

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*

Shirley Proctor Puller Foundation

Proposal Name*

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

SPPF: Bridging the Academic Achievement Gap Through Safe, Reliable Transportation

EIN*

46-4930592

Incorporation Year*

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

2014

Organizational Mission Statement*

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

The Shirley Proctor Puller Foundation (SPPF) advances math, reading and science literacy, helping to close the achievement gap for 'at risk' children in the communities of St. Petersburg.

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

WN7TJJW7HTD3

Annual Operating Budget Size*

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

\$1,532,862.00

Amount Requested*

The maximum grant amount is \$199,999.

\$199,999.00

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?

Since 2014 the Shirley Proctor Puller Foundation (SPPF) has been bridging the educational equity gap and improving the academic success of lower-performing students (referred to by us as 'Scholars') in grades K-8 in the St. Petersburg community. SPPF's M.A.S.T.R. Kids programs provide academic interventions, enrichment, and advancement to 239 scholars annually through its' After School and Summer Camp Programs. Each program embeds daily curriculum focused on literacy and STEAM (Science, Technology, Engineering, Arts, & Mathematics), and their academic journey with us is tailored to the individual needs of each scholar.

SPPF has evolved from a summer-only program in 2016 serving 50 students at one site, into a year-round, after-school and summer program serving 239 unduplicated students across two sites — increasing our capacity by 320% in just eight years. The scholars we serve come from 23 different schools where 100% qualify for free and reduced lunch.

SPPF's M.A.S.T.R. Kids model of learning has proven to be highly effective. During our summer program from 2016 to 2022, 70-80% of scholars who had 80% or higher in attendance, consistently avoided the summer slide. Since adding our after-school programming in 2020, scholars attending between January 2020 and May of 2021 experienced significant learning gains while their peers (who didn't attend) suffered devastating learning losses due to COVID-related impacts (remote learning, staff turnover, absenteeism). In pre- vs. post-assessments, 88% of our scholars posted gains in reading, and students reading at grade level doubled from 18% to 36%. SPPF has developed a reputation as a leader in out-of-school programming among the community, teachers, and parents of scholars we seek to serve. As a result, SPPF M.A.S.T.R. Kids Programs consistently have a waiting list of 25 – 30 students waiting to enroll in our programs.

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.

Communities of color, like that served by SPPF (93% black), are under more stress than ever before. The Foundation for a Healthy St. Petersburg noted, the Pandemic has affected black and brown communities at a disproportionate rate, three times greater than white communities - (2020 Foundation for Healthy St. Petersburg website). Recent data on economic loss suggests the impact of increased financial stress on families is commonly seen in higher rates of homelessness, child abuse, and higher rates of anxiety and withdrawal in children - (2020 University of Florida Health, Randall Alexander M.D., Ph.D.).

We also know that online learning and missed classroom time during the pandemic contributed to a significant drop in reading and math scores both nationally and locally. The 2022 Florida Standards Assessment (FSA) for third-grade reading scores revealed an overall decline of 10% in reading performance. Only about a quarter of kids tested in Florida public schools read proficiently (achieving a score of 4 or 5). In Pinellas County, 26% of students achieve that level while 52% of students were reading at a satisfactory level (score of 3) or higher in Spring'22 testing, a 5% drop vs. pre-pandemic levels. While we don't have the data by race yet for May'22, historically black students in the SPPF community schools have posted scores 50%-60% below those of white students.

The children served by SPPF come to us from the largest African American community in all of Pinellas County and from families that have faced generations of inequity. The inability to read on grade level for a significant majority of these students is predictive of their success later in school and their economic well-being later in life. These students are on track to become our communities' lowest income, least skilled citizens. SPPF represents a "bridge" to academic success which begins to address the inequity by providing free, safe, and reliable educational assistance our students need.

Negative Economic Impact on Organization*

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

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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

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

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

SPPF has grown organizationally to meet the community's increased need/demand for services but requires capital assets (new vehicles) which we do not have the resources to purchase. The economic impact of the pandemic has affected SPPF in the following ways:

- We have doubled the number of students served following the pandemic by adding a second site, increasing our budget by 49% (FY21 - \$1,027,180 to \$1,532,862 in FY22) and increasing the need for salaries, transportation, rent, and other operating costs.
- Operating salaries increased 75% —JWB funded 65% of the increase, SPPF had to raise funds to cover the remaining 35%.
- Annual United Way Suncoast funding was reduced by \$30,000 due to high area demand.
- Higher staff vacancy rates due to COVID illness (self, family, exposure) and COVID-related burnout resulted in a loss of productivity and service capacity.
- PPE costs rose 30% due to continuing enforcement of CDC's health and safety mandates -- mask-wearing, increased cleaning protocols for sites and buses – which required ongoing replenishment of supplies while prices of supplies increased.
- Food costs rose 45% due to suppliers, pricing, availability, and demand.
- Transportation costs rose 15% due to inflation and supply chain issues for vehicle maintenance/service and gas.
- SPPF received \$97,000 in government funding for COVID-19 economic relief through the Paycheck Protection Program and Employee Retention Tax Credit. These are not renewable, creating a gap in funds that must be filled moving forward.

Though the agency expects to end FY22 with a small surplus, it was a very lean year, during a time, when the agency is continuing to grow and expand programs to bridge the learning gap for students which has been further exacerbated by the pandemic.

The negative economic impact on the community will no doubt continue for years to come. New academic reports are only now beginning to surface showing the devastating demand for increased out-of-school services. For example, the 2022 National Assessment of Educational Progress (NAEP) showed that the pandemic set students' reading levels back two decades with the biggest drop recorded among lower-performing students. The results reflect a ten-point drop in reading (the corresponding drop in Pinellas County was five points) in just two years (2020 to 2022). For perspective, a one-point loss translates to three weeks of learning, a ten-point drop will take almost eight months to make up, in addition to the typical school

day. Critical out-of-school programming has not properly been compensated for through new revenue streams.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

SPPF is requesting capital funding to purchase four Ford Transit 15-passenger vans at \$52,664 each, totaling \$210,656 (we have a private funder/applicant match of \$10,657 to cover the difference). We secured three bids for similar vehicles from Ford, Mercedes, and GMC, the only companies reportedly making a vehicle of this size at present. We selected the Ford vehicle primarily because the GMC dealer conveyed, they don't expect to secure the vehicles he quoted. They have been unable to get them for over a year, nor has any other GMC dealer in the area. We contacted Ford dealers in St. Petersburg, Tampa (Brandon), and Sarasota — the prices were the same."

These vans would ensure safe, reliable transportation for 52 scholars, 4 drivers, and 4 bus monitors and will be used to transport scholars year-round through SPPF's Afterschool/Summer Programs. Students will be transported from 19 schools to our afterschool programs and to various community educational activities. The cost of these four vehicles represents 14% of the agency's budget.

Currently, we lease two vehicles from Friendship Missionary Baptist Church, (hosts the program). These vehicles are 14 and 15 years old, out of warranty, and expensive/challenging to service. The lease contract includes the facility rental, usage of the vehicles, and requires we pay for all services, repairs, insurance, and gas. The cost breakdown between the two vans we currently lease and the proposed new vehicles, with an expected lifespan of 15-20 years is as follows:

Current annual costs for two older vehicles currently in use: \$31,133

- \$10,000 repairs/service/maintenance
- \$12,933 Insurance
- \$ 8,200 Gas
- These costs are expected to rise as the vehicles require more maintenance

Anticipated annual costs for four new vehicles: \$38,888

- \$0 Repairs/service/maintenance (first 5 years under warranty)
- \$36,788 Insurance
- \$2,100 Gas

This year we experienced numerous challenges related to repairs of the two buses which caused disruption to programming. Due to supply chain issues and a lack of skilled mechanics, we suffered long wait times for parts and repairs. We've been advised this issue will continue to worsen due to the age of the vehicles and limited access to parts. Unfortunately, during the summer, we were forced to cancel three learning field trips without access to safe, reliable transportation. A capital grant would drastically improve the quality and reliability of SPPF's transportation services.

