT

Doc #
18799 - rev 1 of 1

Description
Promethean Panels and Accessories

SalesRep
Shipp, Payton
(P) (866) 923-0513

Customer Contact
Hasbrouck, Rob
(P) 727-748-4060
rob@etaschool.com

Customer
Excellerated Teaching A

Excellerated Teaching Academy (ET1985) Hasbrouck, Rob , GA United States Bill To

Excellerated Teaching Academy Payable, Accounts , GA United States Ship To

Excellerated Teaching Academy PO, REF , GA United States

Customer PO:	Terms: Undefined	Ship Via: UPS Ground
Special Instructions:		Carrier Account #:

#	Description	Part #	Qty	Unit Price	Total
1	ActivPanel Titanium 75" 4 x Pen, Vesa Mount, WIFI Module & cable pack included. ActivInspire Professional Edition available FOC	AP7E-B75-NA-1	1	\$2,764.70	\$2,764.70
2	ActivPanel Titanium 86" 4 x Pen, Vesa Mount, WIFI Module & cable pack included. ActivInspire Professional Edition available FOC	AP7E-B86-NA-1	1	\$3,764.70	\$3,764.70
3	Manual height adjustable mobile stand for use with ActivPanel	AP-ASM-90	1	\$941.17	\$941.17
4	Manual height adjustable wall mount stand for use with ActivPanel	AP-ASW-90	1	\$588.23	\$588.23
5	ActivPanel Medium (for Titanium IFPs up to 80") - Extension, On Site Support, 5 years	APM5YROSS-B	1	\$58.82	\$58.82

 Subtotal:
 \$8,117.62

 Tax (.0000%):
 \$0.00

 Shipping:
 \$0.00

 Misc:
 \$0.00

 Total:
 \$8,117.62

Payment Terms: Net 30 Days.

After 30 days, unpaid balances are subject to a 1.5% handling fee per month (18% annual). Warranty covers manufacturer defects only, excluding battery defects, unless explicitly stated herein. Dual-signed Scope of Work will be required prior to placing initial order.

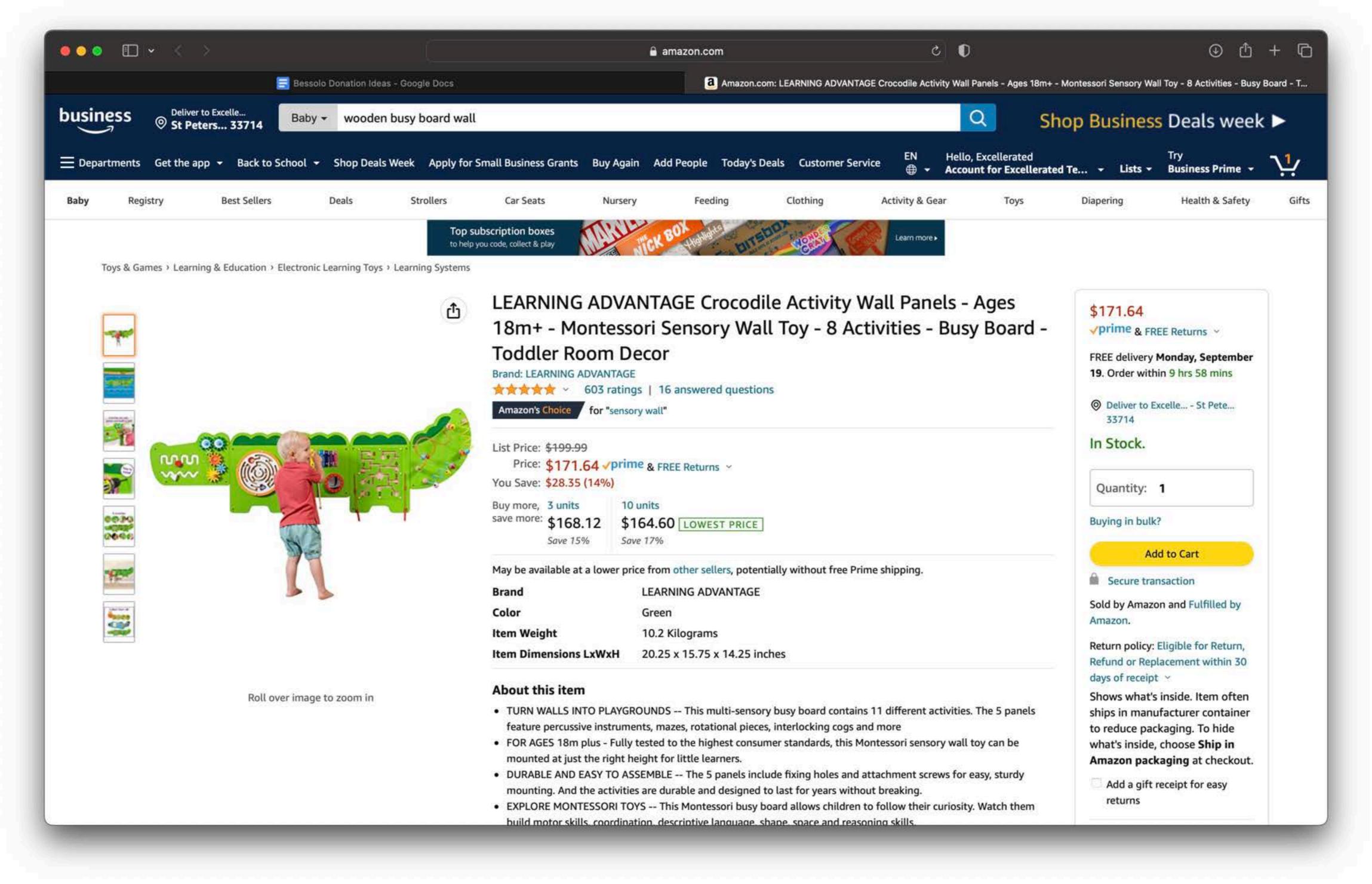
Prices and tax rates are valid in the U.S only and are subject to change. Taxes represented in quotes are estimates and may vary from taxes reflected on invoice (based on physical ship-to address).

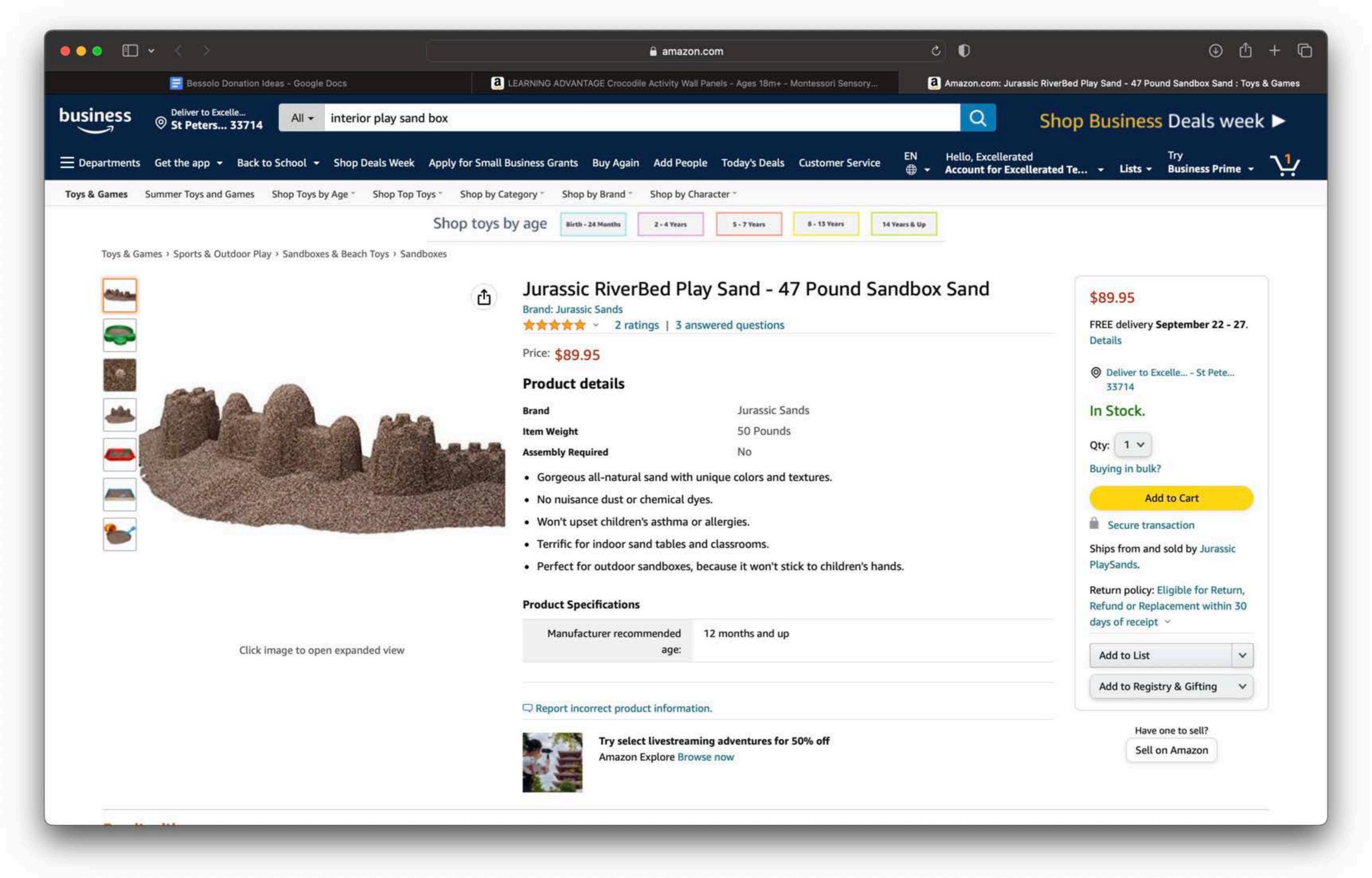
Sales/Use tax is a destination charge (i.e., based on physical ship-to address on purchase order). Please indicate your taxability status on your PO. If you are tax exempt, please include proper documentation. If you are not tax exempt, please calculate and include all applicable tax on your PO.

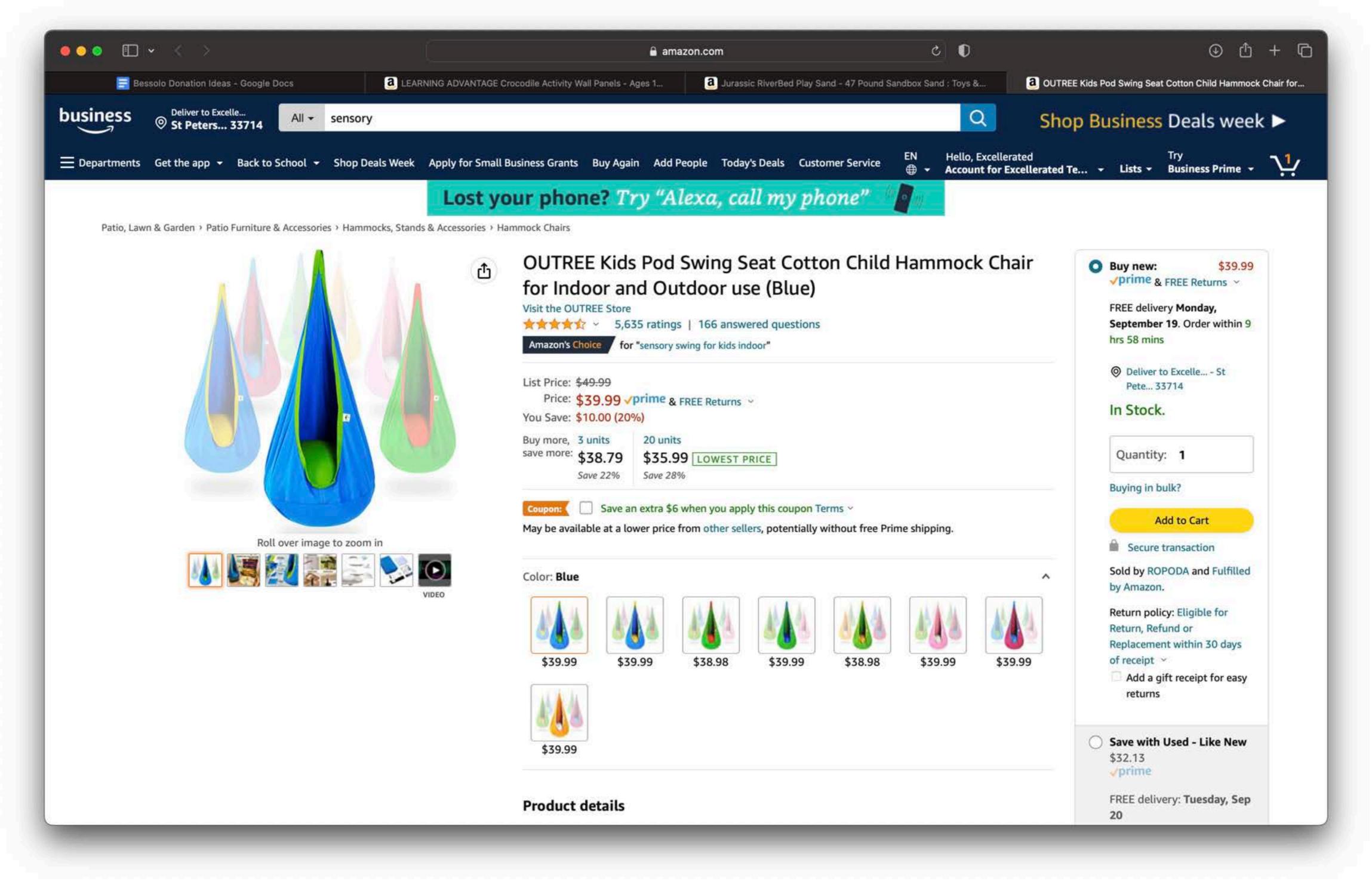
Hardware cancelations may be subject to up to a 50% restocking fee.

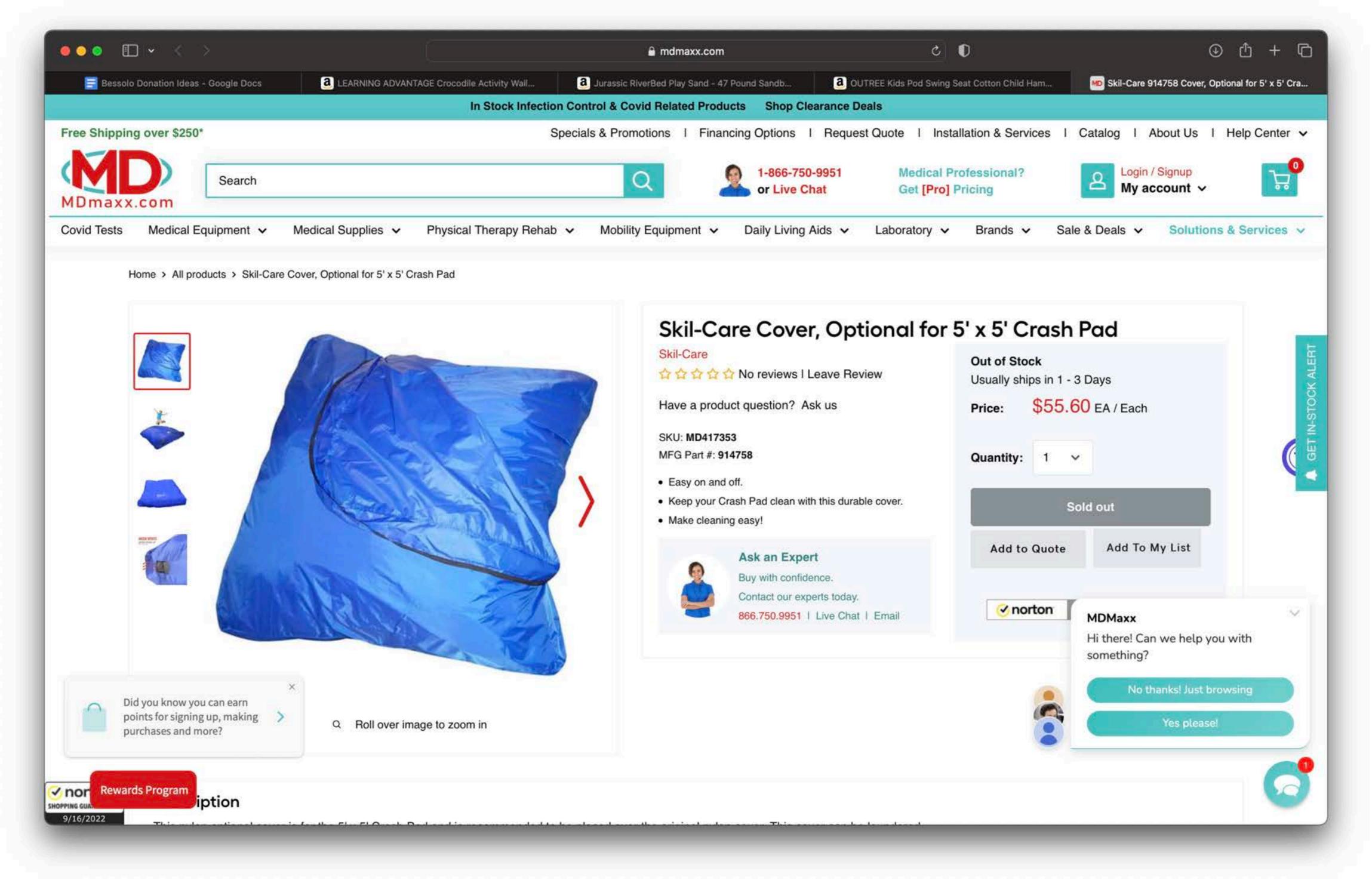
See Terms and Conditions at www.prologicits.com/terms-conditions/

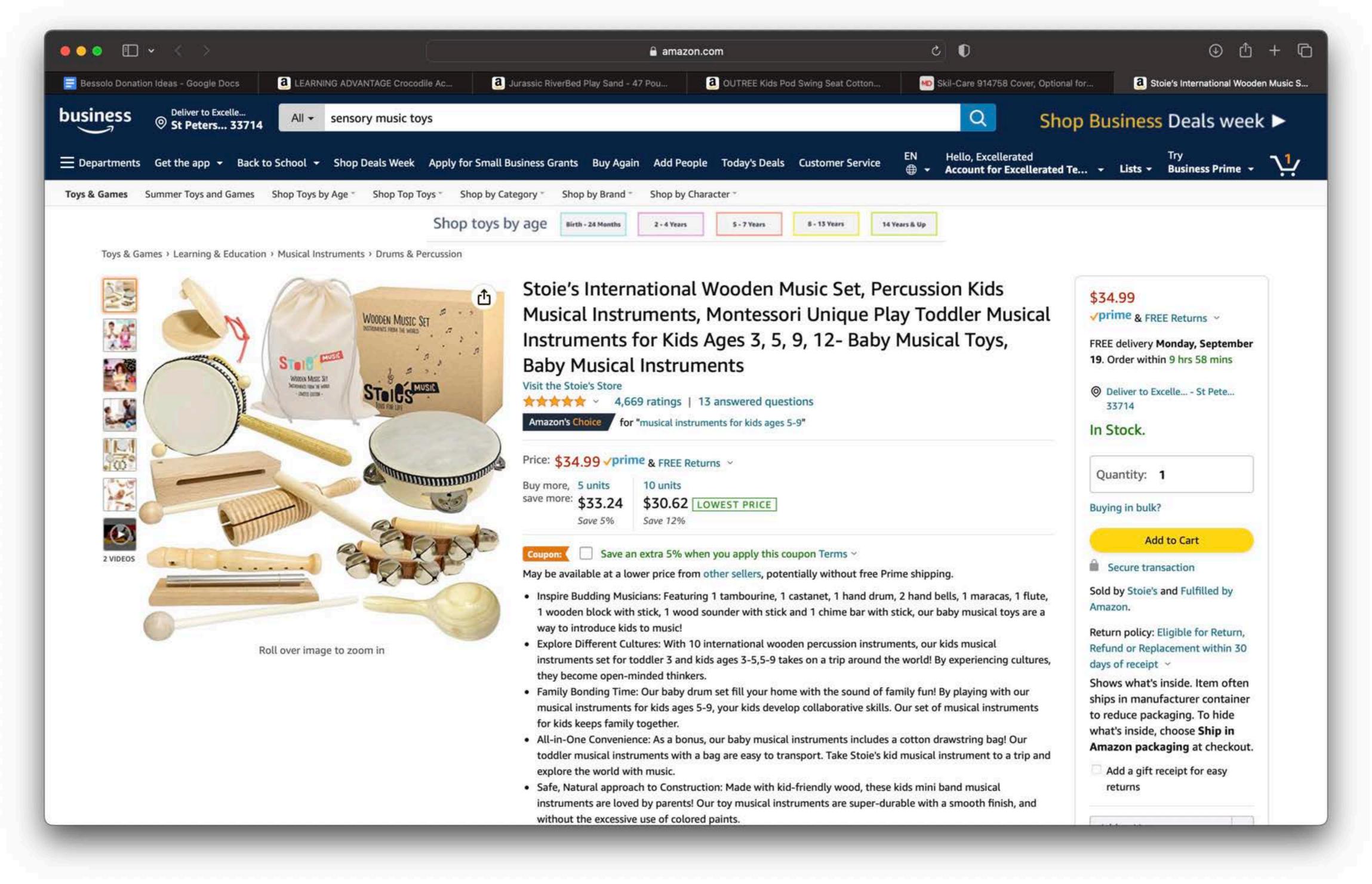
Quotes are valid for 30 days only and are subject to change without notice due to the imposition of new trade tariffs.