Guiding Principles - Client Impact*

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

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

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

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

The demographics of the 239 scholars served by SPPF last year speaks to the way in which the agency strives to address inequity in education. Our program is targeted to a population that has been disproportionately impacted by the pandemic – predominantly black, brown, and mixed-race children living in South St. Pete.

The disproportional impact on these students began with the cyclical pattern of decades/generations with higher poverty levels, lower access to health care, higher crime, lower high school graduation rates, and lower post-high school economic/earnings achievement (Pinellas County Economic Impact of Poverty Report, 2013). The Pulitzer Prize-winning “Failure Factories” series published by the Tampa Times 2015-2017, documented these concerns well.

The mission of SPPF is rooted in addressing inequity and underperformance of these scholars. Our vision is centered around breaking the cycle noted above, improving earning potential and sustainability of families in our community, by assisting scholars in building a strong education foundation. We firmly believe that when the foundational playing field is leveled, our scholars can compete in any career field they choose.

SPPF student/Family Demographics:

- 91.6% Black/African American, Non-Hispanic or Latino
- 1.7% Black/African American, Hispanic or Latino
- 6.7% Multi-Racial
- 93% of scholars are from ALICE Households -- 45% of scholars are from households with less than \$20,000 in income (below federal poverty level), 67% from households with less than \$30,000 in income
- 61% are from single-parent homes, 19% are from dual-parent homes, the remaining 20% of Households are typically multi-generational adults living in the home
- All scholars are from Pinellas County with 80% coming from the most targeted zip codes of inequity -- 33705 (27%), 33712 (38%), 33711 (15%)
- 100% qualify for the free and reduced lunch program

Number Served*

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

239

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.

N/A

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

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

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

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

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

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>
4133 Cortez Way South St. Petersburg, FL 33712

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

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).

SPPF's afterschool and summer programs are offered at the following locations:

- Friendship Missionary Baptist Church – 3300 31st Street South, St. Petersburg, FL 33712 (Narrowly near Qualified QT Tract)
- Johns Hopkins Middle School – 701 16th St S, Building 7 St. Petersburg, FL 33705 (Qualified QT Tract)

The four vehicles requested will ensure that students from 19 schools in Pinellas County receive transportation to SPPF's two sites where the programming is delivered. They will also be used in our summer and afterschool programs to transport students and adults to various educational outings and field trips. These schools are:

1. Academy Prep
2. Bay Point Elementary
3. Bay Point Middle
4. Bay Vista Elementary
5. Bear Creek Elementary
6. Campbell Park
7. Douglas Jamerson Elementary
8. Fairmount Park Elementary
9. Gulfport Elementary
10. James B Sanderlin
11. Lakewood Elementary
12. Maximo Elementary
13. Melrose Elementary
14. Midtown Academy
15. Mount Moriah Christian Academy
16. Mount Zion Christian Academy
17. Perkins Elementary
18. Southside Tabernacle Christian
19. Thurgood Marshall

QCT Determination - Purchase*

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

Yes

Community Connection

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

Community Representation and Connection*

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

We have established authentic partnerships within the community to enhance learning, exposure, and self-esteem for our scholars, and to maximize our impact. Our robust network of partners includes:

- Artz4Life
- Carter G. Woodson Museum,
- Innovation District
- Friends of Johnson Library
- Friendship Missionary Church
- Gulf Coast Jewish Family and Community Services
- James Museum
- Morean Arts Center
- Mount Zion Progressive Baptist Church
- Museum of Fine Art
- National Council of Negro Women (St. Pete Chapter)
- Pass-a-grille Community Church
- Phyllis Wheatley Rise to Read
- Pinellas County Schools
- Seniors in ServiceSHINE Mural Festival
- Sizemore Productions Mindful Movement
- St. Pete College
- St. Pete Free Clinic
- United Way Suncoast

From its inception, SPPF has listened to and leveraged the voice of the community. In 2014, founders held focus groups with community members – teachers, parents, church leaders, business owners, and community organizers, to hear their views around the problem and potential solutions. In addition to the organizational partnerships listed, SPPF engages individuals in the community in a popular program entitled “Reading with Our Elders” where scholars and elders read out loud together and discuss their favorite parts of a story. Additionally, SPPF participates in various community literacy events, providing free books to children of all ages.

We ensure inclusivity and diversity by engaging and employing people with lived experiences of poverty, trauma, and educational inequity in all areas of the organization. SPPF leadership and many staff are from South St. Petersburg. We have found that this intentional method of inclusion helps guide our work and program evaluation for a more meaningful impact on the highly under-resourced population of students we work with and allows us to build trust with students and parents more quickly.

Demographics:

Board — 11 members

- Gender —73% Female, 27% Male, 0% Undeclared

- Race/Ethnicity: 46% Black Non-Hispanic, 27% Latina Hispanic, 27% White Non-Hispanic 0% Undeclared

Leadership — 8 members

- Gender: 63% Female, 37% Male, 0% Undeclared
- Race/Ethnicity: 75% Black Non-Hispanic, 25% White Non-Hispanic, 0% Undeclared

Other Staff — 55 members

- Gender: 67% Female, 31% Male, 2% Non-Binary
- Race/Ethnicity: 92% Black Non-Hispanic, 6% White Non-Hispanic, 2% Mixed Race, 0% undeclared

Leadership Demographics - Board Membership*

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

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

BIPOC

Leadership Demographics - Executive Level Leadership Team*

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

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

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

BIPOC

Leadership Demographics - CEO/Executive Director*

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

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

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

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

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

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

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

SPPF - Vehicle Bids.pdf

Sole Source*

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

N/A

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties.

Budget Summary*

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

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

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

SPPF_ARPA-Budget-Small-Purchases.pdf

SPPF is requesting capital funding to purchase four Ford Transit 15-passenger vans at \$52,664 each, totaling \$210,656 (we have a private funder/applicant match of \$10,657 to cover the difference). We secured three bids for similar vehicles from Ford, Mercedes, and GMC, the only companies reportedly making a vehicle of this size at present. We selected the Ford vehicle primarily because the GMC dealer conveyed, they don't expect to secure the vehicles he quoted. They have been unable to get them for over a year, nor has any other GMC dealer in the area. We contacted Ford dealers in St. Petersburg, Tampa (Brandon), and Sarasota — the prices were the same."

Other Funding Sources*

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

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

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

In Jan '22 SPPF received a capital grant from JWB to purchase two, 15-passenger vans (13 students, driver, and monitor). We are still in need of five additional vans. No other funding sources have been obtained for the additional five vans.

We considered applying for a City Block Grant but were advised last year that the likelihood of rejection was very high as the funding was primarily intended for COVID-19-specific capital improvements. We also explored other funding through the City of St. Petersburg and the Foundation for Healthy St. Pete. without success (Foundation was not considering capital funding requests at the time). The City recognized that we unfortunately are among a small group of organizations ineligible for CRA or CRP funds due to our location just outside the zone. They are reportedly working to address this issue. Finally, as a JWB service provider, we considered applying for a capital grant through JWB, however, that process has been placed on hold indefinitely.

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 capital grant will increase our annual operating costs by \$7,755 which is manageable through fundraising efforts.

Current annual costs for two older vehicles currently in use: \$31,133

- \$10,000 repairs/service/maintenance
- \$12,933 Insurance
- \$ 8,200 Gas
- These costs are expected to rise as the vehicles require more maintenance

Anticipated annual costs for four new vehicles: \$38,888

- \$0 Repairs/service/maintenance (first 5 years under warranty)
- \$36,788 Insurance
- \$ 2,100 Gas

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.

SPPF - FY22 Agency Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

SPPF BOD List FY22.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.