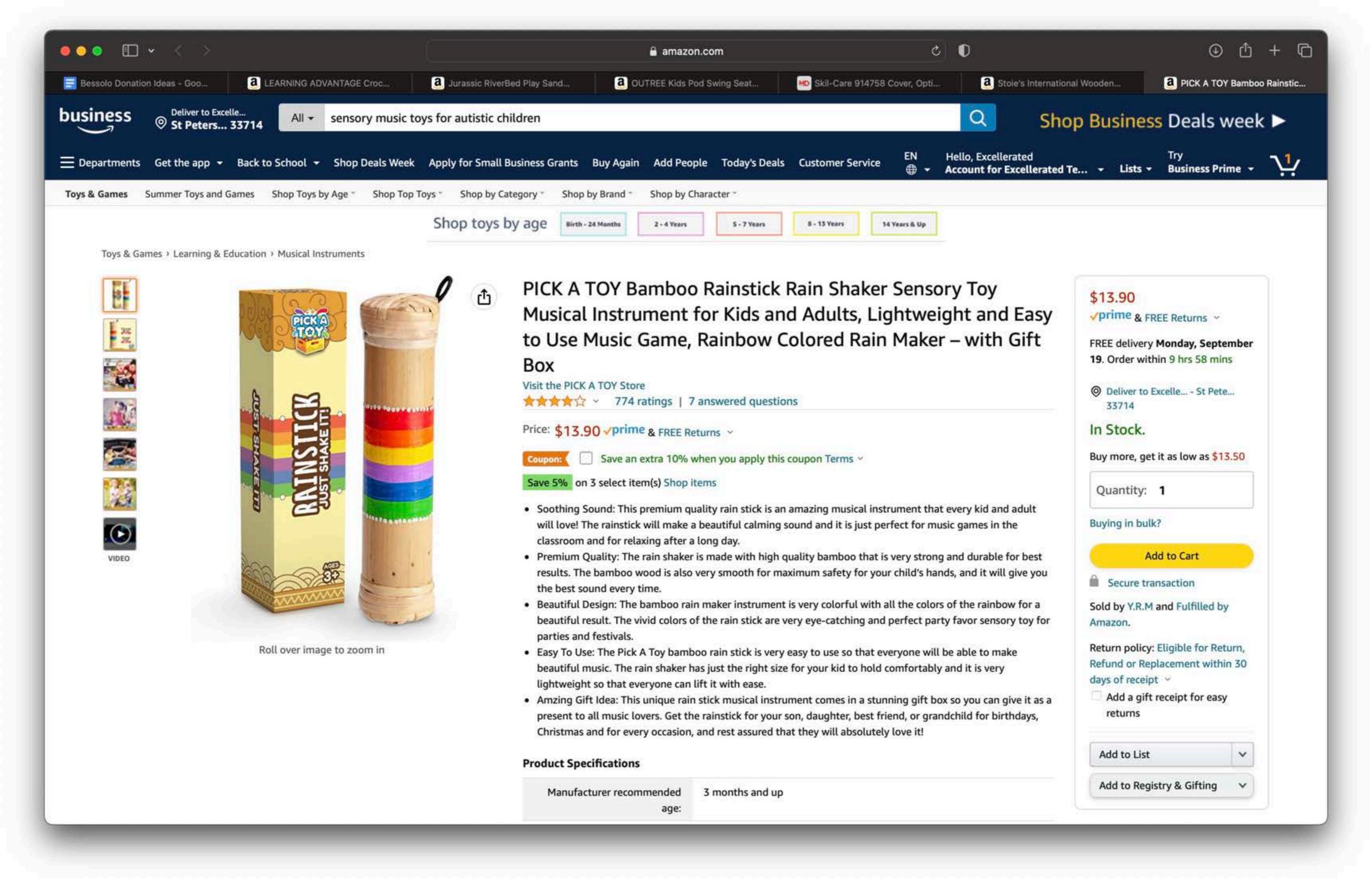


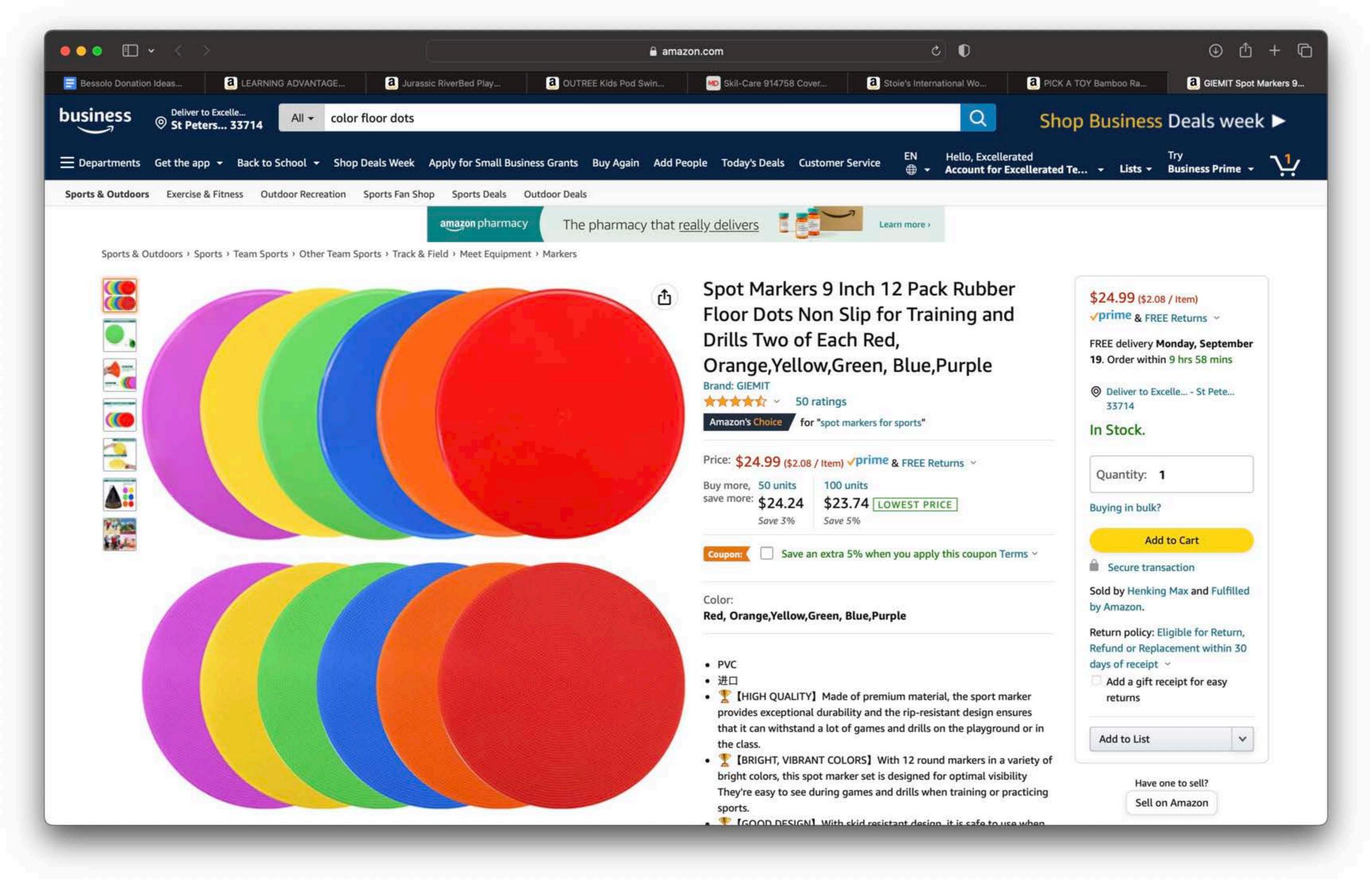


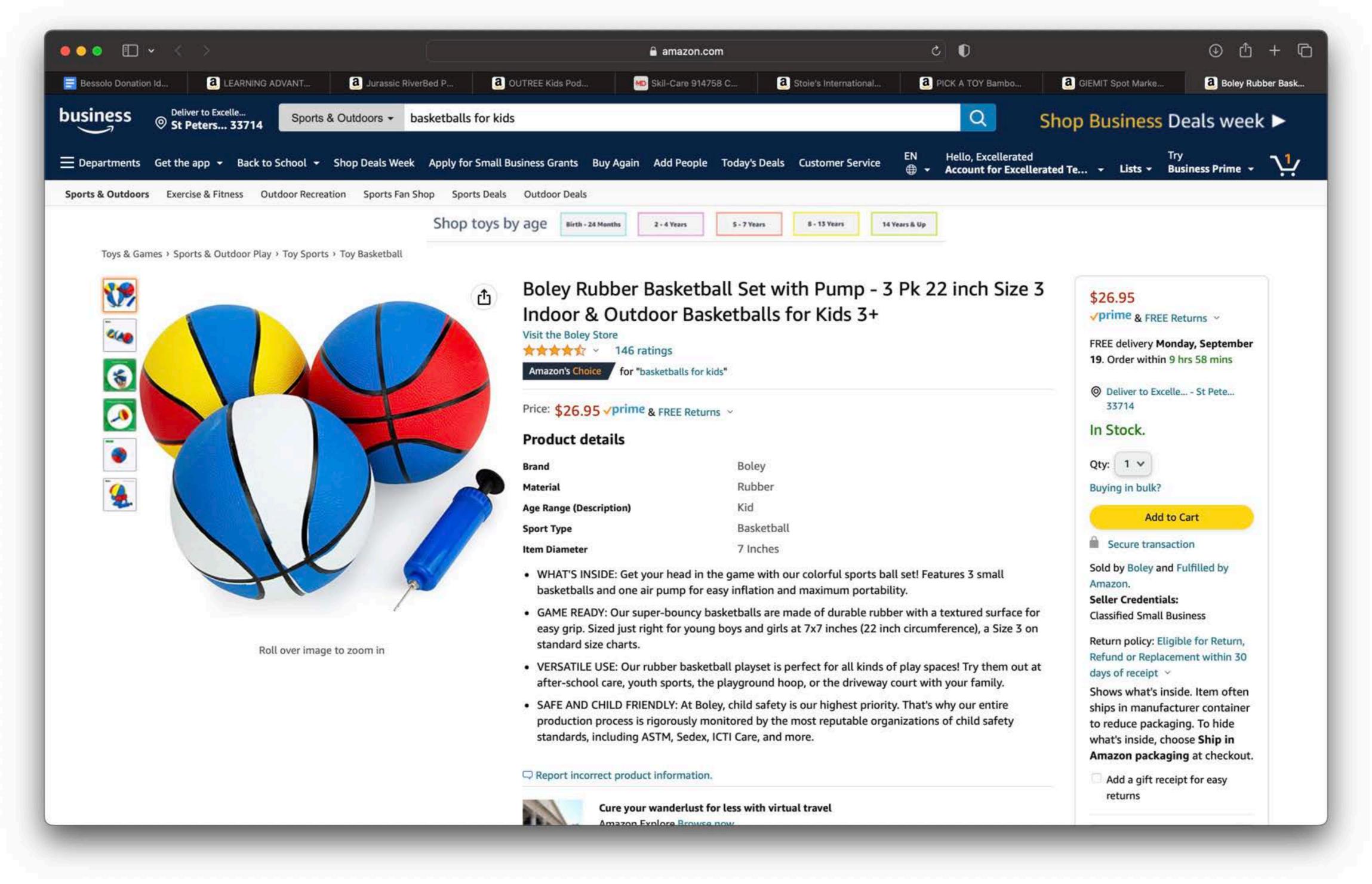


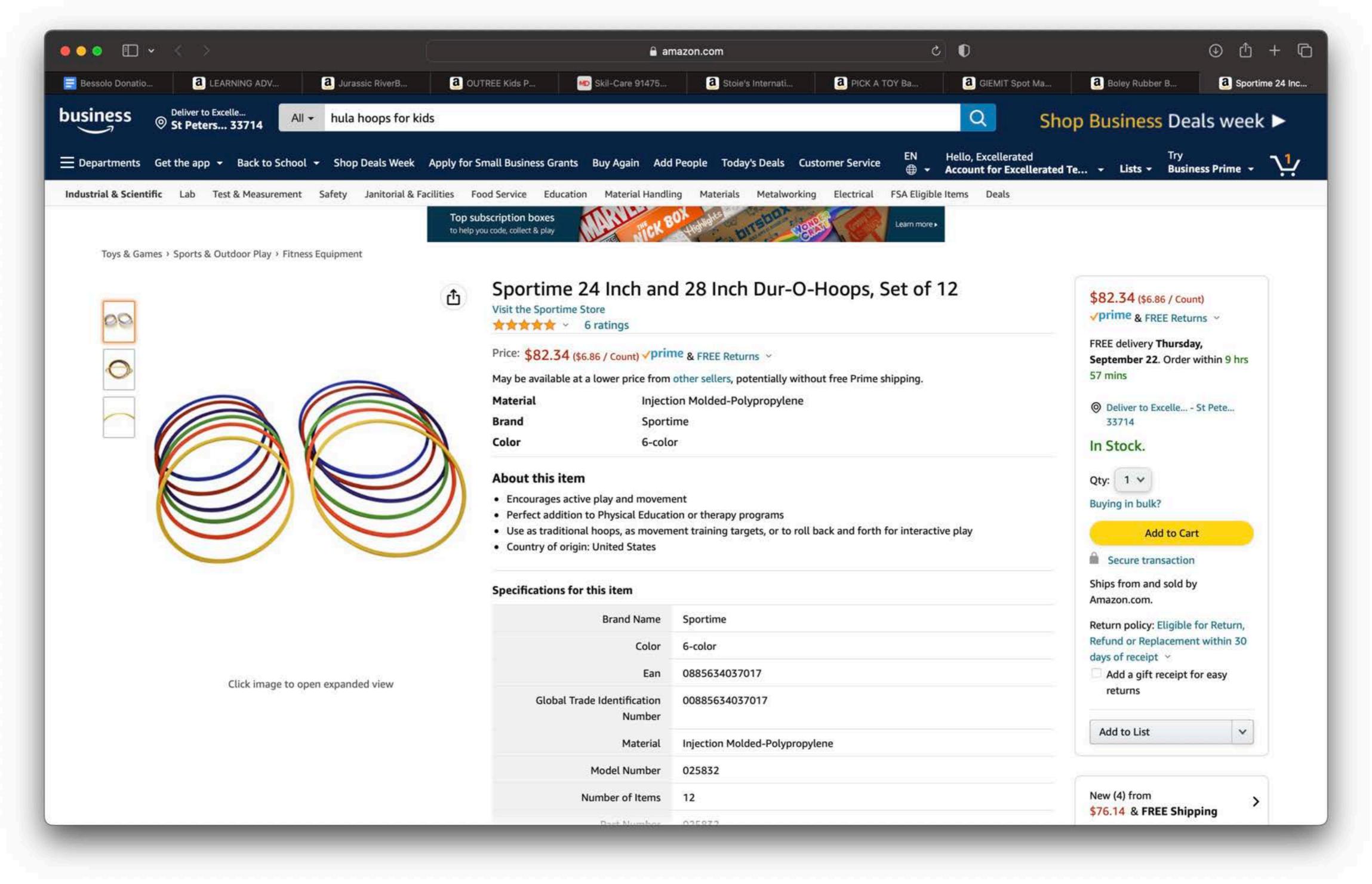


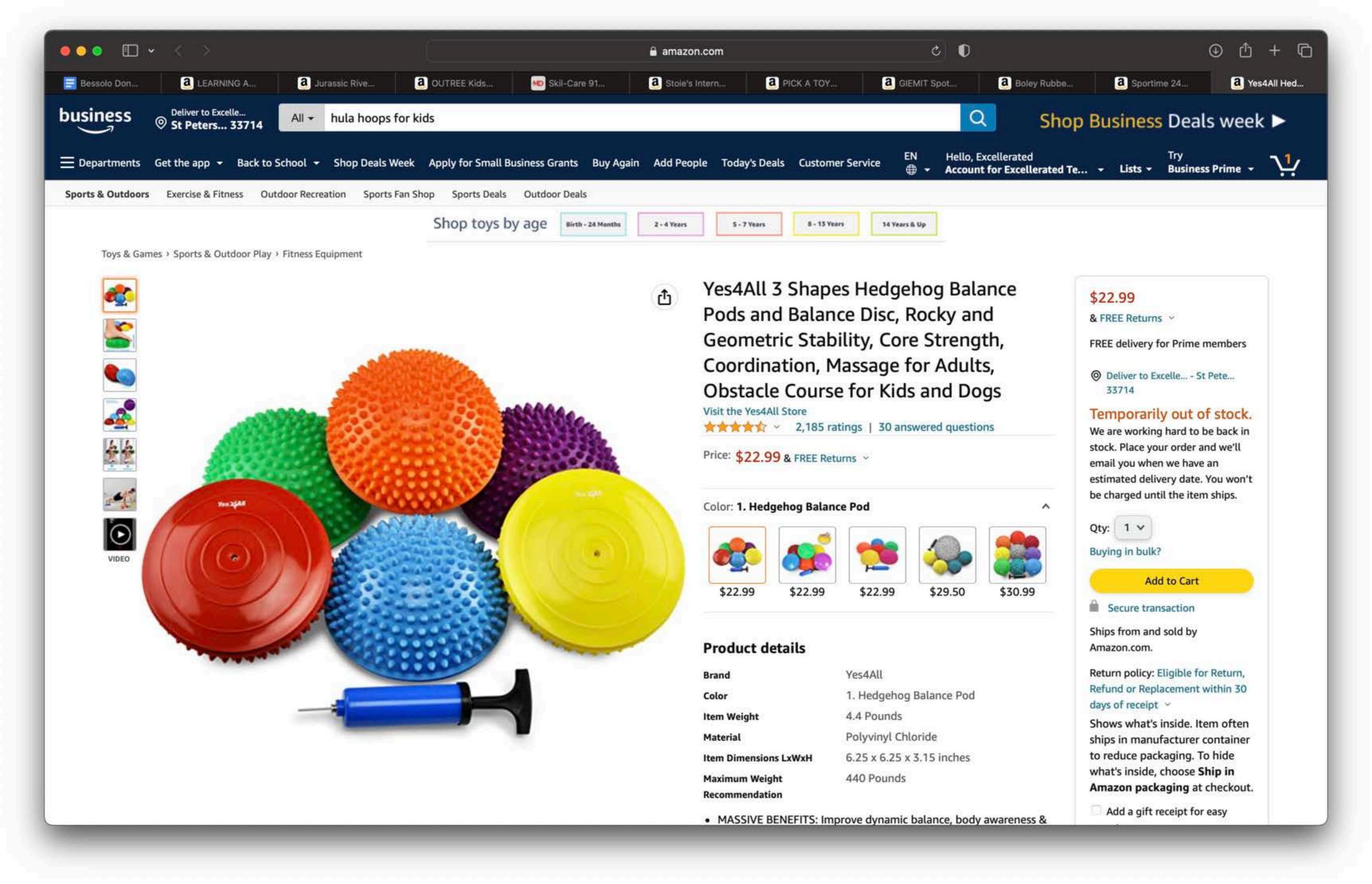


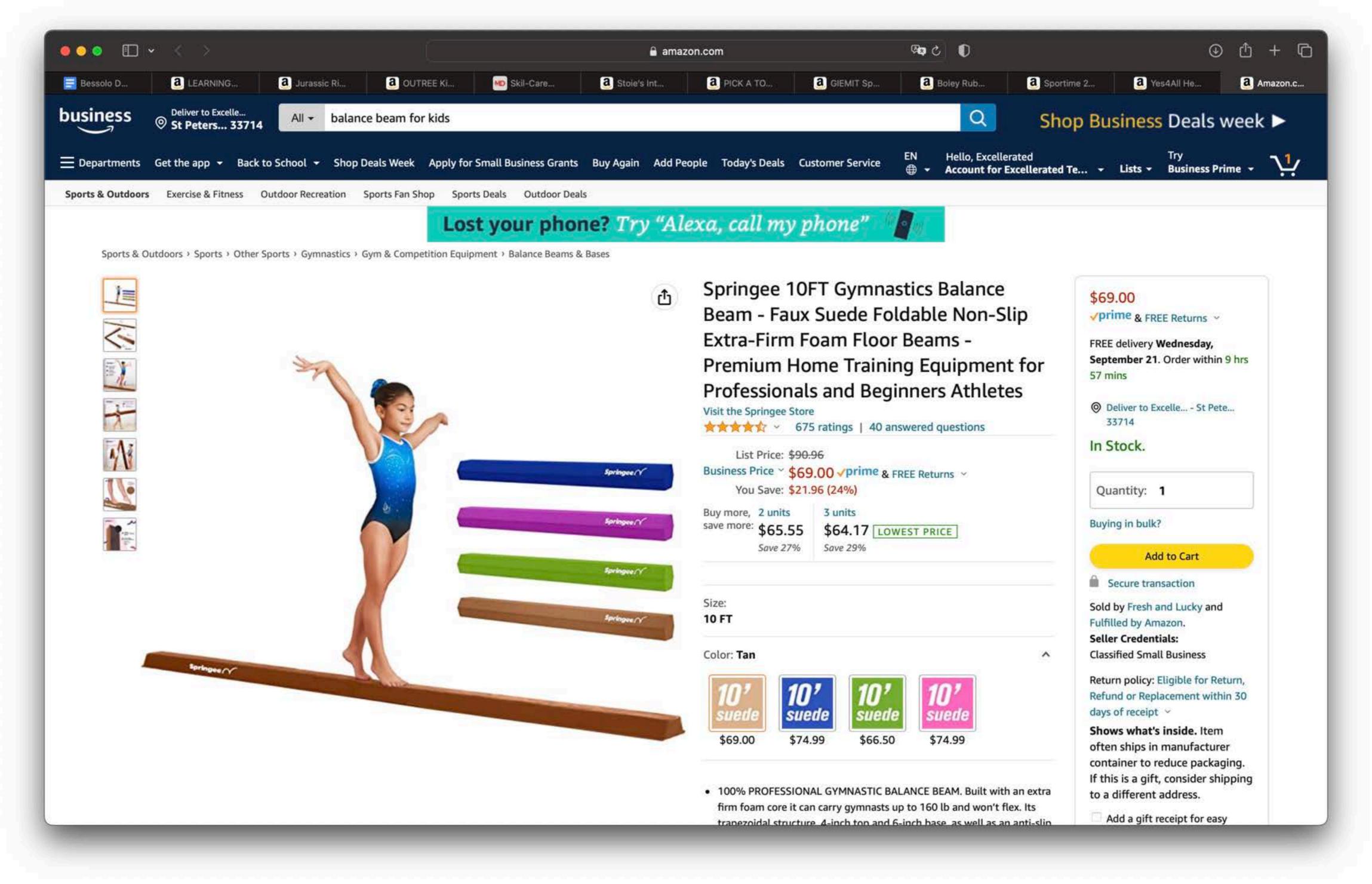


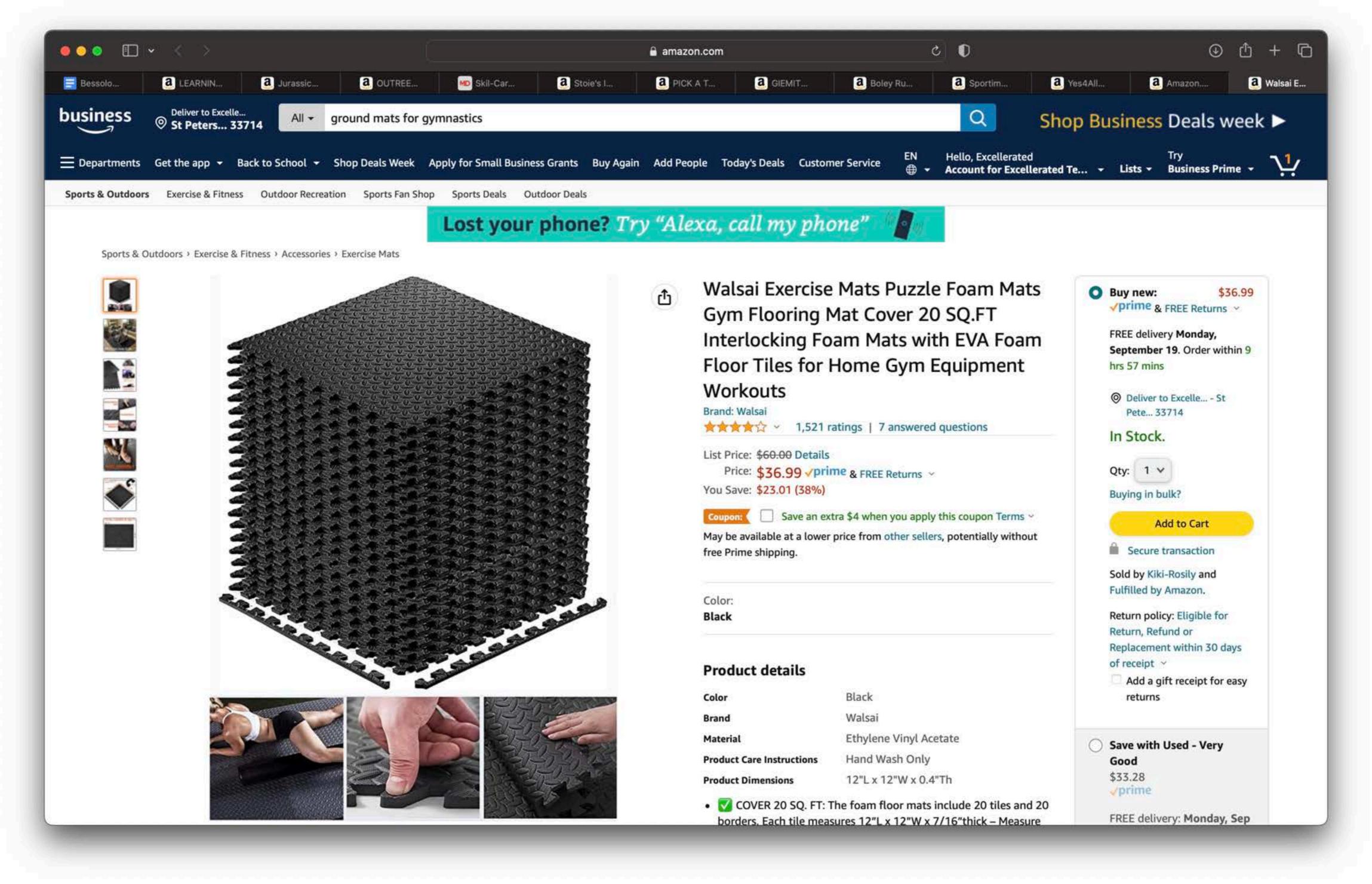


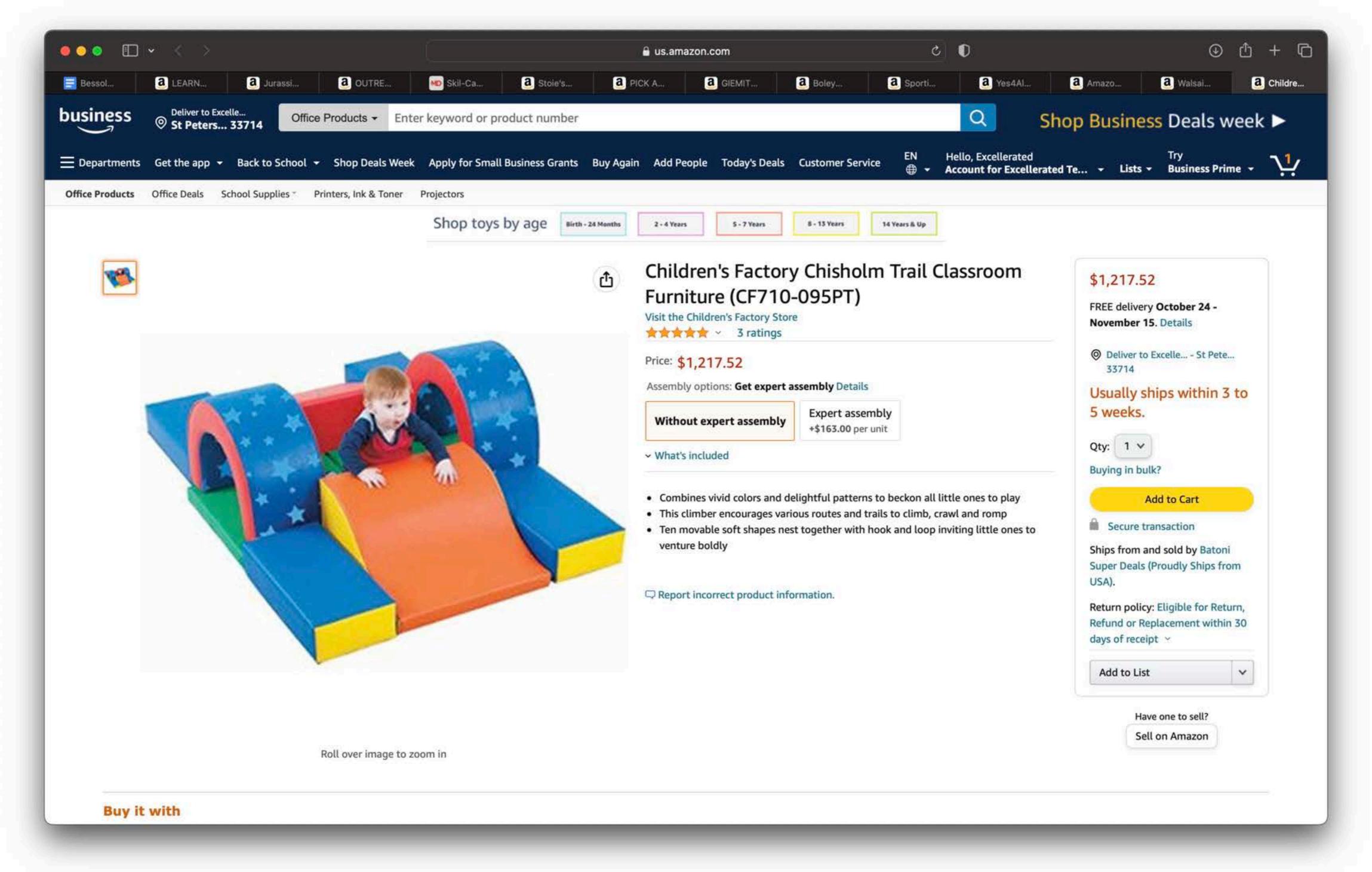


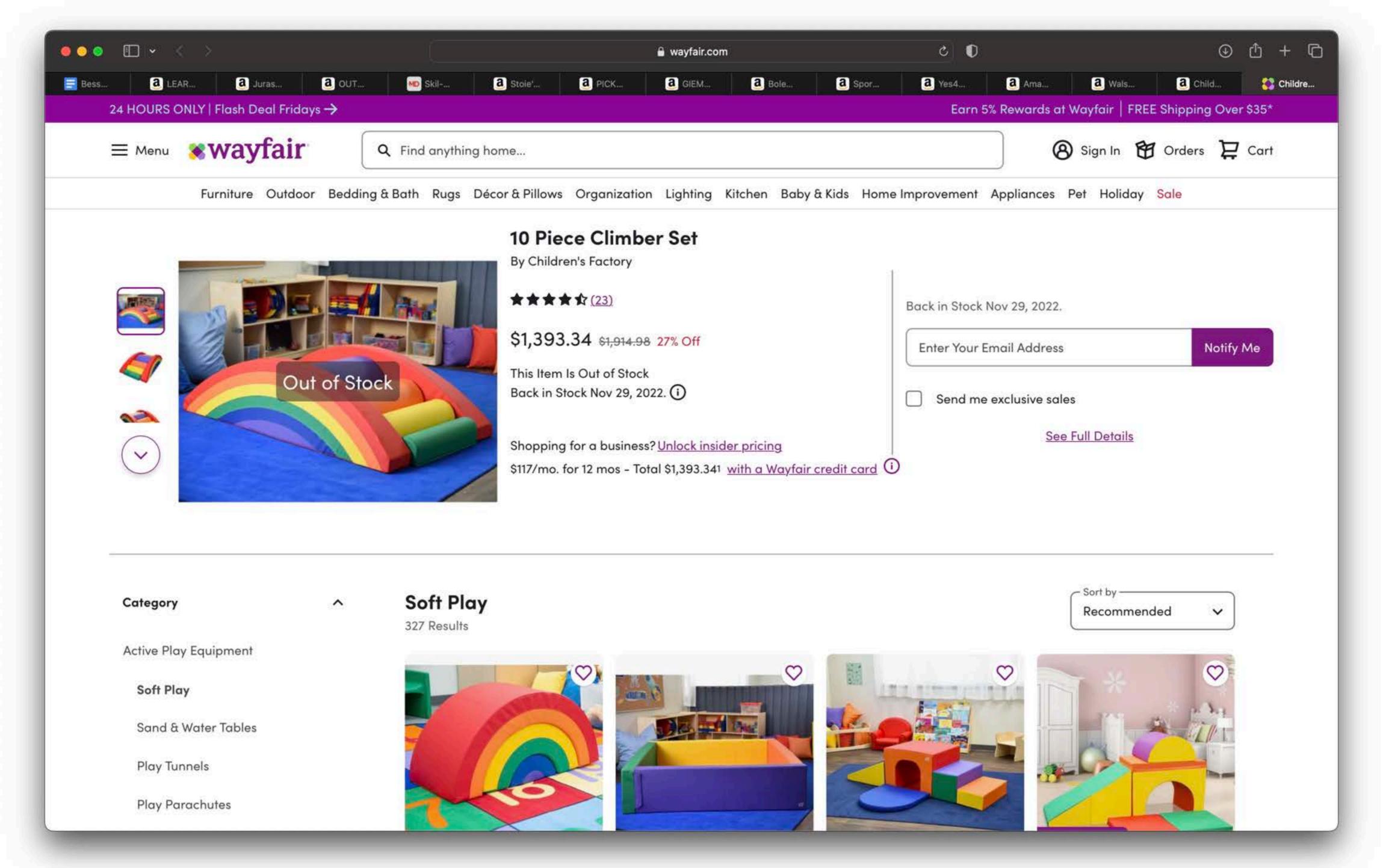


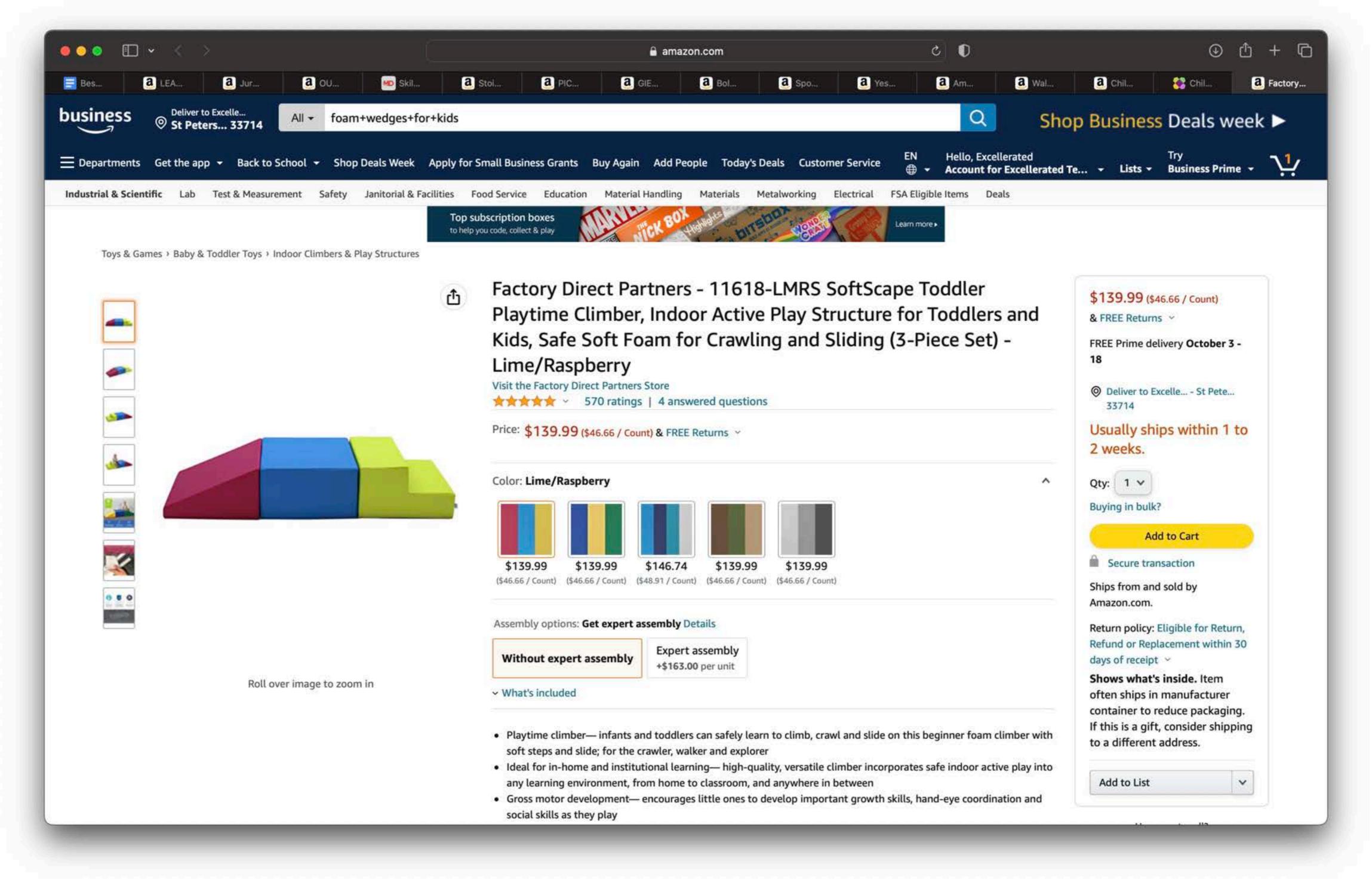


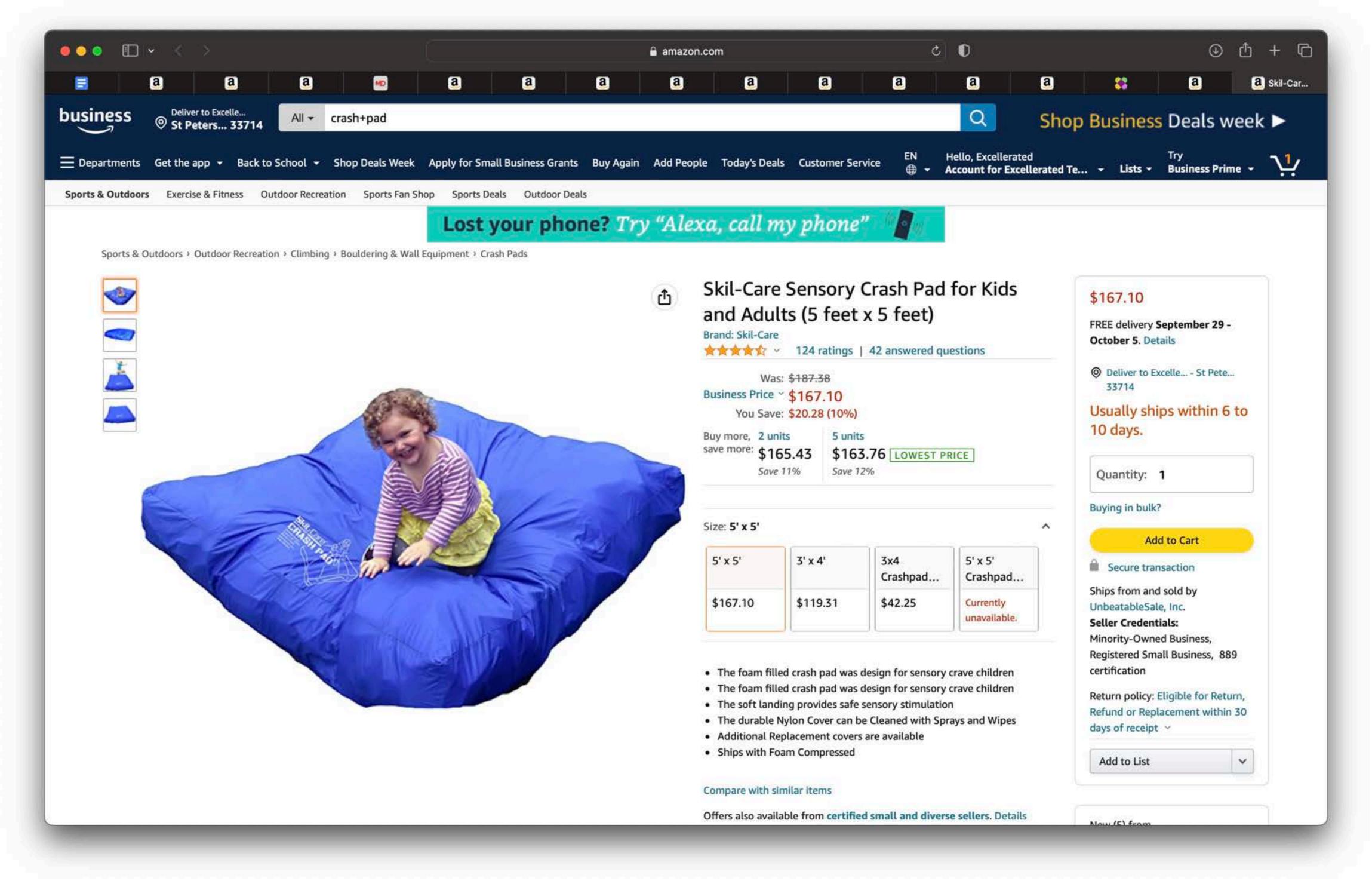