SPPF - 2021 990.pdf

Most Recent Financial Statements*

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

Shirley Proctor Audit report 2021.pdf

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

SPPF - Certificate of Ins.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

- SPPF - Vehicle Bids.pdf
- SPPF_ARPA-Budget-Small-Purchases.pdf
- SPPF - FY22 Agency Budget.pdf
- SPPF BOD List FY22.pdf
- SPPF - 2021 990.pdf
- Shirley Proctor Audit report 2021.pdf
- SPPF - Certificate of Ins.pdf



Date: 09/06/2022
 Salesperson: _____
 Manager: James Smith

FOR INTERNAL USE ONLY

BUSINESS NAME The Shirley Proctor Foundation Home Phone: _____
CONTACT _____
 Address : _____ Work Phone: **914-715-6771**
 E-Mail : _____ Cell Phone: _____

VEHICLE
 Stock # : _____ New / Used : **New** VIN : _____ Mileage: _____
 Vehicle : **2023 Sprinter 2500 15 Passenger Van** Color : **White**
 Type : _____

TRADE IN
 Payoff : _____ VIN : _____ Mileage: _____
 Vehicle : _____ Color : _____
 Type : _____

Selling Price	66,680.00

Total Purchase	66,680.00
Doc Fee	999.00
<small>(These charges represent costs & profit to the Dealer for items such as inspecting, cleaning and adjusting new & used vehicles & preparing documents related to the sale and for computerized registration)</small>	_____
Taxable Fees (Estimated)	116.00
Trade Allowance	_____
Trade Difference	67,795.00
Tax	.00
Non Tax Fees	502.00
Net Price	68,297.00
Trade Payoff	_____
Balance	68,297.00

Customer Approval: _____ Management Approval: _____
 By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. For Information Only. This is not an offer or contract for sale.

Configure Print

Vehicle Information 2023 M2PV7S

Code	Description	Price
	MODEL: 2023 M2PV7S	\$61,510
9147	Arctic White	
VF6	Artico Man-Made Leather Black	\$474
Package Details		
C01PKG	Driver Convenience Package	\$442
E46	12 V power outlet, driver seat base	
F64	Electrically folding exterior mirrors	
FJ1	Hinged lid for storage compartment	
FJ5	Hinged Lid for Storage Compartments left and right	
FZ9	Keys, two additional masters	
JW8	Attention Assist	
Options Details		
E3M	MBUX Multimedia System with 7 touchscreen	\$523
E46	12 V power outlet, driver seat base	
ED5	Parametric special module (PSM)	\$349
F61	Interior rear view mirror	
F64	Electrically folding exterior mirrors	
FJ5	Hinged Lid for Storage Compartments left and right	
FY7	Optional 3-button keys	\$40
FZ9	Keys, two additional masters	
JA7	Blind Spot Assist	\$497
JB4	Active Lane Keeping Assist	\$317
JB7	Parking Package	\$678
JF1	Rain sensor	\$116
JK5	Instrument cluster with color display	\$159
JW0	Backup alarm	\$109
JW8	Attention Assist	
L13	Fog lamp with cornering light function	\$220
T57	Electric sliding step	\$1,181
T75	Door-mounted assist handles, driver & passenger	\$65
Z4X	Production Charleston	
	TOTAL	\$66,680

*Pricing is subject to change. Mercedes-Benz reserves the right to make changes without notification.



Ford Quote

Preview Order 0829 - X2C 350 Med Roof Pass RWD: Order Summary Time of Preview: 08/29/2022 10:18:44

Dealership Name: AutoNation Ford St. Petersburg

Sales Code : F24201

Dealer Rep.	Eddie Shugart	Type	Retail	Vehicle Line	Transit	Order Code	0829
Customer Name	X XXXXX	Priority Code	19	Model Year	2023	Price Level	320

DESCRIPTION	MSRP	INVOICE DESCRIPTION	MSRP	INVOICE
X2C0 T350 MR PASS XL RWD	\$49760	\$47272 9400# GVWR PACKAGE	\$0	\$0
148" WHEELBASE	\$0	\$0 2WAY DRV/PASS PALAZZO VINYL	\$0	\$0
OXFORD WHITE	\$0	\$0 50 STATE EMISSIONS	\$0	\$0
VINYL	\$0	\$0 BACK UP ALARM	\$150	\$137
DARK PALAZZO GRAY	\$0	\$0 REVERSE SENSING SYSTEM	\$295	\$269
PREFERRED EQUIPMENT PKG.301A	\$0	\$0 MANUAL AIR CONDITIONER	\$0	\$0
.XL TRIM	\$0	\$0 RADIO - SYNC3, 4" SCN	\$280	\$255
3.5L ECOBOOST V6 (GAS)	\$1775	\$1616 CRUISE CONTROL	\$325	\$296
.10-SPEED TRANSMISSION	\$0	\$0 RUNNING BOARD	\$310	\$282
.235/65R16C BSW ALL-SEASON	\$0	\$0 2 ADDITIONAL KEYS	\$75	\$69
3.73 NON-LIMITED SLIP AXLE	\$0	\$0 PRIVACY GLASS	\$500	\$455
JOB #1 ORDER	\$0	\$0 15-PASSENGER SEATS	\$1495	\$1361
CV LOT MANAGEMENT	\$0	\$10 FUEL CHARGE	\$0	\$111
FRONT LICENSE PLATE BRACKET	\$0	\$0 PRICED DORA	\$0	\$0
AUTO START STOP REMOVAL	\$-50	\$-46 DESTINATION & DELIVERY	\$1795	\$1795
WIFI 4G LTE HOTSPOT DELETE	\$-20	\$-18		
TOTAL BASE AND OPTIONS			MSRP \$56690	INVOICE \$53864
DISCOUNTS			NA	NA
TOTAL			\$56690	\$53864

#52,964
- 300 PRICE CONCESSIONS

#52,664 + TAG

Customer Name:
Customer Address:

Customer Email:
Customer Phone:

Customer Signature

Date

This order has not been submitted to the order bank.

This is not an invoice.



Date: 09/06/2022
 Salesperson: Jeffrey Steinmetz
 Manager: Cole Connor

FOR INTERNAL USE ONLY

CUSTOMER	Eliot Heller	Home Phone:
Address :	4133 Cortez St. Petersburg, FL 33712 Pinellas	Work Phone:
E-Mail :	eliot.heller@sppf.org	Cell Phone: (914) 715-6771

VEHICLE	Stock # :	New / Used : New	VIN :	Mileage:
Vehicle :	2023 GMC Savanna 3500			Color :
Type :				

TRADE IN	Payoff :	VIN :	Mileage:
Vehicle :	Color :		
Type :			

Selling Price	43,265.00
Total Purchase	43,265.00
Doc Fee	999.00
<small>(These charges represent costs & profit to the Dealer for items such as inspecting, cleaning and adjusting new & used vehicles & preparing documents related to the sale and for computerized registration)</small>	
Taxable Fees (Estimated)	109.50
Trade Allowance	
Trade Difference	44,373.50
Tax	.00
Non Tax Fees	458.50
Net Price	44,832.00
Trade Payoff	
Balance	44,832.00

Customer Approval: _____ Management Approval: _____
 By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. For Information Only. This is not an offer or contract for sale.