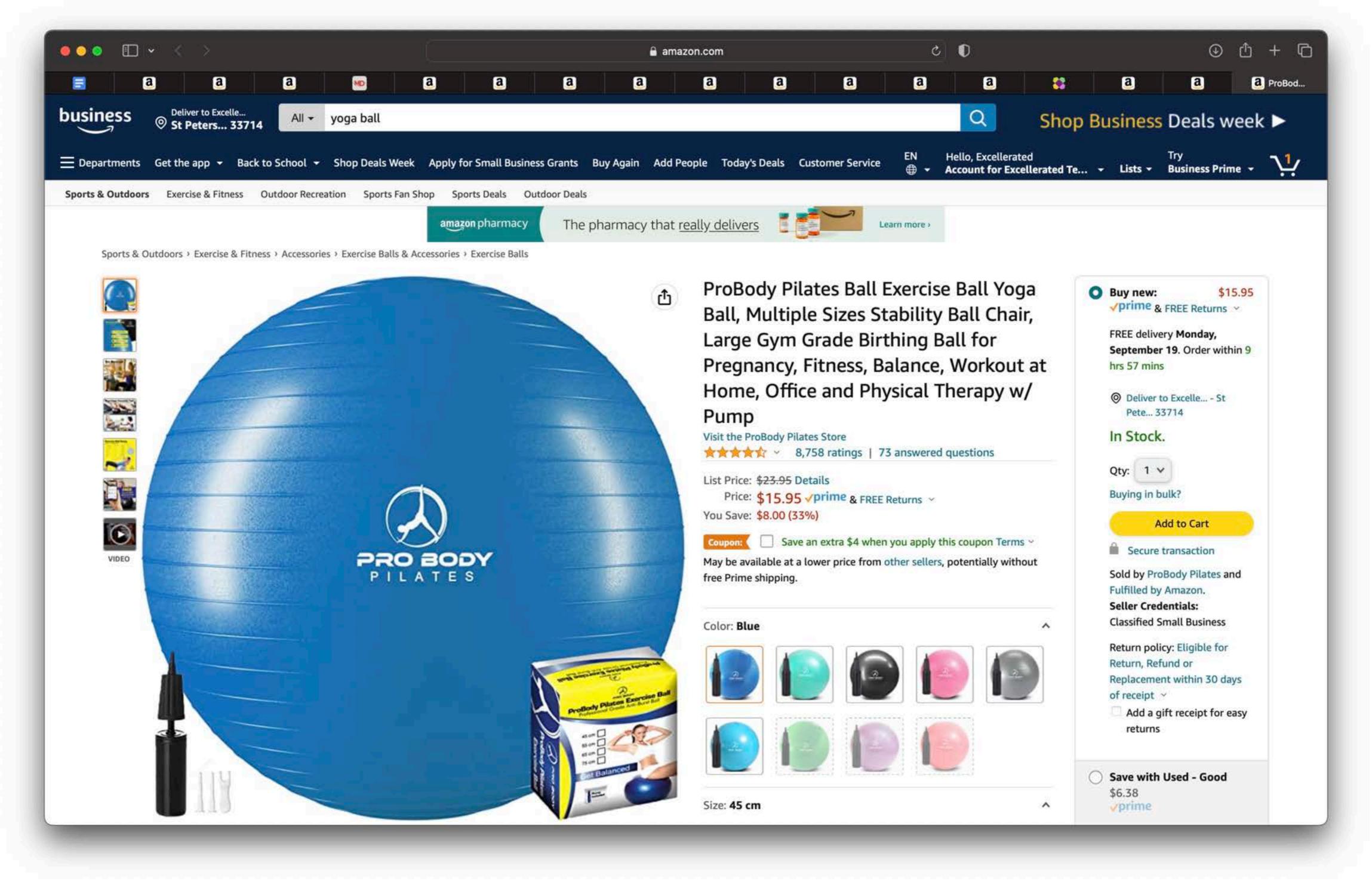


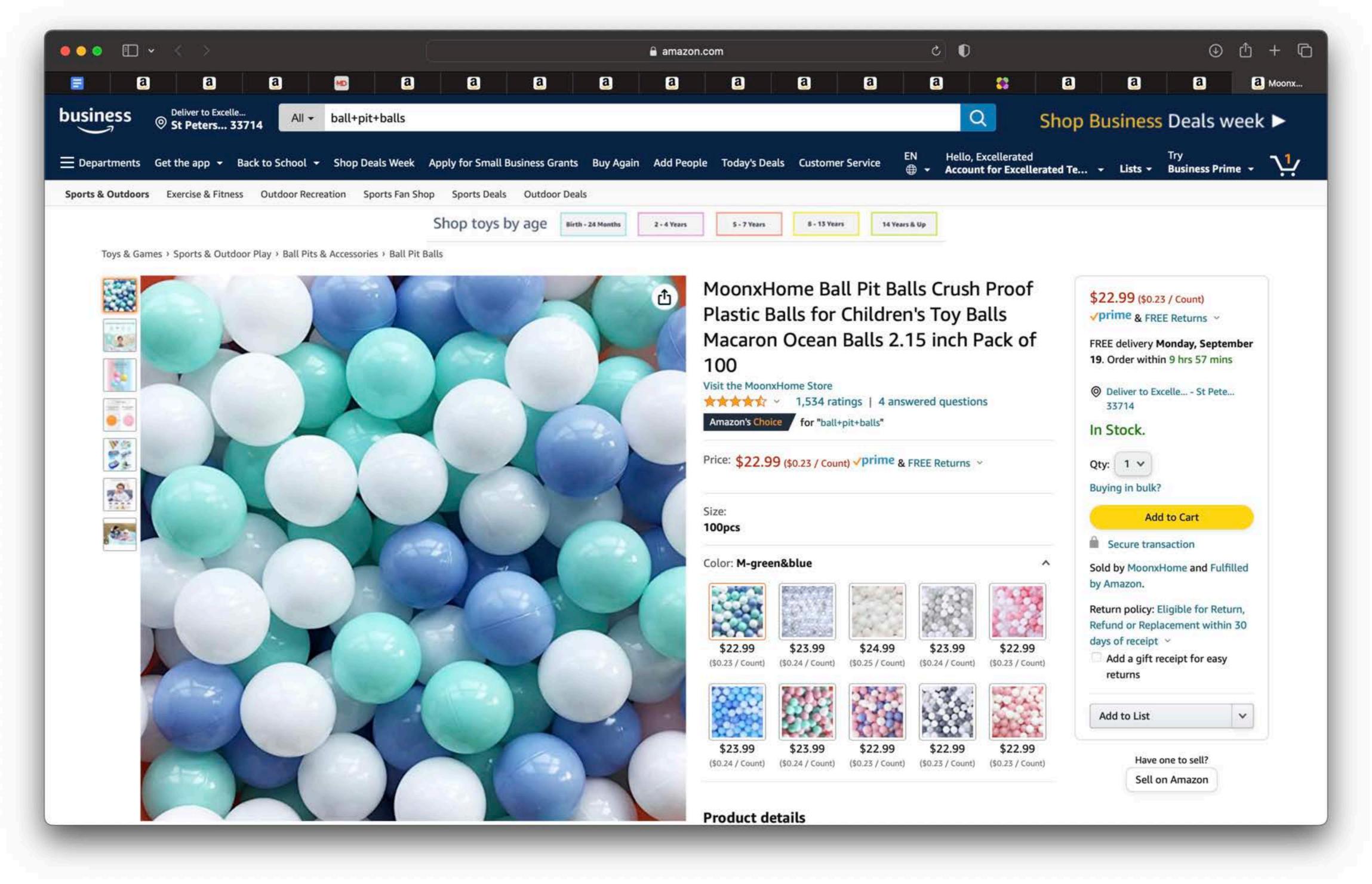


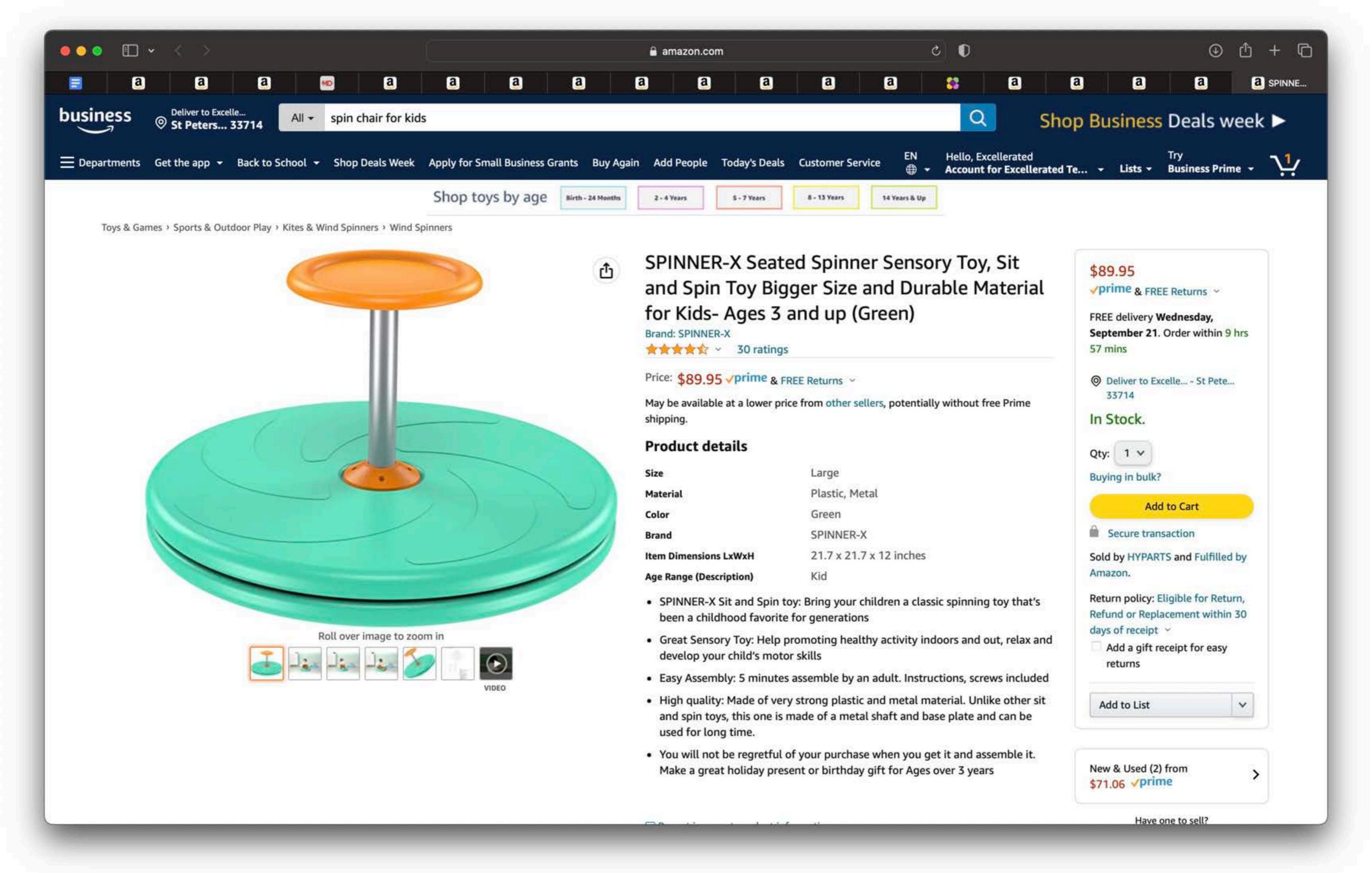


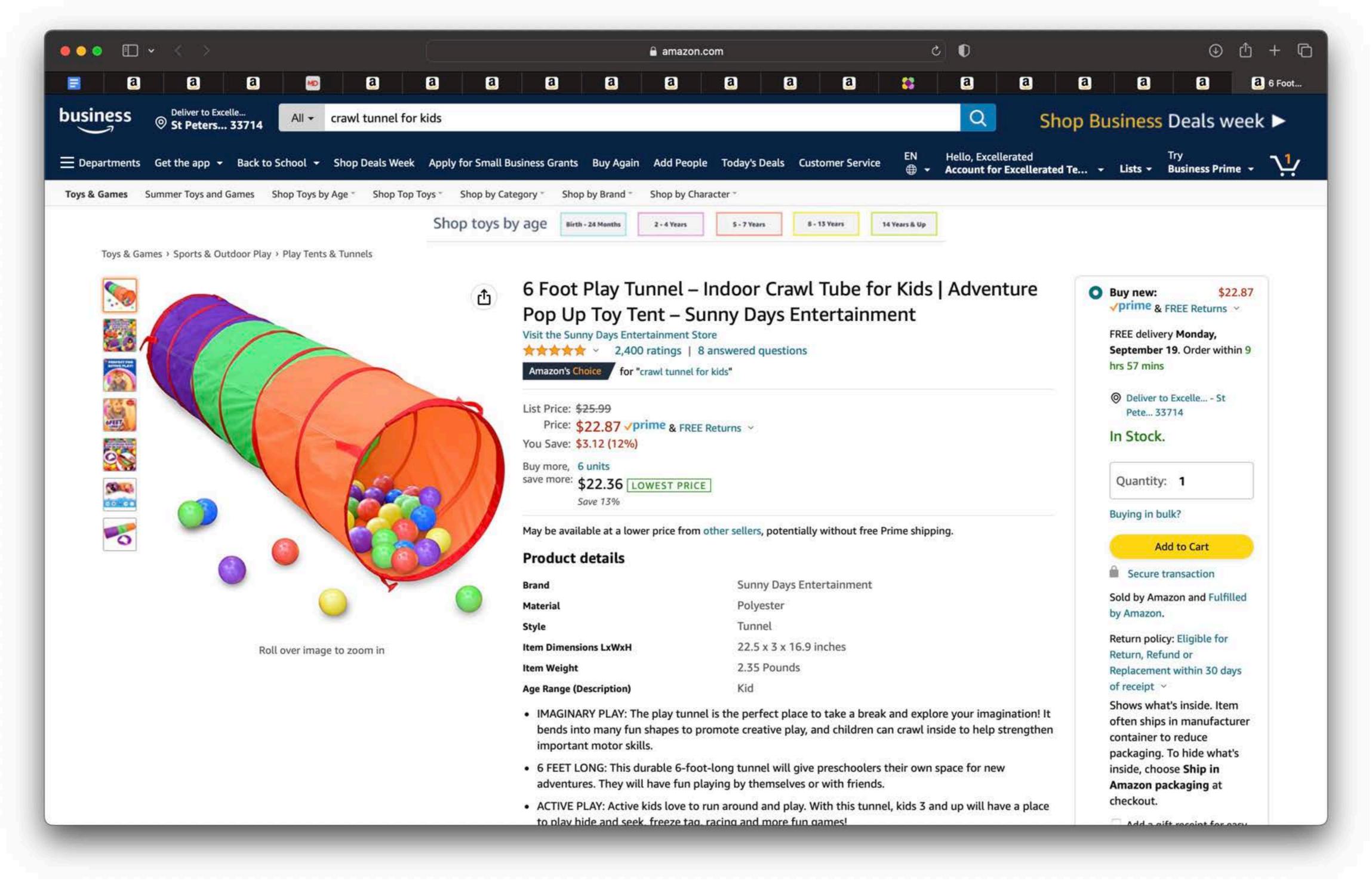


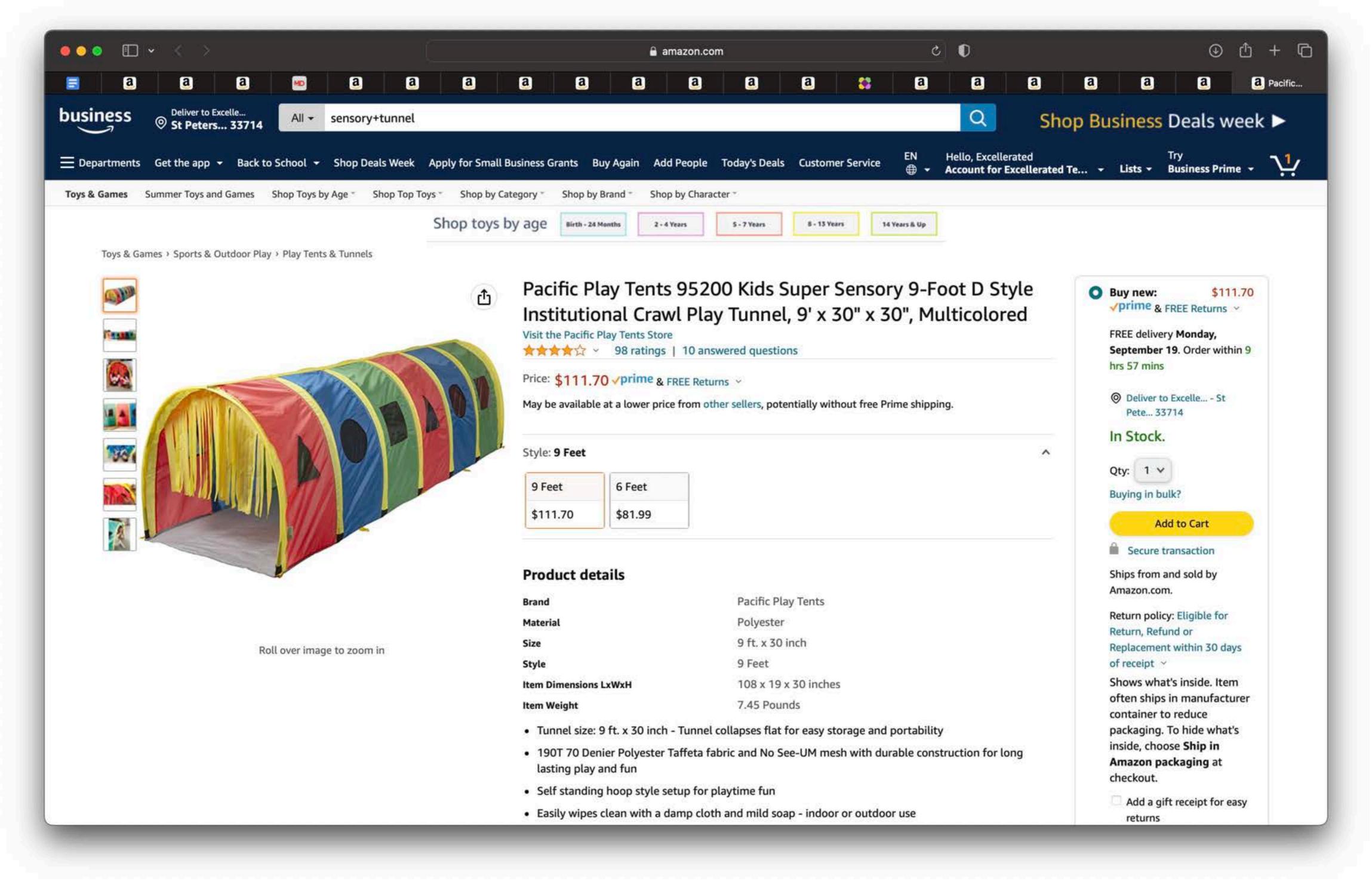


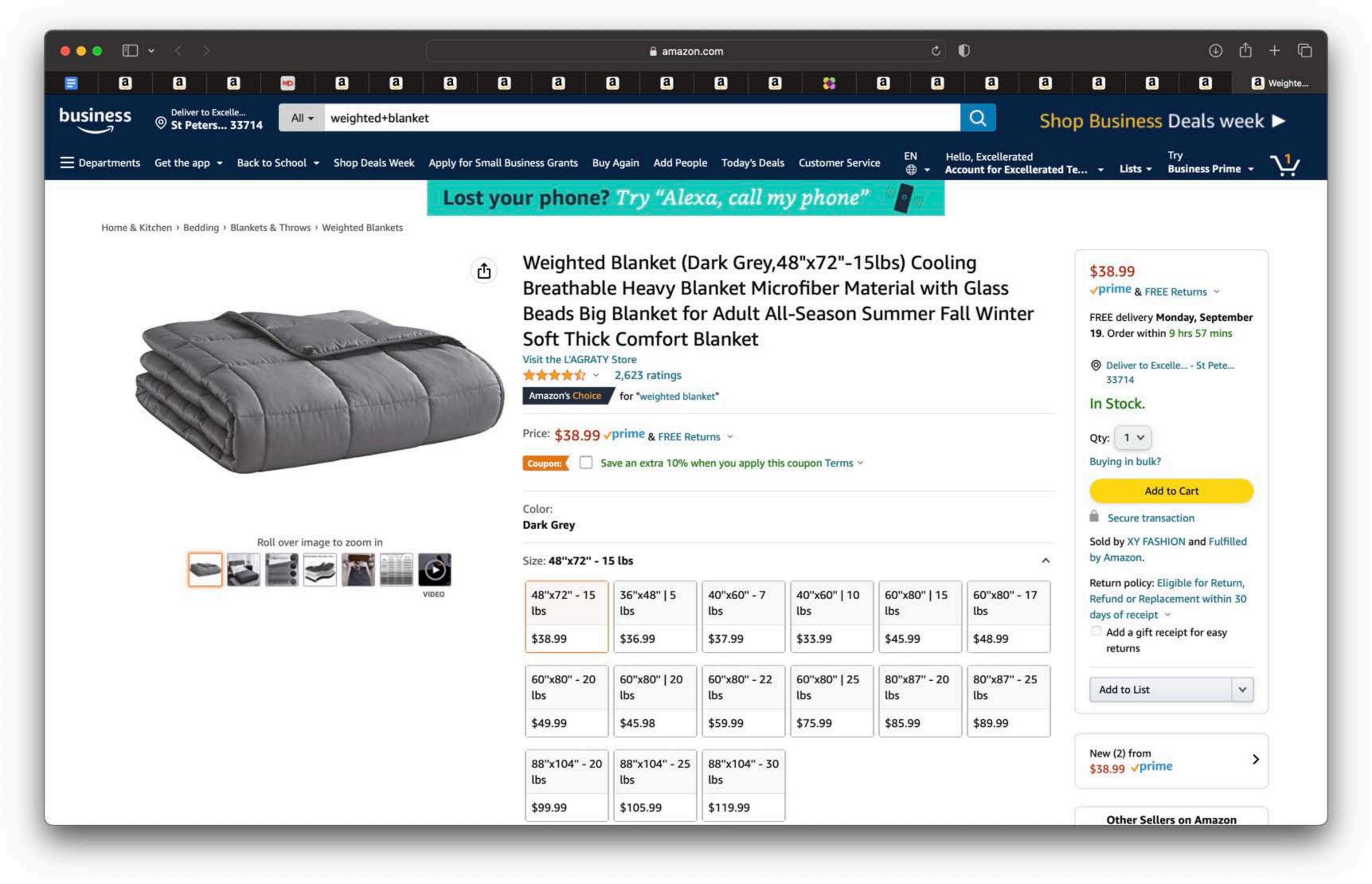


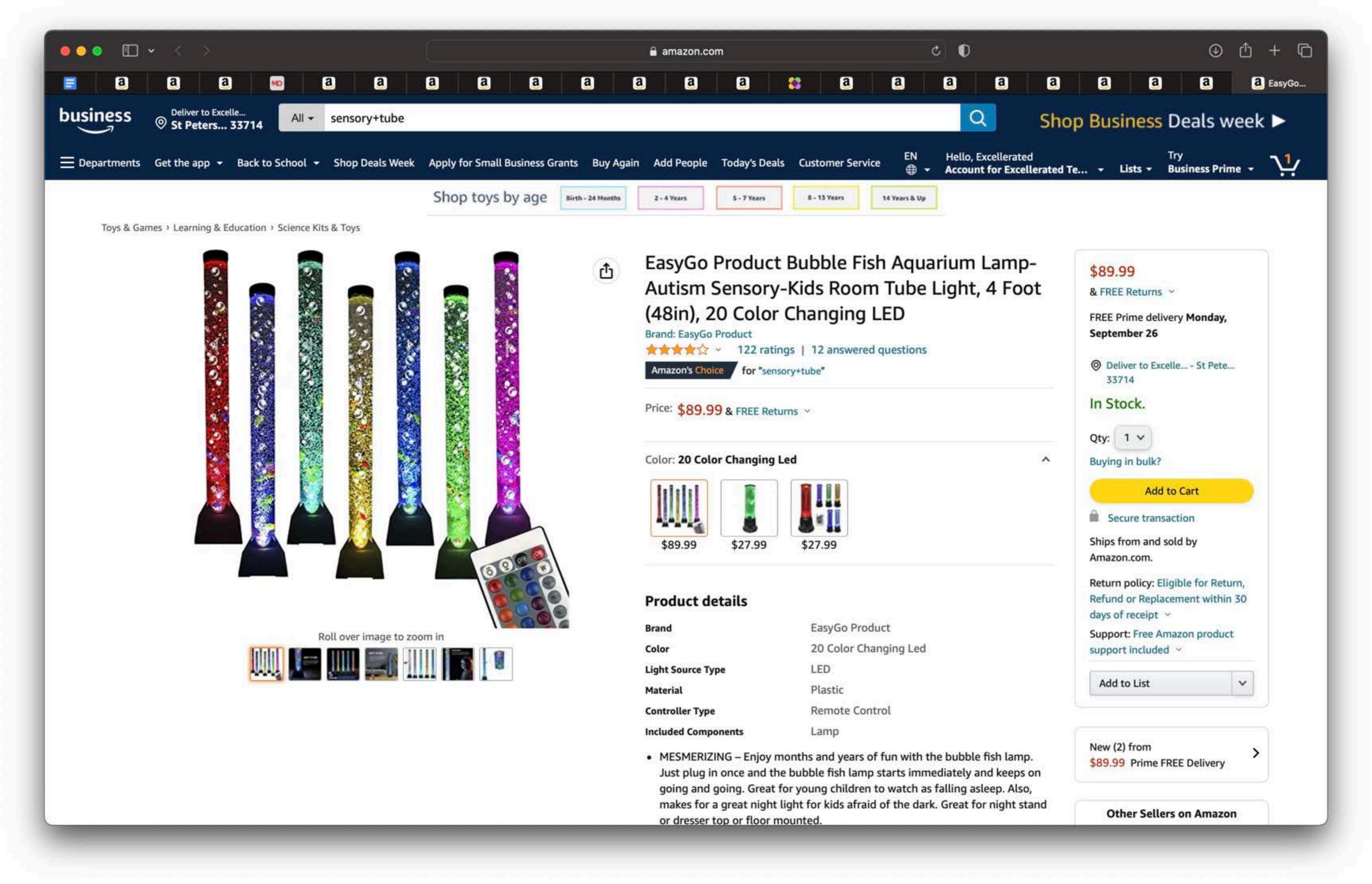


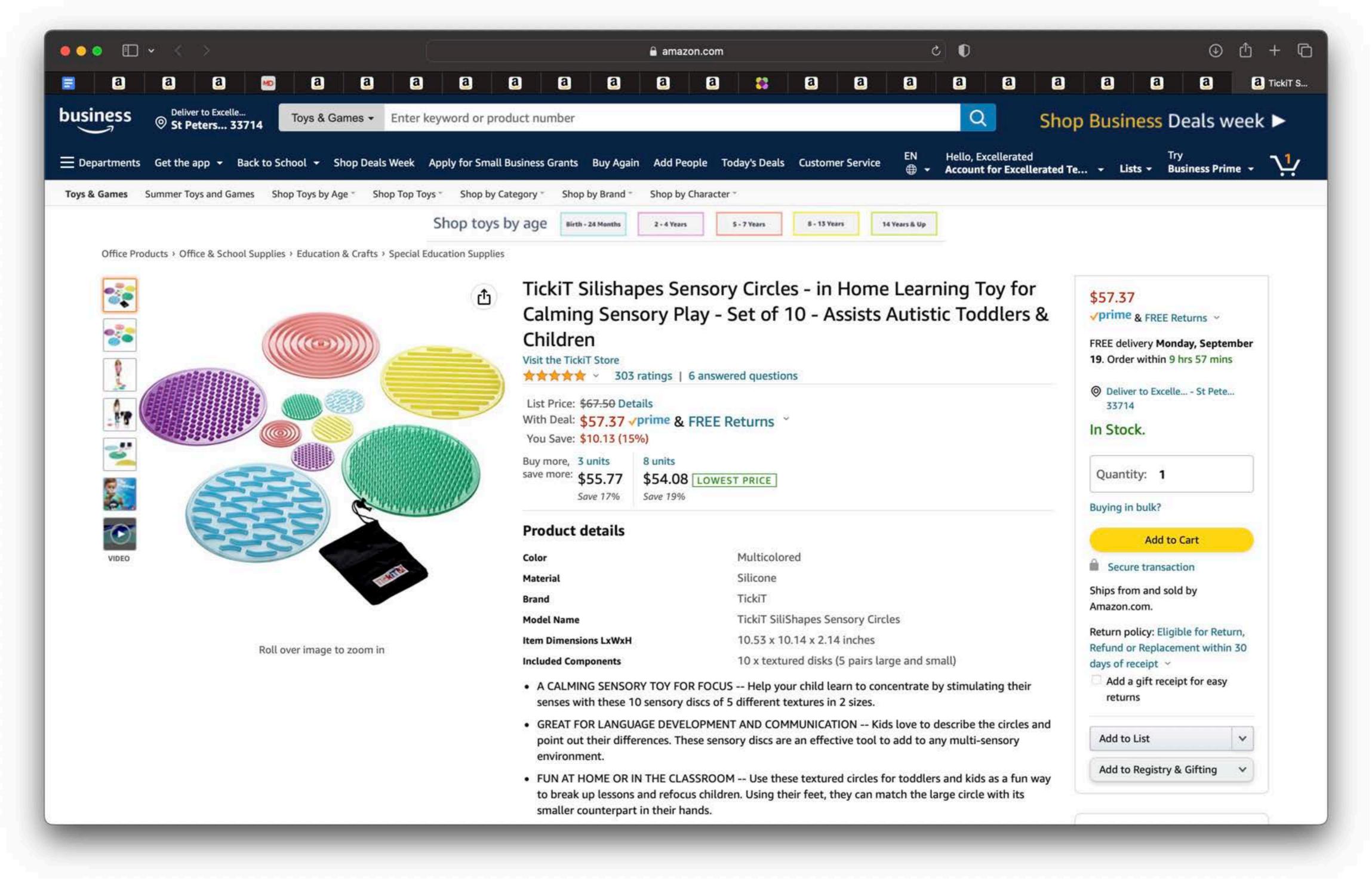


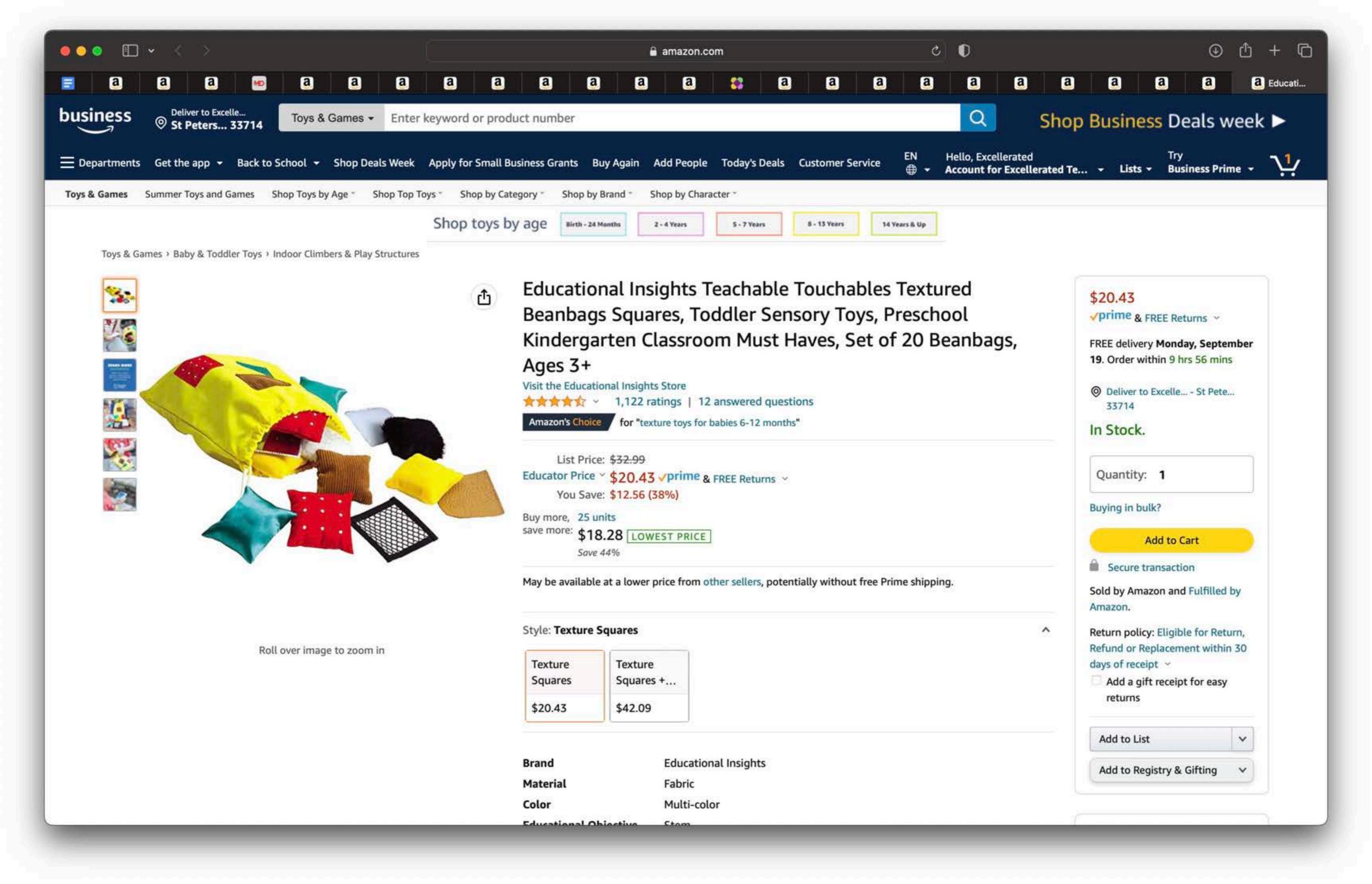


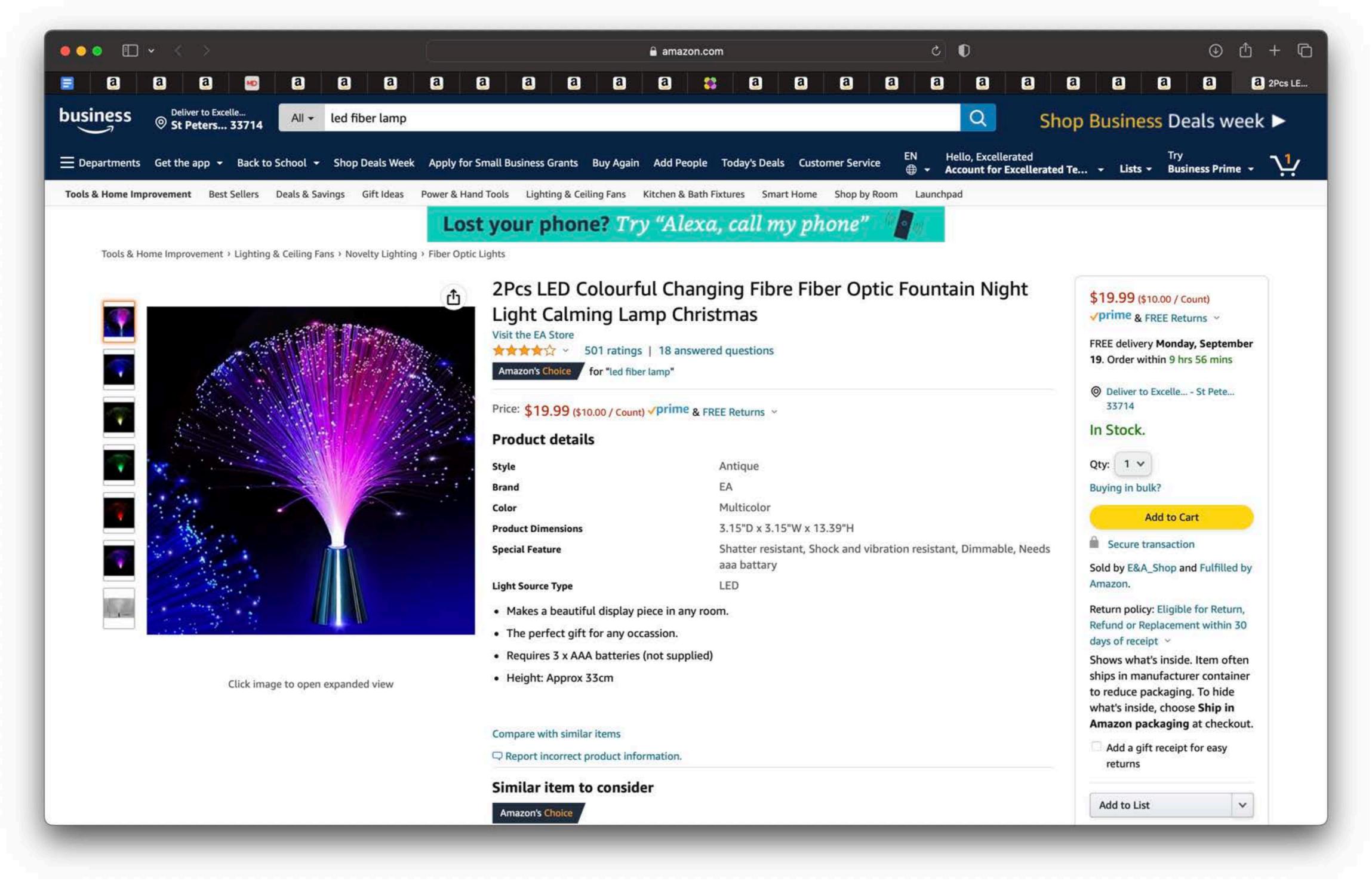


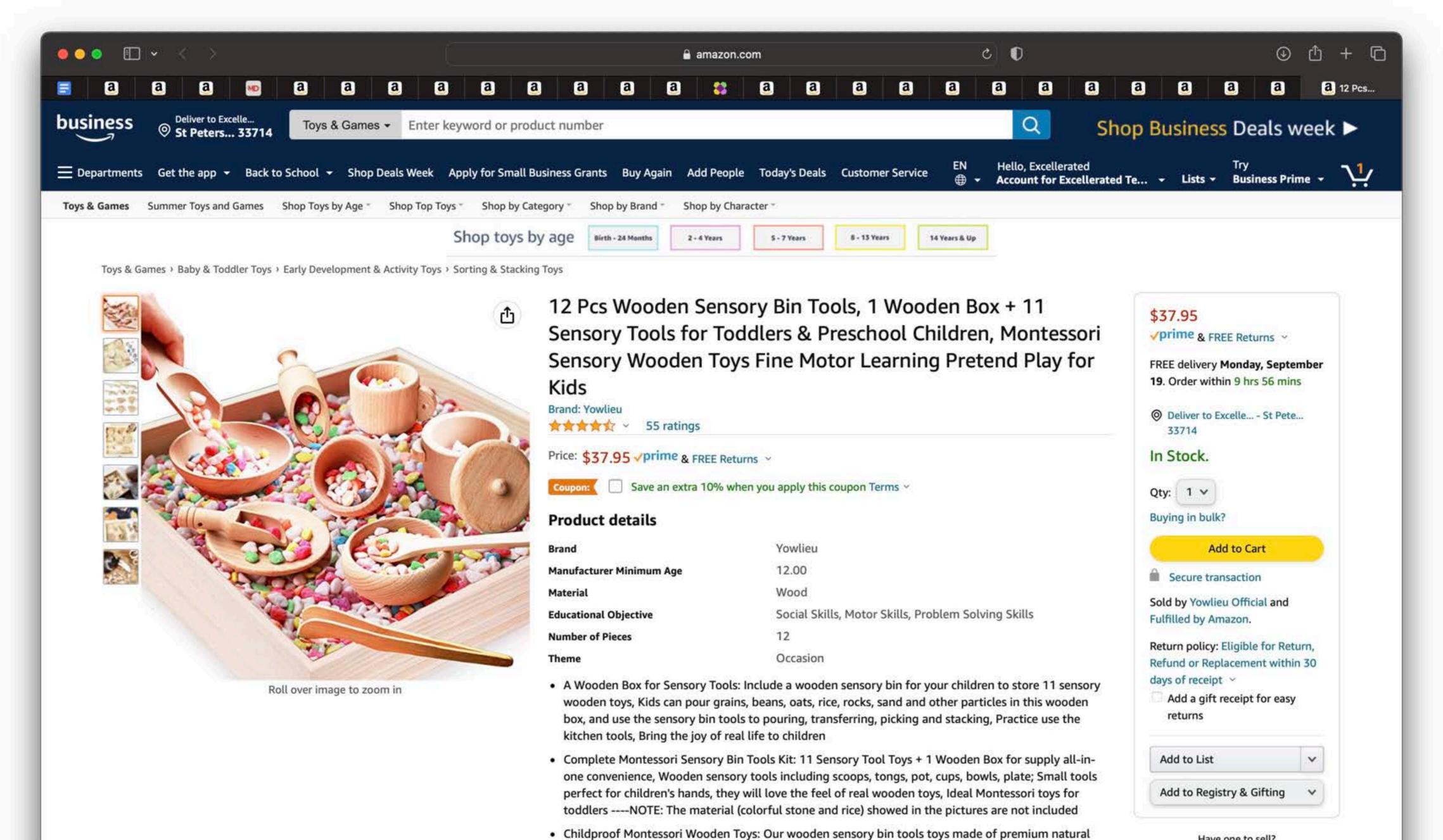