*Not available
 - high roof.*

**2022 SAVANA
PASSENGER**

RWD 3500 EXTENDED WHEELBASE LS **\$43,265**

NET PRICE †



VEHICLE DETAILS
Standard Vehicle Price

\$39,200

SELECTED COLORS

\$0

(GAZ) Summit White
\$0

(93W) Medium Pewter, Vinyl
\$0



SELECTED OPTIONS (14)

\$2,370

(C6Y) 9,600 lbs. GVWR
\$0

(GU6) 3.42 rear axle ratio
\$0

(LV1) 4.3L V6 Gas engine
Standard

(M5U) 8-speed automatic transmission
Standard

(QB5) 16" steel wheels
Standard



(UD7) Rear Park Assist
\$295

(VXW) Molded assist steps
\$715

(YA2) Passenger-side sliding door
\$195

(AR7) Vinyl front bucket seats
Standard

(U0F) AM/FM stereo with MP3 player
Standard

(UEU) Forward Collision Alert
\$295

(UFL) Lane Departure Warning
\$0

(UEU) Side Blind Zone Alert

(702) 15-passenger seating

- Suspension, front independent with coil springs and stabilizer bar
- Suspension, rear hypoid drive axle with multi-leaf springs
- Power steering
 - Provides more steering assist during low-speed maneuvering, such as during parking
- 4-wheel antilock disc brakes
 - Help reduce wheel lockup and maintain steering control during hard braking on most slippery surfaces
 - May require additional optional equipment
- 31 gallon (117.3 liters), fuel tank
 - Mid-frame location
- Aluminized stainless-steel muffler and tailpipe

Interior

- AM/FM stereo with MP3 player
 - AM/FM stereo with MP3 playback capability, seek-scan and digital clock
 - Auxiliary jack connects portable media devices
 - TheftLock and random select
 - 2 front door speakers
- Wi-Fi® hotspot capable
 - Terms and limitations apply. See [onstar.com \(http://onstar.com\)](http://onstar.com) or dealer for details.
- Vinyl front bucket seats
 - High back bucket seats
 - Each seat has its own armrest and head restraint
- 12-passenger seating
 - 4 row configuration
 - Bucket seats in front
 - Seating for 3 in rows 2 and 3
 - Room for 4 in the last row
 - 4-passenger seat includes a 2-piece configuration with a 50/50 split
- Console, engine cover with open storage bin
 - Keep valuables and smaller items secure
- Cupholders
 - 3 on engine console cover
- Rubberized vinyl floor covering
 - Black
 - Covers entire length of floor
 - Provides good traction and convenient cleanup
- Steering wheel
 - Urethane
- Manual tilt steering column
 - Allows the steering wheel to be manually adjusted up or down
 - Provides extra comfort when entering or exiting the vehicle
 - May require additional optional equipment
- Instrumentation
 - Speedometer, fuel level, engine temperature, tachometer, voltage and oil pressure
- Driver Information Center
 - Includes warning messages and vehicle information
 - Average vehicle speed and fuel economy
 - Fuel range
 - Trip odometer
 - Tire pressure and oil life
- Oil-life monitoring system
 - Indicates when to change the oil based on engine operating conditions
 - Alerts the driver with a message in the Driver Information Center
- Warning tones
 - Headlamp on and key-in-ignition
- 8-point digital compass
 - Adds confidence when you venture into unfamiliar territory

- Located in the Driver Information Center
- May require additional optional equipment
- Power windows
- Power door locks
 - Allows you to lock and unlock doors easily whether it's from the driver or passenger seat or from outside using the key fob
 - Lockout protection helps you avoid locking keys in the vehicle
- Cruise control
 - Maintains a selected speed while driving
 - Automatically disengages when the vehicle's traction control system needs to limit wheelspin on slippery surfaces or when the StabiliTrak[®] stability control system detects an oncoming skid
 - Set and resume speed functions
 - Steering-wheel mounted controls to easily maintain and manage cruising speed
- Electrical theft-deterrent system
 - Immobilizes the engine to help prevent theft
- 12-volt power outlets
 - Located on dash above engine cover console
- 120-volt power outlet
 - 3-prong auxiliary household-style outlet
 - Can be used to plug in electrical equipment, such as a cell phone or a portable device
- Air conditioning
 - Cools and dehumidifies the air inside the vehicle
 - Allows you to manually control temperature, fan speed and sources of airflow
- Rear air conditioning
- Rear auxiliary heater
 - Helps keep the entire cabin warm
 - May require additional optional equipment
- Front and side window defogger
 - Vents to clear front and side windows
- Inside rearview auto-dimming mirror
 - Automatically dims the inside rearview mirror when it senses bright light from behind
 - Includes rear view camera display
- Cloth headliner
- Driver and front passenger visors
 - Cloth
 - Padded
 - Includes vanity mirrors
 - May require additional optional equipment
- Assist handles
 - Front A-pillar mounted for Driver and Passenger
- Interior lighting
 - Two dome lights
- Auxiliary lighting
 - Reading and underhood lights

Exterior

- Standard body
- Swing-out passenger-side door
 - Opens wide to allow for easy access
 - Access for side loading and unloading
- 16" x 6.5" steel wheels
 - Gray center caps
- 16" LT245/75R16E all-season blackwall front tires
- 16" LT245/75R16E all-season blackwall rear tires
- 16" LT245/75R16E all-season blackwall spare tire
- Bumpers
 - Front and rear
 - Black

- Black grille
- Dual-halogen composite headlamps
- Black heated power outside mirrors with convex
 - Heated feature helps clear away ice and fog
 - Rear defogger activated
 - Power adjustments allow you to move both side mirrors with the touch of a button
 - Manual-folding feature lets you fold the mirrors in
 - Lower convex mirror
- Solar-Ray® deep-tinted glass
 - Reduces glare from the sun
 - Offers enhanced privacy and security
 - All windows are deep tinted except light-tinted glass on windshield and driver- and front passenger-side glass
- Swing-out rear side door and rear door windows
 - Helps keep the interior well ventilated
 - Helps circulate fresh air throughout the cabin
- Swing-out rear cargo door windows
 - Helps keep the interior well ventilated
 - Helps circulate fresh air throughout the cabin
- Enhanced-technology glass
 - Rearmost side windows
 - 3-layer special glass is designed to help reduce the risk of ejection during a crash
- Full-body window glass package
- Front intermittent wipers
 - Variable-speed
 - Washers to keep the windshield clean
- Front license plate kit

Safety

- StabiliTrak, electronic stability control system with traction control
 - Automatically helps enhance control, particularly during emergency maneuvers, by adjusting the brakes and engine torque to help you stay on your intended path
 - Activates when vehicle sensors detect a difference between the driver's intended path and the direction the vehicle is actually travelling
 - Applies selective brake pressure to individual wheels to help the driver keep the vehicle on the path being steered
 - Includes Traction Control that detects wheel slippage and applies brake pressure and/or reduces engine power to help the driver maintain control when accelerating on wet or snow-covered roads
 - Includes Trailer Sway Control
 - Hill Start Assist
- Transmission/brake shift interlock
- Hill Start Assist
 - When you are stopped on an incline, this feature keeps the brakes engaged for a split second as you transition from brake pedal to gas pedal
 - Automatically releases once you press down on the accelerator
 - Prevent vehicle roll-back while the driver moves his/her foot from the brake to the accelerator pedal
- Door beams, steel-side
- Daytime Running Lamps
- Rear Vision Camera
 - Shows you an image of the area directly behind your vehicle when you're in Reverse at low speeds¹
 - Selectable dynamic guidelines laid over the display image assist in parking maneuvers by showing the vehicle's path
 - This may help you park and avoid nearby objects
 - May require additional optional equipment

¹ Safety or driver assistance features are no substitute for the driver's responsibility to operate the vehicle in a safe manner. The driver should remain attentive to traffic, surroundings and road conditions at all times. Visibility, weather,

and road conditions may affect feature performance. Read the vehicle's owner's manual for more important feature limitations and information.

- **2 airbags**
 - Frontal airbags for driver and front passenger¹

¹ Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.
- **Airbag system**
 - Seat-mounted side-impact airbags for driver and front passenger¹
 - Head-curtain airbags for first 3-rows in outboard seating positions¹

¹ Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.
- **Airbag deactivation switch, frontal passenger-side (Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)**
- **OnStar® & GMC Connected Services capable**
 - Terms and limitations apply. See [onstar.com \(http://onstar.com\)](http://onstar.com) or dealer for details.
- **GMC Connected Access capable**
 - Subject to terms. See [onstar.com \(http://onstar.com\)](http://onstar.com) or dealer for details.
 - May require additional optional equipment
- **LATCH System**
 - Lower Anchors and Tethers for CHildren system helps make it easy to install and secure a compatible child restraint seat
- **Tire Pressure Monitoring System**
 - Monitors the pressure in each tire and alerts you if there is a low-pressure condition in one or more of the tires¹

¹ Does not monitor spare tire.