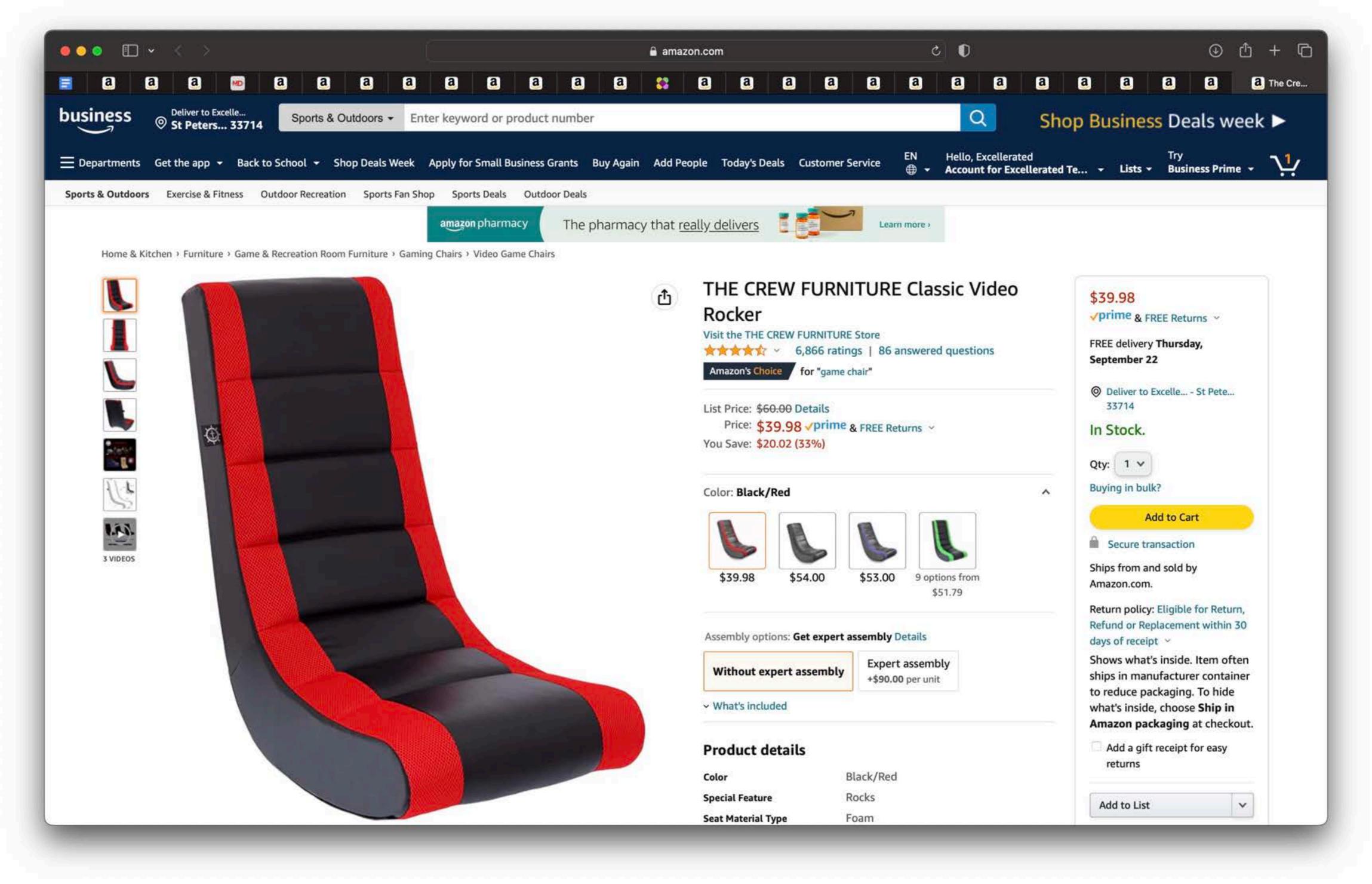


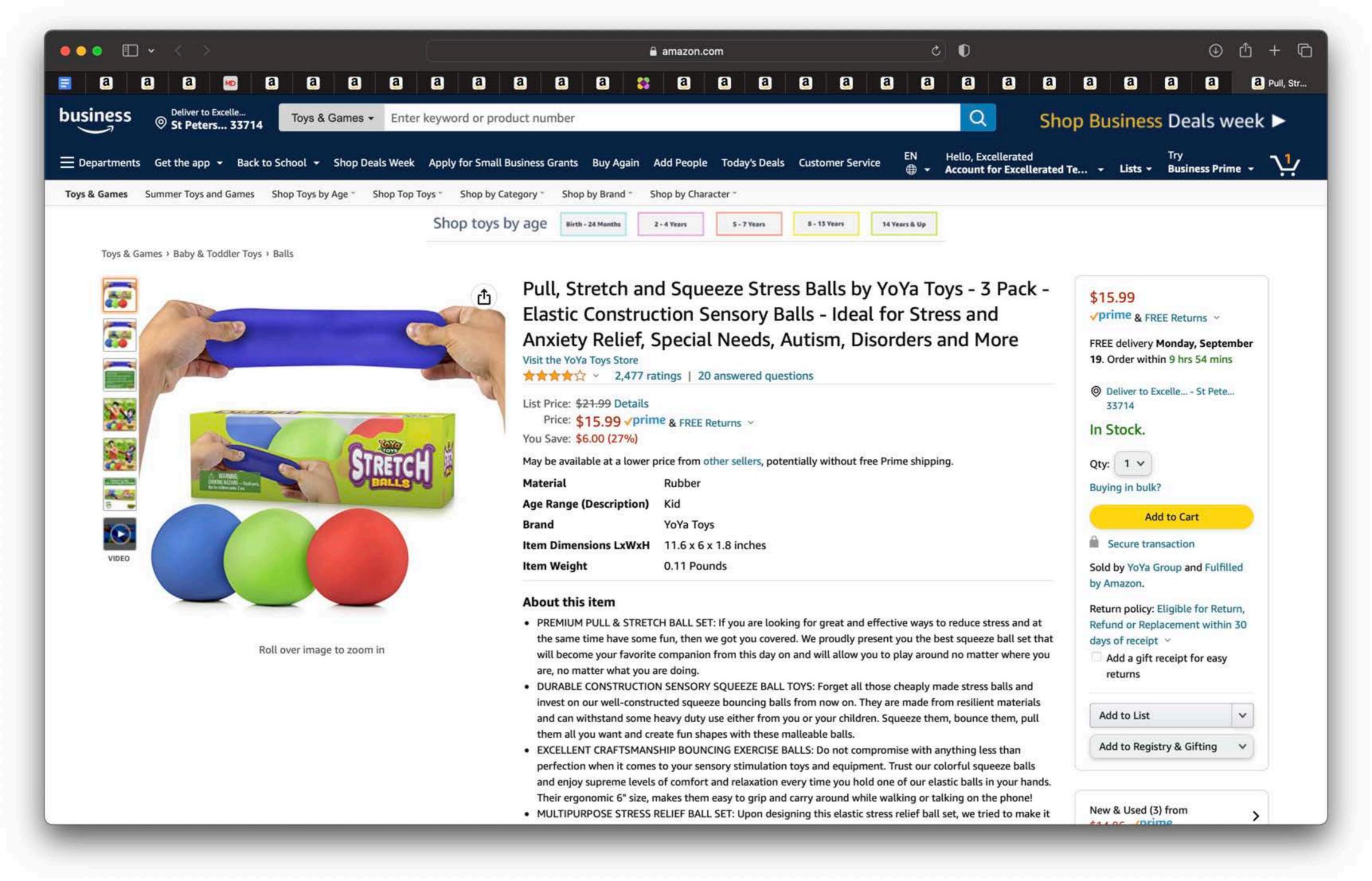


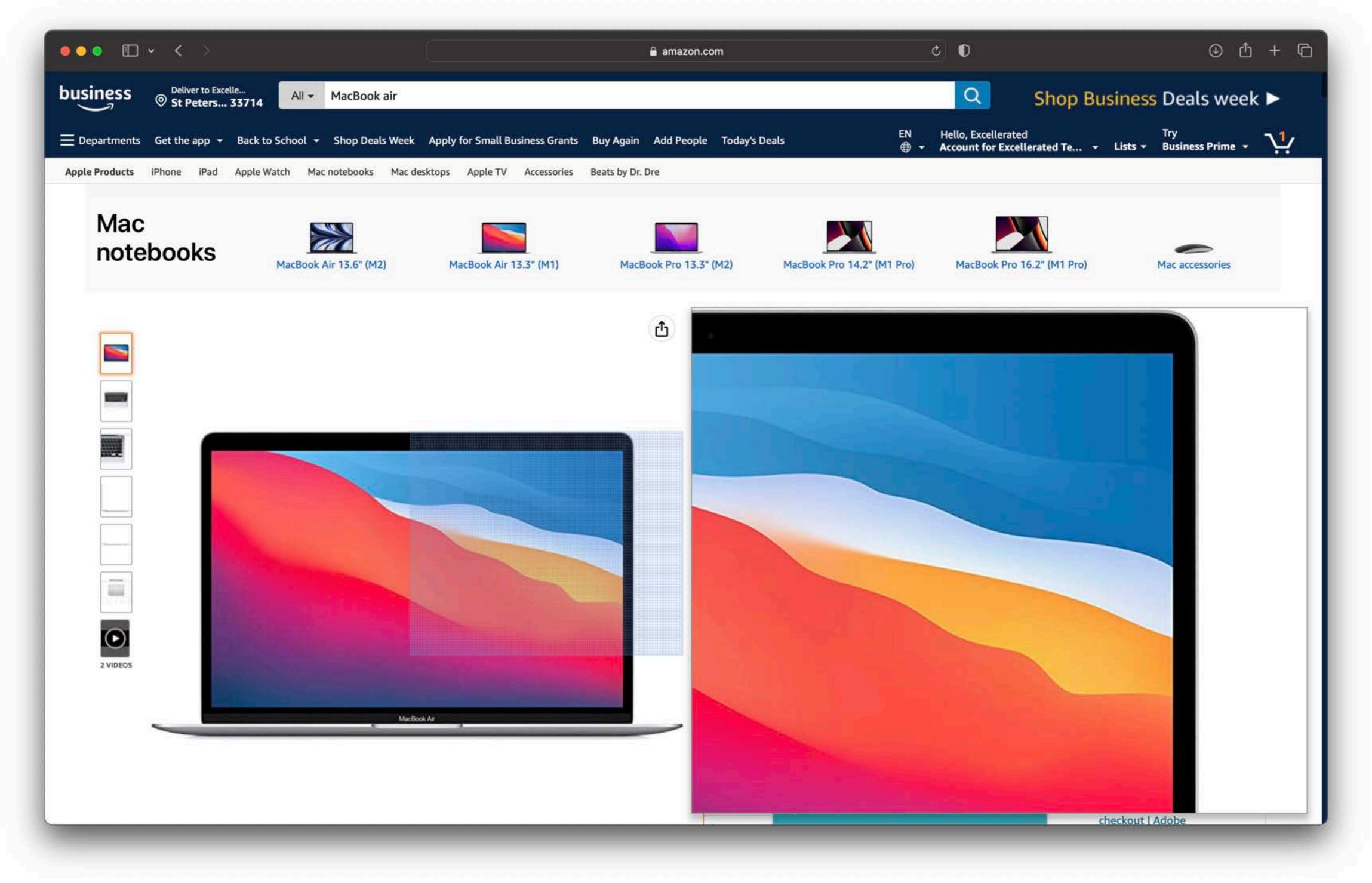
wood, the edges of all items are hand-sanded and smooth, Fine workmanship and no burrs, Finely