- **MSRP excludes tax, title, license and dealer fees.**
- **MSRP excluding installation, taxes and wheel components (if applicable). Dealer prices may vary. Some accessories may require purchase of additional equipment and/or services. See dealer for details.**
- **MSRP excludes tax, title, license, dealer fees and optional equipment. See dealer for details.**

Fiscal Year 2022 Agency Budget

INCOME:	FY22
Corporations	\$ 25,000.00
Foundations	\$ 275,632.00
Government (awards)	\$ 889,515.00
Individual Contributions	\$ 30,000.00
Program Income	\$ 73,388.00
United Way	\$ 137,500.00
Donated Mdse and Services	\$ 125,600.00
TOTAL INCOME	\$ 1,556,635.00
EXPENSES:	
Administration	\$ 132,600.00
Advertising and Promotion	\$ 1,000.00
Bank Charges	\$ 500.00
Contract Services	\$ 25,600.00
Educational Dues & Memberships	\$ 500.00
Insurance	\$ 43,711.00
Operating Expense	\$ 8,010.00
Program Expense	\$ 147,228.00
Transportation	\$ 9,400.00
Personnel	\$ 1,075,174.00
Salaries & Wages	\$ 981,894.00
Employee Benefits (taxes & workers comp.)	\$ 93,280.00
Purchases (computers, printers, cabinets, etc.)	\$ 21,500.00
Rentals & Leases	\$ 52,500.00
Repairs & Maint (Vehicles + Fac.)	\$ 7,650.00
Training & Conferences	\$ 4,695.00
Utilities (other, phone, telecom.)	\$ 2,794.00
TOTAL EXPENSES	\$ 1,532,862.00
Net Operating	\$ 23,773.00



Board of Directors Fiscal Year 2022

Lisset Hanewicz, Board Chair (Joined: 2020)
Attorney at Gonzalez Hanewicz Law, PLLC

Tequena Akintonde (Joined: 2021)
Pinellas County Schools

Laura Askew, Secretary (Joined: 2020)
Transitions Optical

Mariana Bonow (Joined: 2021)
TechData Corporation

Mario Farias, Vice Chair (Joined: 2020)
Farias Consulting Group

Vivian Fueyo (Joined: 2022)
Professor Emerita of Childhood Education, University of South Florida

Kaley Johnson (Joined: 2021)
Associate Attorney at Johnson, Pope, Bokor, Ruppel & Burns, LLP

Kimberly McMillon (Joined: 2021)
Controller, Hillsborough Community College

Cosey Proctor
Educator, Teacher, South Barrington and Fort Lauderdale, FL

William Puller, Treasurer
CPA, Pinellas County Sheriff's Department (Retired)

Virginia Valenote
Physician Office Manager (Retired)

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **2021**, and ending **2020**

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

C Name of organization Shirley Proctor Puller Foundation, Inc.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4133 Cortez Way South
 City or town, state or province, country, and ZIP or foreign postal code
Saint Petersburg, FL 33712

D Employer identification number
46-4930592

E Telephone number
(727) 490-8687

F Name and address of principal officer:
Bridgette Heller, 4133 Cortez Way S, Saint Petersburg, FL 33712

G Gross receipts \$1,341,658.

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

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

J Website: ▶ www.sppf.org

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 2014 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The mission is to advance literacy and help close the achievement gap for students in South St.Petersburg. The vision is a fully engaged, highly literate youth population who have achieved excellence in reading, math science, resulting in unlimited postgraduate opportunities.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>11</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>11</u>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>78</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>3</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0.</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>702,428.</u>	<u>1,326,539.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>4,200.</u>	<u>8,810.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>86.</u>	<u>3,029.</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>706,714.</u>	<u>1,341,658.</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>367,666.</u>	<u>609,586.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>314.</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>194,598.</u>	<u>294,202.</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>562,264.</u>	<u>903,788.</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>144,450.</u>	<u>437,870.</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>128,233.</u>	<u>560,012.</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>21,464.</u>	<u>15,373.</u>
			<u>106,769.</u>	<u>544,639.</u>

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____
Bridgette Heller, CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Ellen Fontana Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P01327163
 Firm's name ▶ Ellen Fontana CPA LLC Firm's EIN ▶ 45-3841539
 Firm's address ▶ 2451 McMullen Booth Road #309, Clearwater, FL 33759 Phone no. (727) 431-0354

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission is to advance literacy and help close the achievement gap for students in South St.Petersburg. The vision is a fully engaged, highly literate youth population who have achieved excellence in reading, math science, resulting in unlimited postgraduate opportunities.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 842,141. including grants of \$ 0.) (Revenue \$ 8,810.)

The organization year-round academic enrichment opportunity for underserved/underperforming students through its M.A.S.T.R. KIDS Program -- Math, Art, Science, Technology and Reading. Certified teachers work with students to address skill gaps identified by an evidenced based assessment with a goal of helping students achieve grade-level performance. Activities include group lessons, one-to-one tutoring, reading, language arts, math, and STEM classes as well as extra-curricular activities and education-based field trips and clubs.

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

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

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

4e Total program service expenses ▶ 842,141.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	78		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
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	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 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 by the 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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 Bridgette Heller, 4133 Cortez Way South, St. Petersburg, FL 33712 (727) 490-8687

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lillie McFarley Board Member	1.00	X								
(2) Lisset Hanewicz Board Member	1.00	X								
(3) Mario Farias Board Member	1.00	X								
(4) Virginia Valenote Board Member	1.00	X								
(5) Richard Walsh Board Member	1.00	X								
(6) Tequena Akintonde Board Member	1.00	X								
(7) Maiana Bonow Board Member	1.00	X								
(8) Kimberly McMillon McMillon	1.00	X								
(9) Tom Seriani Board Chair	1.00	X		X						
(10) William Puller Treasurer	1.00	X		X						
(11) Laura Askew Secretary	1.00	X		X						
(12) Bridgette Heller CEO	40.00			X						
(13)										
(14)										

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

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

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 137,935.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 736,121.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 452,483.					
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	Total. Add lines 1a-1f ▶		1,326,539.				
Program Service Revenue				Business Code				
	2a	Camp Fees/Tuition	900099	7,435.	7,435.	0.	0.	
	b	USDA food reimb	900099	1,375.	1,375.	0.	0.	
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f ▶		8,810.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		3,029.	0.	0.	3,029.	
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events . . . ▶							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities . . . ▶							
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue				Business Code				
	11a	Adjustment on loan balance	900099	3,280.	3,280.	0.	0.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶		3,280.					
12	Total revenue. See instructions ▶		1,341,658.	12,090.	0.	3,029.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	561,179.	561,179.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,847.	5,841.	0.	6.
10 Payroll taxes	42,560.	42,560.	0.	0.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,000.	0.	19,000.	0.
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	1,275.	206.	1,069.	0.
13 Office expenses	3,391.	955.	2,128.	308.
14 Information technology				
15 Royalties				
16 Occupancy	33,620.	33,620.	0.	0.
17 Travel	10,355.	10,355.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	121.	0.	121.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,585.	4,356.	11,229.	0.
23 Insurance	37,655.	36,298.	1,357.	0.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>Supplies</u>	129,046.	128,608.	438.	0.
b <u>Contract services</u>	23,880.	6,985.	16,895.	0.
c <u>Printing & postage</u>	7,384.	2,274.	5,110.	0.
d <u>Field trips</u>	7,220.	7,220.	0.	0.
e All other expenses	5,670.	1,684.	3,986.	0.
25 Total functional expenses. Add lines 1 through 24e	903,788.	842,141.	61,333.	314.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	50,605.	1	266,452.
	2 Savings and temporary cash investments	5,071.	2	10,069.
	3 Pledges and grants receivable, net	5,584.	3	90,420.
	4 Accounts receivable, net	0.	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	22,143.	9	48,726.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 172,547.		
	b Less: accumulated depreciation	10b 28,202.	44,830.	10c 144,345.
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		128,233.	16	560,012.
Liabilities	17 Accounts payable and accrued expenses	3,921.	17	15,373.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	17,543.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25		21,464.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	106,769.	27	544,639.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances		106,769.	32	544,639.
33 Total liabilities and net assets/fund balances		128,233.	33	560,012.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,341,658.
2	Total expenses (must equal Part IX, column (A), line 25)	2	903,788.
3	Revenue less expenses. Subtract line 2 from line 1	3	437,870.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	106,769.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	544,639.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization Shirley Proctor Puller Foundation, Inc.	Employer identification number 46-4930592
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,820.	123,201.	169,607.	702,428.	1,326,539.	2,447,595.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	125,820.	123,201.	169,607.	702,428.	1,326,539.	2,447,595.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,447,595.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	125,820.	123,201.	169,607.	702,428.	1,326,539.	2,447,595.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		2.	1.	86.	3,029.	3,118.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					3,280.	3,280.
11 Total support. Add lines 7 through 10						2,453,993.
12 Gross receipts from related activities, etc. (see instructions)					12	24,310.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.74 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 on 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 on 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.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
	3a		
b	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.		
	3b		

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

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

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

Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

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

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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

Pt II Ln 10: Other Income Part II, Line 10 Description: Adjustment on loan balance

2021: 3280.

DO NOT MAIL

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization Shirley Proctor Puller Foundation, Inc. Employer identification number 46-4930592

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ 501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization Shirley Proctor Puller Foundation, Inc.	Employer identification number 46-4930592
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Juvenile Welfare Board 14155 58th St N Clearwater FL 33760	\$ 736,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Fidelity Charitable Trust 100 Crosby Parkway Latonia KY 41015	\$ 71,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Endaoment.org 40 Bernal Heights Blvd San Francisco CA 94110	\$ 199,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	United Way of Tampa Bay 5201 W Kennedy Blvd Ste 600, Tampa FL 33609	\$ 137,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <i>Shirley Proctor Puller Foundation, Inc.</i>	Employer identification number 46-4930592
--	--

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization <i>Shirley Proctor Puller Foundation, Inc.</i>	Employer identification number <i>46-4930592</i>
--	---

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization: Shirley Proctor Puller Foundation, Inc. Employer identification number: 46-4930592

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows 1a-2b for questions regarding collections of art and historical treasures, including dollar amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.			0.
b Buildings				
c Leasehold improvements				
d Equipment		116,400.	4,807.	111,593.
e Other		56,147.	23,395.	32,752.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				144,345.

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) None	0.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,480,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	138,807.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	138,807.
3	Subtract line 2e from line 1		3	1,341,658.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,341,658.

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

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

1	Total expenses and losses per audited financial statements		1	1,042,595.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	138,807.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	138,807.
3	Subtract line 2e from line 1		3	903,788.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	903,788.

Part XIII Supplemental Information.

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

Pt X, Line 2: SPPF is exempt income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the accompanying financial statements. Management has evaluated the Organization's tax position and concluded that no uncertain tax positions have been taken that would require adjustment to the financial statements to comply with the provisions of the Income Tax Topic of the FASB ASC. With few exceptions, SPPF is subject to income tax up to three years after tax returns are filed.

Part XIII Supplemental Information *(continued)*

DO NOT MAIL

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Shirley Proctor Puller Foundation, Inc.

Employer identification number

46-4930592

Other: Part III - Statement of Program Service Accomplishments: The organization gives out over 1000 new books to children each year primarily through community events and partners with other organizations to promote reading. It provides enhanced learning opportunities through its M.A.S.T.R. KIDS programs consisting of one-to-one tutoring, educational enrichment, and a STEM (science, technology, engineering, and math) summer camp program.

Pt VI, Line 2: Board Member William Puller is the father of CEO Bridgette Heller.

Pt VI, Line 11b: Form 990 is emailed to all Board Members for review prior to filing.

Pt VI, Line 15a: No key employees or compensated officers.

Pt VI, Line 15b: No key employees or compensated officers.

Pt VI, Line 18: Form 1023 and Form 990 available upon request. 990 also available on Guidestar.

Pt VI, Line 19: Governing documents, conflict of interest policy, and financial statements are available to the public upon request.

Pt VI, Line 12c: The CEO monitors all spending to stay below level of materiality with any organization. The CEO informs the Board of any sizable new vendor or relationship (e.g. banks, food providers, etc.) to enable conflict of interest disclosure. At each Board meeting, all potential conflicts of interest are addressed by the Board with appropriate action taken in accordance with policy.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20_____

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer <u>Shirley Proctor Puller Foundation, Inc.</u>	EIN or SSN <u>46-4930592</u>
Name and title of officer or person subject to tax <u>Bridgette Heller, CEO</u>	

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>1,341,658.</u>
2a Form 990-EZ check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . .	3b _____
4a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . .	5b _____
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . .	6b _____
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . .	7b _____
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . .	8b _____
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . .	9b _____
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . .	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Ellen Fontana CPA LLC to enter my PIN

3	0	5	9	2
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

Part III Certification and Authentication

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

5	0	9	1	7	4	0	9	1	7	4
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____ Date ▶ _____

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

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

FOR THE YEAR ENDED DECEMBER 31, 2021

**WITH COMPARATIVE SUMMARIZED TOTALS
FOR THE YEAR ENDED DECEMBER 31, 2020**

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
The Shirley Proctor Puller Foundation, Inc.
St. Petersburg, Florida

Opinion

We have audited the accompanying financial statements of Shirley Proctor Puller Foundation, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Shirley Proctor Puller Foundation, Inc. as of December 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of Shirley Proctor Puller Foundation, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Shirley Proctor Puller Foundation, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material

misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Shirley Proctor Puller Foundation, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Shirley Proctor Puller Foundation, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Summarized Comparative Information

The financial statements of Shirley Proctor Puller Foundation, Inc. as of and for the year ended December 31, 2020 were audited by a predecessor auditor. The predecessor auditor's report, dated April 9, 2021, expressed an unmodified opinion. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2020 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Tampa, Florida
June 30, 2022

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
STATEMENT OF FINANCIAL POSITION
AS OF DECEMBER 31, 2021
(WITH SUMMARIZED COMPARATIVE TOTALS AS OF DECEMBER 31, 2020)

	December 31,	
	2021	2020
ASSETS		
Current assets		
Cash	\$ 266,452	\$ 50,605
Investments	10,069	5,071
Grant receivable	90,420	5,584
Prepaid expenses	48,726	22,143
Total current assets	415,667	83,403
Non-current assets		
Property and equipment, net	144,345	44,830
Total assets	\$ 560,012	\$ 128,233
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued expenses	\$ 15,373	\$ 3,921
Current portion of long-term debt	-	11,085
Total current liabilities	15,373	15,006
Long-term liabilities		
Long-term debt, net of current maturities	-	6,458
Total liabilities	15,373	21,464
Net assets		
Without donor restrictions	544,639	106,769
Total liabilities and net assets	\$ 560,012	\$ 128,233

See independent auditor's report and accompanying notes to the financial statements.

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2021
(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2020)

	<u>Changes in Net Assets</u>	
	<u>December 31,</u>	
	<u>2021</u>	<u>2020</u>
PUBLIC SUPPORT AND OTHER REVENUES & GAINS		
Public support		
Grants and contributions	\$ 1,326,539	\$ 662,048
In-kind contributions	138,807	78,900
Total public support	<u>1,465,346</u>	<u>740,948</u>
Other revenues & gains		
Program income - tuition	8,810	4,200
Paycheck Protection Program	-	21,480
Other	6,309	86
Total other revenues & gains	<u>15,119</u>	<u>25,766</u>
Total public support and other revenues & gains	<u>1,480,465</u>	<u>766,714</u>
 EXPENSES		
Program services:		
M.A.S.T.R. KIDS ®	860,948	536,985
Supporting services:		
General administration	181,333	81,618
Fundraising	314	3,661
Total supporting services	<u>181,647</u>	<u>85,279</u>
Total expenses	<u>1,042,595</u>	<u>622,264</u>
Change in net assets without donor restrictions	437,870	144,450
Net assets without donor restrictions, beginning of year	106,769	(37,681)
Net assets without donor restrictions, end of year	<u>\$ 544,639</u>	<u>\$ 106,769</u>

See independent auditor's report and accompanying notes to the financial statements.