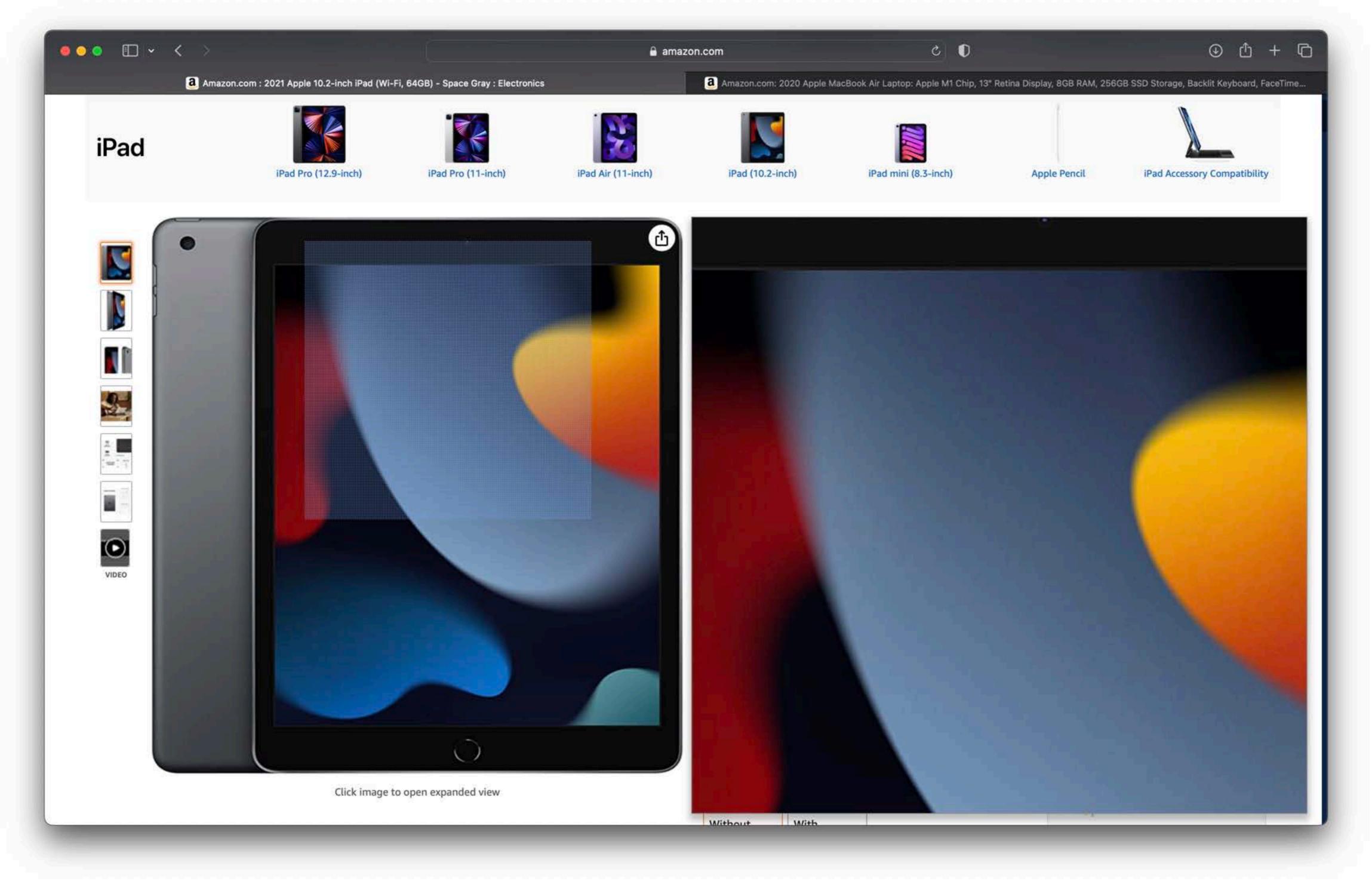
made wooden montessori tools safe for toddlers to play, An interactive toy to played with family and

Have one to sell? Sell on Amazon









#### ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: Excellerated Teaching Academy

**Proposal Name: School Equipment** 

Α	В		С	D		Е		F	G		н
				Quantity of	F	Purchase		ARPA Grant Funds			
Line Item	Item (Description)	Pric	e Per Item	Item		Total		Requested	Applicant Match		Funding Total
1	Alligator Activity Board	\$	171.64	1	\$	172	\$	172	\$ -	\$	172
2	Sand for Sand Box	\$	89.95	1	\$	90	\$	90	\$ -	\$	90
3	Sensory Sock	\$	23.96	5	\$	120	\$	120	\$ -	\$	120
	Sensory Hammock	\$	39.99	1	\$	40	\$	40	\$ -	\$	40
	Crash Pad Covers - Medical Grade	\$	55.60	4	\$	222	\$	222	\$ -	\$	222
	Wooden Music Set	\$	27.99	1	\$	28	\$	28	\$ -	\$	28
	Bamboo Rain Stick	\$	13.90	1	\$	14	\$	14	\$ -	\$	14
	Spot Markers	\$	24.99	1	\$	25	\$	25	\$ -	\$	25
	Basketballs	\$	26.95	1	\$	27	\$	27	\$ -	\$	27
	Hool-a-hoops	\$	82.34	1	\$	82	\$	82	\$ -	\$	82
	Obstacle Pods	\$	22.99	1	\$	23	\$	23	\$ -	\$	23
	Balance Beam	\$	79.90	1	\$	80	\$	80	\$ -	\$	80
	Floor Mats	\$	36.99	10	\$	370	\$	370	\$ -	\$	370
	Climber Set 1	\$	1,217.52	1	\$	1,218	\$	1,218	\$ -	\$	1,218
	Climber Set 2	\$	1,531.95	1	\$	1,532	\$	1,532	\$ -	\$	1,532
	Obstacle Bridge	\$	139.99	1	\$	140	\$	140	\$ -	\$	140
	Crash Pad	\$	184.99	1	\$	185	\$	185	\$ -	\$	185
	Yoga Ball	\$	21.95	6	\$	132	\$	132	\$ -	\$	132
	Balls for Ball pit	\$	22.99	1	\$	23	\$	23	\$ -	\$	23
	Spin Chair	\$	89.95	2	\$	180	\$	180	\$ -	\$	180
	Crawl Tunnel	\$	19.92	1	\$	20	\$	20	\$ -	\$	20
	Sensory Tunnel	\$	111.70	1	\$	112	\$	112	\$ -	\$	112
	Weighted Blanket	\$	38.99	1	\$	39	\$	39	\$ -	\$	39
	Light up Sensory Tube	\$	89.99	1	\$	90	\$	90	\$ -	\$	90
	Sensory Circles	\$	57.37	1	\$	57	\$	57	\$ -	\$	57
	Tactile Bean Bags	\$	21.49	1	\$	21	\$	21	\$ -	\$	21
	LED Fiber Lamp	\$	19.99	1	\$	20	\$	20	\$ -	\$	20
	Sensory Bin Tools	\$	37.95	1	\$	38	\$	38	\$ -	\$	38
	Rocker Chair	\$	39.98	1	\$	40	\$	40	\$ -	\$	40
	Squeeze Stress Balls	\$	15.99	1	\$	16	\$	16	\$ -	\$	16
-	Fidget Tubes	\$	33.24	1	\$	33	\$	33	\$ -	\$	33
	Promethean	\$	4,058.81	2	\$	8,118	۲÷	8,118	\$ -	\$	8,118
	iPad	\$	329.99	6	\$	1,980	\$	1,980	\$ -	\$	1,980
	MacBook Air	\$	999.99	4	\$	4,000	\$	4,000	\$ -	\$	4,000
		7			\$	-	\$	-	\$ -	\$	-
					\$	_	\$	-	\$ -	\$	-
			TOTAL	65	\$	19,286	_	19,286	\$ -	Ś	19,286

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

<u>Annual Budget</u>											
Revenue	Amount										
Tuition	\$357,442.00										
Summer Camp Registration	\$24,000.00										
Grants	\$100,000.00										
Donations	\$15,000.00										
Balance from Last Year	\$45,000.00										
Medicaid Fee-For-Service	\$66,000.00										
	Total Revenue	\$607,442.00									
Expenses	Amount										
Staff Payroll and Benefits	\$282,000.00										
Summer Camp	\$22,000.00										
Staff Training and Developmer	\$4,000.00										
Lease and Utilities	\$164,450.00										
Insurance	\$4,800.00										
Supplies	\$24,000.00										
	Total Expenses	\$501,250.00									
	Net Surplus/Deficit	\$106,192.00									

Board o	f Directors
Elizabeth Hasbrouck	
Robert Hasbrouck	
Kathleen Peters	

Form 8879-EC

#### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury

For calendar year 2020, or fiscal year beginning

2020, and ending

Internal Revenue Service Name of exempt organization or person subject to tax

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

Taxpayer identification number

	2-4186161
Name and title of officer or person subject to tax Robert Hasbrouck	
Vice Presidenrt	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the	
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this for	
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0-	on the
return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b274,518
2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here L b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Li b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 1)	7b
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above organization or I I am a person subject to tax	with respect to
(name of organization) . (EIN) an	d that I have examined a copy
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, the	nev are
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electrons.	onic return
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to t	he IRS and
to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for ar	ny delay in
processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designation	ed Financial
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax pre	paration
software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account.	To socials
a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the	10 revoke
(settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to	payment
confidential information necessary to answer inquiries and receive inquiries related to the answer to have to in	receive
confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic returns of the contraction of the	al
identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds without	irawal.
PIN: check one box only	
to enter my Fin	as my signature
	ve numbers, but
	enter all zeros
on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being	filed with a
state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned EF	RO to enter my
PIN on the return's disclosure consent screen.	•
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the ta	x year 2020
electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state age	ncy(ies)
regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent scr	een.
Signature of officer or person subject to tax > Date > 09/	/11/21
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	

number (EFIN) followed by your five-digit self-selected PIN.

Scott T. Loden

59406126461

Do not enter all zeros

09/11/21

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

**ERO Must Retain This Form — See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

ERO's signature

Form

Return of Organization Exempt From Income Tax

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.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A	For th	ne 2020 calendar year, or tax year beginning	, and ending			
В	Check if	applicable: C Name of organization			D Employ	er identification number
	Address	change Excellera	ted Teaching Academy In	c.	J	
	Name ch	Doing business as				1186161
$\Box$	Initial ret	Number and street (or P.O. box if mail is not deliver 5175 45th St N Bldg C	red to street address)	Room/suite	E Telepho	ne number -385-4524
H	Final retu		foreign postal code		121-	363-4324
	terminate		FL 33714			074 510
	Amended	return F Name and address of principal officer:	EL 33/14		<b>G</b> Gross re	ceipts\$ 274,518
	Application	on pending Elizabeth Hasbrouck	•	H(a) Is this a g	roup return for	subordinates? Yes X No
		495 44th Ave NE	50	H(b) Are all su	bordinates inc	duded? Yes No
		St. Petersburg	FL 33703			See instructions
ī	Tax-exe		(insert no.) 4947(a)(1) or 527			
J	Website		(Insort tio.) 4547(a)(1) of 527	H(c) Group ex	emotion numb	or N
K		organization: X Corporation Trust Association	Other ►	L Year of formation: 2		M State of legal domicile: FI
F	art I	Summary	Olivi y	Tear of formation.	.010	M State of legal dofflicile.
		Briefly describe the organization's mission or most	significant activities:			
ø		See Schedule O				
anc			******************************		******	
Governance			*************************			
90	2	Check this box ▶ ☐ if the organization discontinu	ed its operations or disposed of more th	an 25% of its net as	sets.	(***********
8		Number of voting members of the governing body (	Dort VI line 1a)		1 4	2
es	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)		4	0
× it	5	Total number of individuals employed in calendar y	ear 2020 (Part V, line 2a)		5	2
Activities &	6	Total number of volunteers (estimate if necessary)				8
		Total unrelated business revenue from Part VIII, co	lumn (C), line 12		001-201	0
	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11		7b	0
	,	0 12 2		Prior Ye	ar	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		20304		0
Revenue		Program service revenue (Part VIII, line 2g)				274,518
Re	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)			0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)	674 <del></del>		0
_		Total revenue – add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (	A) II	0 10		274,518
		Benefits paid to or for members (Part IX, column (A		***		0
"	15	Salaries, other compensation, employee benefits (F	Part IX column (A) lines 5 10)	***		66,886
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	and the state of t	and the same of th		00,000
per		Total fundraising expenses (Part IX, column (D), line	- OF\ <b>b</b>	F(C)		0
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d				60,718
		Total expenses. Add lines 13–17 (must equal Part I				127,604
		Revenue less expenses. Subtract line 18 from line				146,914
or				Beginning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			6,246	146,914
et As	21	Total liabilities (Part X, line 26)	******************************		6,246	0
*********	************	Net assets or fund balances. Subtract line 21 from I	ine 20	V.	0	146,914
-	art II	Signature Block				
U	nder per	nalties of perjury, I declare that I have examined this returect, and complete. Declaration of preparer (other than office	n, including accompanying schedules and st	atements, and to the b	est of my kr	nowledge and belief, it is
	ue, corre	L Declaration of preparer (other trian only	cer) is based on all information of which prep	parer has any knowledg	ge.	
cia	·n	Signature of officer			Date	
Sig	7.00	Robert Hasbrouck	17:	no Drogido		
116	16	Type or print name and title	VIC	e Preside	irc	
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Paid	d	Scott T. Loden	Scott T. Loden	170.00000	/21 self-en	
_	parer	and the basic decision of the basic and the	Associates, P.A.		Firm's EIN	20-0237778
Use	Only	5885 Central A			HIIIS EIN F	20 0231110
		Firm's address > St Petersburg,			Phone no.	727-490-7336
May	the IR	S discuss this return with the preparer shown above				X Yes No
		ork Reduction Act Notice, see the separate instruction				Form <b>990</b> (2020)

	990 (2020) Excellerated Teaching Academy Inc. 82-4186161  rt III Statement of Program Service Accomplishments		P
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:		
	ee Schedule O		
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
	If "Yes," describe these new services on Schedule O.	Outside 1	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. 1	v
	If "Yes," describe these changes on Schedule O.	Yes	Λ
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 124,542 including grants of \$ ) (Revenue \$		
0	ur focus for the educational environment of ETA are academics, soci	al	
S	kills, classroom behavior, and communication skills.	******	100
		* * * * * * *	
-		essorie	0.00
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		(4)
14,	(A		
		*****	٠
			٠
	•		
			+
3			9
3 3			_
<b>4</b> c	(Code: ) (Expenses \$ including grapts of \$ ) (Pounnus \$		
	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
			* * * *
N,			

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)? If "Yes,"		.,	
2	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
9000	candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If			
	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_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			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	960		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	VII, VIII, IX, or X as applicable.			
а	The state of the s			
-	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	Ha		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С		115		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	sale of the late o			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	$\rightarrow$	<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\rightarrow$	X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	_	<u>x</u>
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Vos." complete Schodule E. Dode Land IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	_	
	for any foreign organization? If "Ves." complete Schedule F. Ports II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1.0		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	A1000M		
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	_	
1175	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	X 11			

0000	art 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		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
1000	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	( A ) A - A - A - A - A - A - A - A - A -			200
2	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?	240000		
	If "Yes," complete Schedule L, Part I	25b		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%			1224
~~	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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	40A 6931		
20	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	1222471		
29	"Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
-	or IV and Part V line 1	34		x
35a	Did the exemptation have a controlled eatily within the magning of coating 540/5//42/2			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			^
85	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
••	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Λ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		x
Pa	ort 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			
		Service Control of the Control of th	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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

	n 990 (2020) Excellerated Teaching Academy Inc. 82-4186161	÷				Page
P	Governance, Management, and Disclosure For each "Yes" response to lines 2 through					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	on Sci	hedule O. S	ee ins	tructio	ons.
_	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	ction A. Governing Body and Management				Т	1
		1 20	n car		Yes	No
1a	g	1a	2	_		
	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					
72	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	0	_		
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?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					505000
154.0	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		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?			7a		X
b	, o approval by morniboro,					
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	ne following:			
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?	****		8b	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			9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue Co	ide.)	_	_
00	Did the association have been been been been been been been be				Yes	No
	Did the organization have local chapters, branches, or affiliates?		*******	10a	_	X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
4-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	_	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	***********	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
b	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
0	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b		
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			2220		
3	Did the organization have a written whistleblower policy?			12c		
4	**************************************			13		X
5	Did the organization have a written document retention and destruction policy?		*******	14	********	X
5	Did the process for determining compensation of the following persons include a review and approval by					
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official					
	Other officers or key employees of the organization			15a	_	X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			15b		X
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
ou	with a taxable entity during the year?					77
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's assessed states with a second state of the second s			464		
ec	tion C. Disclosure		********	16b		
7	List the states with which a copy of this Form 990 is required to be filed None					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Si	ction	501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	CHOIL	JO 1(C)			
	Own website Another's website Upon request Other (explain on Schedule O)					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est not	icv and			
	financial statements available to the public during the tax year.		,,			
	320					

State the name, address, and telephone number of the person who possesses the organization's books and records >

Robert Hasbrouck Saint Petersburg 495 44th Ave NE

FL 33703

727-385-4524 Form 990 (2020)

# 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.

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

X Check this box if neither the org	Marke of	y rela	ated		200	tion o	com	pensated any current office	er, director, or trustee.	Ť
(A) Name and title	(B) Average hours per week (list any hours for	bo off	x, unle ficer a	Pos check ess pe nd a d	rson lirecto	than o	an ee)	(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 below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MIGG)	(W-2) (099-MIGC)	related organizations
(1) Elizabeth Hasbro										
President	0.00	x						0	0	C
(2) Robert Hasbrouck										
Vice Presidenrt	0.00	x		x				0	o	,
(3)	0.00	-		Λ		$\vdash$		0	0	0
1 2003 100 000 000 000 000 000 000 000 000										
(4)										
(5)						П				
(6)						П				
(7)										
7-7-1-7-3-1-7-1-3-1-3-1-3-1-3-1-3-1-3-1-										
(8)						П				
(9)										
(10)										
(11)										

	rt VII Section A. Officers (A) Name and title	(B) Average hours per week (list any	(d bo	o not	Pos check ess pe	C) sition more	than dis both	one n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amou of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization an related organization
	************************************	*****************									
1.101	***************************************										
	***************************************										
		*******									
	***************************************										
	Subtotal						100	<b>&gt;</b>			
c d	Total from continuation sheet Total (add lines 1b and 1c)										
	Total number of individuals (in	cluding but not li	mite	d to			ed a	bove	) who received more than	\$100,000 of	
_	reportable compensation from	the organization	<u> </u>	0						20 11 19 19 19 19 19 19 19 19 19 19 19 19	Ye
	Did the organization list any fo	rmer officer, dire	ector	, trus	stee,	key	emp	loye	e, or highest compensated		16
10	employee on line 1a? If "Yes," For any individual listed on line								and other compensation	from the	3
	organization and related organ	izations greater	than	\$15	0,00	0? If	"Yes	s, " co	omplete Schedule J for suc	ch .	
	individual  Did any person listed on line 1a	a receive or accr	ue c	omp	ensa	ation	from	any	unrelated organization or	individual	4
	for services rendered to the org	ganization? If "Ye	es," (	com	olete	Sch	edul	e J f	or such person		5
ecti	on B. Independent Contractor Complete this table for your five		neat	od i	odon	ond	ant a	ontro	estore that received more t	han \$100,000 of	
	compensation from the organiz	zation. Report co	mpe	nsat	ion f	or th	e ca	lend	ar year ending with or within	n the organization's tax yea	
	Name and t	(A) business address							Descript	(B) on of services	(C) Compen
				_							_

		Check	f Sch	edule O con	tains	a resp	onse or no	te to any line in this	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated cam	paigns		1a						
ira our	b	Membership du	es		1b			1			
S, G	С	Fundraising eve	ents								
ar	d	Related organiz	ations		1d			┨			
s, (	е	Government grants (c	ontributio	ns)	1e			7 1			
ion	1	f All other contributions						<b>-</b>			
but		and similar amounts n	ot include	ed above	1f						
diti	g	Noncash contributions	included	in lines 1a-1f	1g	s		1			
Col	h	Total. Add lines					<b>•</b>				
						2.1.1.1.1.1.1	Business Cod	de			<del> </del>
	2a	Programs S	ervic	e				274,518	274,518		
Ę,	b						10	2.1,020	2,1,520		
Program Service Revenue	c			*********							
eve	d		******		* + * * * * *						
500	е			**************							
۵	f	All other progra	m serv	ice revenue							
_]		Total. Add lines						274,518			
	3	Investment inco						274,510			
		other similar am			, III.O	root, ar	.u				
	4	Income from inv			t hond	nrocee	de				
	5	Royalties	oouno	in or tax exemp	Cond	procee	· · · · · · · ·				
	•	rioyanics		(i) Real		Control of the last of the las	ii) Personal				
	6a	Gross rents	6a	(1) 1100.			ily i Gradital	$\dashv$ 1			
- 1	b		6b					$\dashv$ 1			
		Rental inc. or (loss)	6c					-			
	d	Net rental incom		200)			_				
	-	Gross amount from	10 01	(i) Securities		Τ	(ii) Other				
		sales of assets	70	(i) Securities			(II) Other	- 1			
	h	other than inventory Less: cost or other	7a					- 1			
Other Revenue			76								
eve	•	basis and sales exps.  Gain or (loss)	7b 7c					- 1			
2	12.7										
the	d	Net gain or (loss	· · · · · · ·								
٩l	oa	Gross income from	lundrai	sing events							
		(not including \$									
		of contributions rep		n line 1c).							
	h	See Part IV, line 18	4. 4. 4. 4. 4. 4.		8a			-			
		Less: direct expe			8b						
		Net income or (le			events						
	ya.	Gross income from		activities.							
	20	See Part IV, line 19	* * * * * *		9a			- 1			
		Less: direct expe			9b		LI MANUTO A				
		Net income or (le			rities						***************************************
	iva	Gross sales of in		550							
	900	returns and allow			10a			- 1			
		Less: cost of god			10b		128				
+	С	Net income or (lo	oss) fro	m sales of inve	ntory						***************************************
Sno							Business Code	)			
ne	11a										
Revenue	b										
Re	C										
Ξ		All other revenue									
	е	Total. Add lines	11a-1	1a							

#### 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. (D) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 63,089 63,089 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 3,797 3,797 Payroll taxes Fees for services (nonemployees): a Management b Legal c Accounting 1,148 1,148 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 Schedule O.) 12 Advertising and promotion 1,414 1,414 20,528 13 Office expenses 20,528 Information technology 500 500 Royalties Occupancy 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest Payments to affiliates Depreciation, depletion, and amortization 2,576 2,576 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.) Classroom Therapy Coverag 26,149 26,149 4,039 Rent and Lease Expenses 4,039 School 2,489 2,489 Background Checks 1,491 1,491 384 384 All other expenses 127,604 127,604 Total functional expenses. Add lines 1 through 24e 0 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 following SOP 98-2 (ASC 958-720)

Excellerated Teaching Academy Inc. 82-4186161 Form 990 (2020) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 6,246 1 146,914 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 6,246 146,914 16 17 Accounts payable and accrued expenses 17 Grants payable ..... 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 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 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third

Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 146,914 27 28 Net assets with donor restrictions 28 Assets or Fund

parties, and other liabilities not included on lines 17-24). Complete Part X

of Schedule D

Total liabilities. Add lines 17 through 25

Organizations that do not follow FASB ASC 958, check here ▶ 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 Retained earnings, endowment, accumulated income, or other funds 31 31 32

Total net assets or fund balances 146,914 32 Total liabilities and net assets/fund balances 6,246 146,914 33

Form 990 (2020)

0

6,246

6,246

25

Form 990 (2020) Excellerated Teaching Academy Inc. 82-4186161			Pag	ge 12
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)		0.	7 4 1	F10
· · · · · · · · · · · · · · · · · · ·	1 2		74,	
			27,0	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1	16,9	914
5 Net unrealized gains (losses) on investments	5		-	
The first and the second of th	6			
7 Investment amount	7			
8 Prior period adjustments				
9 Other changes in net assets or fund balances (explain on Schodulo O)				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	···   9			
32, column (B))	10	1/	16,9	01/
Part XII Financial Statements and Reporting	10		20,3	714
Check if Schedule O contains a response or note to any line in this Part XII				
The state of the s		·····	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			res	NO
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?		2a	*******	х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		20		
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?		2b		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		20		
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			***********	.0000000000
the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
If the organization changed either its oversight process or selection process during the tax year, explain on	*******	- 20		
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?		3a	- 1	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		- Ju	$\neg$	
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			990	(2020)

#### **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Employer identification number Excellerated Teaching Academy Inc. 82-4186161

P	art I	Reas	son for Public Charity	Status. (All organization		complete	this part ) See instructi	
The	orga	nization is no	ot a private foundation becau	se it is: (For lines 1 through 12	. check or	ly one box	)	ono.
1				sociation of churches describe				
2	X			(A)(ii). (Attach Schedule E (Fo			. NN. P.	
3				rice organization described in s			iii)	
4	П			ed in conjunction with a hospita				hospital's name
	- S	city, and sta				u 0001.0	······································	nospital's name,
5				of a college or university owne	d or opera	ited by a go	overnmental unit described in	
			O(b)(1)(A)(iv). (Complete Par		- с. ороло		overmiental and described in	
6				governmental unit described in	section 1	70(b)(1)(A	)(v).	
7		An organiza	tion that normally receives a section 170(b)(1)(A)(vi).	substantial part of its support	from a gov	vernmental	unit or from the general publ	ic
8				170(b)(1)(A)(vi). (Complete Pa	art II.)			
9		An agricultu	ral research organization de	scribed in section 170(b)(1)(A) of agriculture (see instructions	)(ix) opera	ted in conj e name, cit	unction with a land-grant colle ty, and state of the college or	ege
10		receipts from support from	n activities related to its exer n gross investment income a	1) more than 33 1/3% of its sumpt functions, subject to certain unrelated business taxable 30, 1975. See section 509(a)(2	n exceptio	ns; and (2)	no more than 331/3% of its 511 tax) from businesses	ross
11				exclusively to test for public sa				
12		An organizat	tion organized and operated	exclusively for the benefit of, to	perform	the function	ns of, or to carry out the purp	nses
		of one or mo	ore publicly supported organi	zations described in section 5	09(a)(1) o	section 5	09(a)(2). See section 509(a)	(3)
		Check the be	ox in lines 12a through 12d t	hat describes the type of support	orting orga	nization ar	nd complete lines 12e, 12f, ar	nd 12g.
	а	the supp	orted organization(s) the po-	erated, supervised, or controlle wer to regularly appoint or elec complete Part IV, Sections A	t a majorit	upported or y of the dire	rganization(s), typically by givectors or trustees of the	ing
	b			pervised or controlled in conne		its suppor	ted organization(s), by having	i
		control o organiza	r management of the suppo tion(s). You must complete	rting organization vested in the Part IV, Sections A and C.	same per	sons that o	control or manage the support	ted
	С	its suppo	orted organization(s) (see ins	supporting organization operate structions). You must complet	e Part IV,	Sections /	A, D, and E.	
	d	Type III	non-functionally integrated	d. A supporting organization op	erated in	connection	with its supported organization	on(s)
		that is no	ot functionally integrated. The	e organization generally must s	satisfy a di	stribution re	equirement and an attentiven	ess
				must complete Part IV, Section				
	е	functiona	ally integrated, or Type III no	eived a written determination for n-functionally integrated suppo	rom the IF	S that it is	a Type I, Type II, Type III	
	f	Enter the nur	mber of supported organizat	ions	iting organ	nzation.		
				ne supported organization(s).				
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	orga	anization	A300	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Y5347	ment?	instructions)	instructions)
(A)					Yes	No		
(A)								
(B)								
(B)								
(C)								
(D)								
(E)								
Total								
For De			*		4	1		

Schedule A (Form 990 or 990-EZ) 2020 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 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (f) Total (e) 2020 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on . 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 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 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2019 Schedule A, Part II, line 14 15 % 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 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 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 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

#### 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.

Sar	tion A. Public Support	qualify under	the tests listed	below, please o	omplete Part I	l.)	
	ndar year (or fiscal year beginning in)	(a) 2016	(h) 2017	(-) 2010	(4) 0040	1 / 1 0000 1	
1	Gifts, grants, contributions, and membership fees	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
SIL:	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	, ,	(-,	(0) 20.0	(4) 2010	(0) 2020	(i) Total
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						
С	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 org organization, check this box and stop here				207.07	20020	
Sec	tion C. Computation of Public Su		tage				P L
15	Public support percentage for 2020 (line 8,			on (fl)		15	%
16	Public support percentage from 2019 Sche	dule A. Part III. lir					%
Sect	tion D. Computation of Investmen	nt Income Per	rcentage			10	70
17	Investment income percentage for 2020 (lin	ne 10c, column (f)	, divided by line 13	3. column (f))	PATANONIA MATERIAL PARA PARA PARA PARA PARA PARA PARA PA	17	%
18	nvestment income percentage from 2019 S	chedule A, Part II	I line 17			18	%
19a	33 1/3% support tests—2020. If the organ			14, and line 15 is	more than 33 1/39		
	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization of	jualifies as a public	ly supported organ	nization	🕨 🗌
b	33 1/3% support tests—2019. If the organ	ization did not ch	eck a box on line 1	4 or line 19a, and	ine 16 is more tha	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	s box and stop he	ere. The organizati	on qualifies as a p	ublicly supported of	organization	▶ 🗀
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this box	and see instruction	ons	

#### 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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		1
4		
1		
	************	************
2		
3a		
3b		
30	200000000000000000000000000000000000000	200000000000000000000000000000000000000
-	000000000000000000000000000000000000000	600000000000000000000000000000000000000
3c		
4a		
4b	N. 0750241013554	V-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
40	M0000000000000000000000000000000000000	
4.		
4c		
5a		
Eh		
5b		
5c		
	000000000000000000000000000000000000000	
6		SE ESTE GUINNING CO.
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	SCAMP ALATE	111-3330
8		
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9a		
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9h		***********
9b		
9b		wecedddddddd
9b 9c		
9c		
9c		
9c		

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

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	36		
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	structions	).	
2	Activities Test. Answer lines 2a and 2b below.	***************************************	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		***************************************
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov. 20, 19	970 (explain in Part VI).	
Sec	tion 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		
t	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2				

3

4

5

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2020

3

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2020

Pai	t V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pro-	urposes		
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	anization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion 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			JOPOCKY O'NO CONTRACTOR STORES TO THE STORES OF THE STORES
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required–explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
	From 2016			
С	From 2017			
d	From 2018			
е	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			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	TOTAL BORD CONTRACTOR OF THE PROPERTY OF THE P			

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.)
* *********	
* 1111111111111	
NO. DESCRIPTION	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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.

Excellerated Teaching Academy Inc.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

82-4186161

Form 990 - Organization's Mission or Most Significant Activities
The purpose of Excellerated Teaching Academy (ETA) is to provide an
education to student with disabilities and/or behavioral challenges.
We strive to provide a place for those students who do not fit into
traditional educational setting to be able to effectively learn and be able
to assimilate back into a traditional educations setting.
Form 990 - Organization's Mission

The purpose of Excellerated Teaching Academy (ETA) is to provide an education to students with disabilities and /or behavioral challenges. We strive to provide a place for those students who do not fit into traditional educational settings to be able to effectively learn and be able to assimilate back into a traditional education setting. Our focus for the educational environment of ETA are academics, social skills, classroom behavior, and communication skills.

Form 990, Part III, Line 4d - All Other Accomplishments Other academics, social skills, classroom behavior, and communication skills.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990

### **Two Year Comparison Report**

For calendar year 2020, or tax year beginning

, ending

2019 & 2020

Name

Taxpayer Identification Number

F	Excellerated Teaching Academy In	c.		8	2-418	36161
			2019	2020		Differences
	Contributions, gifts, grants	1.				
	Membership dues and assessments	2.				
	Government contributions and grants	3.				
n e	4. Program service revenue	4.		274,	518	274,518
e n	5. Investment income	5.				
>	Proceeds from tax exempt bonds	6.				
ď	7. Net gain or (loss) from sale of assets other than inventory	7.				
20.00	8. Net income or (loss) from fundraising events	8.				
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11	12.		274,5	18	274,518
	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
S	15. Compensation of officers, directors, trustees, etc.	15.				
S	16. Salaries, other compensation, and employee benefits	16.		66,8	386	66,886
9	17. Professional fundraising fees	17.				
×	18. Other professional fees	18.		1,1	48	1,148
ш	19. Occupancy, rent, utilities, and maintenance	19.				
	20. Depreciation and Depletion	20.				
	21. Other expenses	21.		59,5	70	59,570
ŀ	22. Total expenses. Add lines 13 through 21	22.		127,6		127,604
	23. Excess or (Deficit). Subtract line 22 from line 12	23.		146,9		146,914
	24. Total exempt revenue	24.		274,5		274,518
. !	25. Total unrelated revenue	25.		•		
5	26. Total excludable revenue	26.		274,5	18	274,518
nat	27. Total assets	27.		146,9		146,914
0	28. Total liabilities	28.				
= 2	29. Retained earnings	29.		146,9	14	146,914
Other Information	30. Number of voting members of governing body	30.		2		===,,,==
5	31. Number of independent voting members of governing body	31.		0		
	32. Number of employees	32.		2		
_	33. Number of volunteers	33. 8		8		

## **Excellerated Teaching Academy**

# Profit and Loss January - December 2021

	TOTAL		
Income			
Sales	25,008.50		
Summer Programs	4,556.65		
Tuition	205,565.75		
Total Sales	235,130.90		
Total Income	\$235,130.90		
GROSS PROFIT	\$235,130.90		
Expenses			
Advertising & Marketing	3,353.79		
Background Checks	84.00		
Bank Charges & Fees	597.00		
Classroom Therapy Coverage	12,442.50		
Computer and Internet	608.39		
CPA	1,500.00		
ENAS Funding	7,902.29		
Insurance	2,810.85		
Interest Paid	304.22		
Legal & Professional Services	61.25		
Meals & Entertainment	2,294.87		
Office Furniture	1,913.60		
Office Supplies & Software	9,238.25		
Payroll Expenses	0.00		
Taxes	14,916.45		
Wages	183,626.82		
Total Payroll Expenses	198,543.27		
Payroll Fees	484.00		
Pest Control	50.00		
QuickBooks Payments Fees	233.75		
Reimbursable Expenses	205.74		
School	4,437.86		
Summer Camp 2019	422.62		
Field Trip	2.00		
Total Summer Camp 2019	424.62		
Summer Camp 2021	8,523.30		
Taxes & Licenses	51.22		
Total Expenses	\$256,064.77		
NET OPERATING INCOME	\$ -20,933.87		
NET INCOME	\$ -20,933.87		



#### Florida Policyholder notice

POLICY NUMBER: HBD 10048127 1 NAMED INSURED: Excellerated Teaching

Academy

**EFFECTIVE DATE:** 06/10/2022 **EXPIRATION DATE:** 06/10/2023

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

## **COMMON POLICY DECLARATIONS**

Hudson Excess Insurance Company 100 William Street, 5 <sup>th</sup> floor New York, NY 10038	Hull & Company - St Pete 970 Lake Carillon Drive St. Petersburg, FL 33716	
NAMED INSURED:	Excellerated Teaching Academy	
DBA:		
MAILING ADDRESS:	5174 45th Street N. Bldg C., Saint Petersburg, FL, 33714	
POLICY FROM: 06/10/2022 TO PERIOD:	D: 06/10/2023 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

FORM OF BUSINESS	Organization including a corporation (but not including a partnership, joint venture, or limited lia
BUSINESS DESCRIPTION	DAY CARE

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

## THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ 2,829
COMMERCIAL PROPERTY COVERAGE PART	\$
LIQUOR LIABILITY COVERAGE PART	\$ 0
TERRORISM COVERAGE	\$ 0
TOTAL PREMIUM	\$ 2,829
Other Charges	
Surplus Lines Tax	\$ 153.34
Stamping Fee	\$ 1.86
Inspection Fee	\$ 125.00
Policy Fee	\$ 150.00
Total:	\$ 3,259.20

Forms and endorsement(s) made part of this policy at time of issue: See Schedule of Forms and Endorsements

Countersigned: June 10, 2022 By:

(Date) (Authorized Representative)

Renewal of: HBD10048127