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2021
(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2020)

	Program Services	Supporting Services			Total Expenses	
	M.A.S.T.R. KIDS ®	General Administration	Fundraising	Total Supporting Services	December 31,	
					2021	2020
Personnel expenses						
Salaries	\$ 561,179	\$ -	\$ -	\$ -	\$ 561,179	\$ 338,907
Payroll taxes	42,560	-	-	-	42,560	27,480
Benefits	5,841	-	6	6	5,847	1,279
	<u>609,580</u>	<u>-</u>	<u>6</u>	<u>6</u>	<u>609,586</u>	<u>367,666</u>
Other expenses						
In-kind donations	18,807	120,000	-	120,000	138,807	78,900
Supplies	128,608	438	-	438	129,046	34,204
Insurance	36,298	1,357	-	1,357	37,655	26,680
Rent	33,620	-	-	-	33,620	13,857
Contract services	6,985	16,895	-	16,895	23,880	29,893
Accounting and audit	-	19,000	-	19,000	19,000	18,425
Travel	10,355	-	-	-	10,355	862
Printing and postage	2,274	5,110	-	5,110	7,384	27,597
Field trip cost	7,220	-	-	-	7,220	1,377
Website	-	3,986	-	3,986	3,986	3,759
Office	955	2,128	308	2,436	3,391	2,945
Repair and maintenance	1,684	-	-	-	1,684	824
Advertising and promotion	206	1,069	-	1,069	1,275	273
Interest	-	121	-	121	121	2,493
Book purchases	-	-	-	-	-	650
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>650</u>
Total expenses before depreciation and amortization	856,592	170,104	314	170,418	1,027,010	610,601
Depreciation and amortization	4,356	11,229	-	11,229	15,585	11,663
Total expenses	<u>\$ 860,948</u>	<u>\$ 181,333</u>	<u>\$ 314</u>	<u>\$ 181,647</u>	<u>\$ 1,042,595</u>	<u>\$ 622,264</u>

See independent auditor's report and accompanying notes to the financial statements.

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2021
(WITH SUMMARIZED COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2020)

	<u>December 31,</u>	
	<u>2021</u>	<u>2020</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ 437,870	\$ 144,450
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation and amortization	15,585	11,663
Net gain on investments	(3,019)	(86)
Donated securities	(1,979)	-
(Increase) decrease in assets:		
Grant receivable	(84,836)	316
Prepaid expenses	(26,583)	(18,775)
Other assets	-	595
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	11,452	(1,453)
Net cash provided by operating activities	<u>348,490</u>	<u>136,710</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property and equipment	<u>(115,100)</u>	<u>(4,985)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of related party loan	-	(70,000)
Payments on long-term debt	(17,543)	(38,604)
Net cash used in financing activities	<u>(17,543)</u>	<u>(108,604)</u>
Net change in cash and cash equivalents	215,847	23,121
Cash and cash equivalents, beginning of year	50,605	27,484
Cash and cash equivalents, end of year	<u>\$ 266,452</u>	<u>\$ 50,605</u>
NONCASH TRANSACTION:		
Receipt of donated securities	<u>\$ 1,979</u>	<u>\$ -</u>
SUPPLEMENTAL DISCLOSURE OF CASH PAID FOR INTEREST	<u>\$ 121</u>	<u>\$ 2,493</u>

See independent auditor's report and accompanying notes to the financial statements.

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021

NOTE 1 NATURE OF THE ORGANIZATION

The Shirley Proctor Puller Foundation, Inc. (the "Organization" of "SPPF") incorporated as a Not-for-Profit organization in 2014. The Organization is located in Cortez Way South, St. Petersburg, FL and has two service locations located in 31st Street South and 20th Street South, St. Petersburg, FL. SPPF was named in honor of the late Shirley Proctor Puller, a dedicated Pinellas County teacher and educator, who was a passionate advocate of children's literacy.

The mission of the Organization is to advance reading, math, and science literacy, helping to close the achievement gap for children in the "at-risk" communities of St. Petersburg. The vision is a fully engaged, highly literate youth population in St. Petersburg who have achieved excellence in reading, math, and science, resulting in unlimited post-graduate opportunities. The Organization provides these tools and support through the M.A.S.T.R. KIDS ® Programs as well as free book distribution at community events to continually promote reading as a catalyst for literacy.

SPPF is governed by an independent, volunteer Board of Directors (the "Board") who oversees the Organization's operations. Revenues to support the Organization are primarily received by grants through the Juvenile Welfare Board (the "JWB"), as well as donations of cash, materials, and services.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP") and, accordingly, reflect all significant receivables, payables and other liabilities.

Basis of Presentation

SPPF has adopted the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 958, *Not-for-Profit Entities*. Under ASC 958, SPPF is required to provide financial statements which are prepared to focus on the Organization as a whole and to present balances and transactions according to the existence or absence of donor-imposed restrictions. As such, the Organization reports information regarding its financial position and activities as follows: (1) net assets without restrictions, which include no donor-imposed restrictions and, therefore, are available for any purpose authorized by the Board; and (2) net assets with restrictions, which include donor-imposed restrictions that will expire in the future.

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021

Revenue Recognition

Contributions are recorded at their fair market value on the date of receipt. All contributions are available for unrestricted use unless specifically designated by the donor. The Organization reports contributions restricted by donors as increases in net assets *without* donor restrictions if restrictions expire (that is, when either a stipulated time restriction ends, or a purpose restriction is accomplished) in the same reporting period in which revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the Statement of Activities as net assets released from restrictions.

Support arising from donated, or in-kind, goods, property, and services is recognized in the financial statements at its fair value. GAAP requires recognition of in-kind services, if such services (1) create or enhance nonfinancial assets or (2) require specialized skills and are provided by individuals possessing those skills, who would typically charge a fee. For the year ended December 31, 2021, volunteers provided services to assist the Organization's management and fundraising functions for which no amount has been recorded in the financial statements because the services did not meet the criteria for recognition under GAAP.

Cash and Cash Equivalents

SPPF considers all highly liquid instruments with maturities of three months or less when purchased to be cash equivalents.

Property and Equipment

Property and equipment are recorded at cost or, if donated, the estimated fair value at the date of donation. SPPF has a policy of capitalizing expenditures for property and equipment with costs greater than \$1,000. Depreciation is provided using the straight-line method over the estimated useful lives of the property and equipment which range from five to 20 years.

If donors stipulate how long the assets must be used or restrict the use of such assets for a specific purpose, the contributions are recorded as restricted support. In the absence of such stipulations, gifts of property are recorded as unrestricted support.

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amounts of an asset to future net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment loss to be recognized is measured by the amount by which the carrying amount of the asset exceeds its fair value.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021

Fair Value Measurements

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Organization measures fair value using a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability. Inputs may be observable or unobservable and refer broadly to the assumptions that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the reporting entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability and are developed based on the best information available in the circumstances.

The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Accordingly, the fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). SPPF may use valuation techniques consistent with the market income and cost approaches to measure fair value.

The inputs used to measure fair value are categorized into the following three categories:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

- Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities in inactive markets. Inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data are also included. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021

Concentration of Credit Risk

Financial instruments that potentially subject SPPF to concentrations of credit risk consist primarily of bank deposits and grant receivable.

The Organization maintains bank accounts with balances which, at times, may exceed federally insured limits. As of December 31, 2021, SPPF did not report uninsured cash in any bank account. The Organization has not experienced any losses on such accounts, and believes it is not exposed to any significant risk on bank deposit accounts.

Functional Allocation of Expenses

The costs of providing the Organization's programs and supporting services have been summarized on a functional basis in the Statement of Functional Expenses. Natural expenses directly attributable to a specific functional area of the Organization are reported as direct expenses of those functional areas. Personnel expenses are indirect costs that have been allocated among the functional areas based on time and effort spent by employees.

Summarization and Reclassification of Certain 2020 Information

The financial information for the year ended December 31, 2020, presented for comparative purposes, is not intended to be a complete presentation. Certain 2020 amounts were reclassified to conform to the presentation in the current year. These reclassifications had no change on prior year reported changes in net assets or end of year net assets.

Advertising

Advertising costs are charged to operations when incurred. Approximately \$1,000 of advertising and promotional expense was incurred and paid for by the Organization during the year ended December 31, 2021.

Federal Income Tax

SPPF is exempt income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the accompanying financial statements.

Management has evaluated the Organization's tax position and concluded that no uncertain tax positions have been taken that would require adjustment to the financial statements to comply with the provisions of the Income Tax Topic of the FASB ASC. With few exceptions, SPPF is subject to income tax up to three years after tax returns are filed.

Recent Accounting Pronouncements Not Yet Adopted

1. In 2016, Accounting Standards Update No. 2016-02, *Leases*, ("ASU 2016-02") was issued. The amendments in ASU 2016-02 affect any entity that enters into leasing contracts. This ASU supersedes the revenue recognition requirements in ASC 840, *Leases*, and most industry-specific guidance.

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021

The core principle of the guidance is to increase transparency and comparability among organizations by recognizing rights and obligations of leasing activities as assets and lease liabilities on the balance sheet. Under this ASU, lease assets and lease liabilities should be recognized for those leases previously classified as operating leases.

ASU 2016-02 is effective for annual reporting periods beginning after December 15, 2021. The Organization will adopt this new standard effective for the fiscal year ending December 31, 2022 and shall disclose qualitative and quantitative information.

2. In 2020, ASU 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, was issued. This ASU is intended to increase transparency on how contributed nonfinancial assets (also referred to as gifts-in-kind) received by nonprofits are to be used and how they are valued. The standard will be effective for the Organization for fiscal year ending December 31, 2022.

Going Concern Evaluation

On an annual basis, as required by FASB ASC 205, the Organization performs an evaluation to determine whether there are conditions or events (known or reasonably knowable), considered in the aggregate, that raise substantial doubt about its ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Subsequent Events

In accordance with FASB ASC 855, the Organization evaluated subsequent events through June 30, 2022, the date the financial statements were available for issue.

NOTE 3 LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

SPPF's financial assets available within one year of the Statement of Financial Position date to meet cash needs for general expenditure were as follows as of December 31, 2021:

Cash	\$ 266,452
Investments	10,069
Grant receivable	<u>90,420</u>
	<u>\$ 366,941</u>

SPPF structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021

NOTE 4 INVESTMENTS

SPPF's investments consist of equity securities and money market funds. Investment returns on those securities for the year ended December 31, 2021 were as follows:

Investments as of December 31, 2020	\$ 5,071
Contribution	1,979
Interest and dividends	129
Realized and unrealized gains	<u>2,890</u>
Investments as of December 31, 2021	<u>\$ 10,069</u>

NOTE 5 FAIR VALUE MEASUREMENTS

The Organization's investments are measured at fair value on a recurring basis as follows as of December 31, 2021:

	Quotes Prices of Identical Products in Active Markets (Level 1)
Equities	<u>\$ 9,940</u>
Money market	<u>129</u>
	<u>\$ 10,069</u>

NOTE 6 PROPERTY AND EQUIPMENT

Property and equipment consist of the following as of December 31, 2021:

Leasehold improvements	\$ 116,400
Vehicles	<u>56,147</u>
Less Accumulated depreciation and amortization	<u>(28,202)</u>
	<u>\$ 144,345</u>

Depreciation and amortization expense for the year ended December 31, 2021 was approximately \$16,000.

NOTE 7 CONCENTRATIONS

JWB and a private foundation provided 55% and 15%, respectively, of the Organization's revenue, excluding those derived from in-kind goods and services, during the year ended December 31, 2021.

THE SHIRLEY PROCTOR PULLER FOUNDATION, INC.
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021

NOTE 8 COMMITMENTS AND CONTINGENCIES

The Organization leases daycare centers under operating leases that automatically renew annually, through 2031. SPPF or the lessors may terminate either of the leases upon nine-months' written notice.

SPPF may periodically be involved in legal actions and claims that arise as a result of events that occur in the normal course of operations.

NOTE 9 RISKS AND UNCERTAINTIES

In March 2020, the World Health Organization declared a novel strain of coronavirus ("COVID-19") a global pandemic and recommended containment and mitigation measures worldwide. These measures could negatively impact the Organization's operations, vendors, and contributors. SPPF cannot reasonably estimate the length or severity of this pandemic, or the extent to which the disruption may materially impact its operations or cash flows.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2022

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

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

PRODUCER		CONTACT NAME: Izabelle James	
James Insurance Solutions		PHONE (A/C, No, Ext): 727-384-0096	FAX (A/C, No): 727-347-2282
2100 5th Ave N		E-MAIL ADDRESS: IZABELLE@JAMESINSURANCESOLUTIONS.COM	
St. Petersburg FL 33713		INSURER(S) AFFORDING COVERAGE	
		INSURER A: United States Liability Insurance	NAIC # 25895
INSURED		INSURER B: Progressive	24260
The Shirley Proctor Puller Foundation, Inc.		INSURER C: ACE American Insurance Company	22667
4133 CORTEZ WAY S		INSURER D: Travelers	36170
SAINT PETERSBURG FL 33712		INSURER E: Nautilus Insurance Company	17370
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			NPP1576456E	06/01/2022	06/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01507494-2	12/04/2021	12/04/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AN1261634	06/01/2022	06/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			See separate COI			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse Molestation and Professional			NPP1576456E	06/01/2022	06/01/2023	\$ 1,000,000 / \$ 2,000,000
C	Cyber Liability			F15271863003	12/11/2021	12/11/2022	\$ 1,000,000 / \$ 1,000,000

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

JWB and JWB's Board members, employees, volunteers, and agents are included as an "Additional Insured" on the Commercial General Liability on ISO form CG 20 10
 Umbrella policy provides coverage excess over: Commercial General Liability, Automobile Liability and Employer's Liability

CERTIFICATE HOLDER**CANCELLATION**

Juvenile Welfare Board 14155 58th St. N., #100 Clearwater FL 33760	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Izabelle James</i>
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ADDITIONAL REMARKS SCHEDULE

Intermediary James Insurance Solutions	Insured The Shirley Proctor Puller Foundation, Inc. 4133 Cortez Way S Saint Petersburg, FL 33712
Policy Number	Effective Date:
Insurer	(Empty)

ADDITIONAL REMARKS

This Additional Remarks form is a schedule to ACORD form,

Form Number: 25 **Form Title:** Certificate of Liability Insurance

1) Abuse Molestation and Professional Insurer: USLI NAIC: 25895 Abuse Molestation Deductible: \$0.00 Professional Liability Deductible: \$0.00	Policy #: NPP1576456E	Effective Dates: 06/01/2022 - 06/01/2023
2) Cyber Insurer: ACE American Insurance Company NAIC: 22667 Each Claim Retention: \$1,000.00	Policy #: F15271863003	Effective Dates: 12/11/2021 - 12/11/2022
3) Employment Practices Liability Insurer: USLI NAIC: 25895 Limits of Liability: Employment Practices: \$1,000,000 Each Claim/ \$1,000,000 Aggregate Employment Practices Liability Retention: \$0 Retroactive Date: Full Prior Acts	Policy #: NPP1576456E	Effective Dates: 06/01/2022 - 06/01/2023
4) Non Profit Directors and Officers Liability Insurer: USLI NAIC: 25895 Limits of Liability: Employment Practices: \$1,000,000 Each Claim/ \$1,000,000 Aggregate Directors and Officers Liability Retention: \$0 Retroactive Date: Full Prior Acts	Policy #: NPP1576456E	Effective Dates: 06/01/2022 - 06/01/2023
5) Commercial Auto Insurance Company Insurer: Progressive NAIC: 24260 Scheduled Autos: 2018 Ford T-350 Transit W VIN: 1FBZX2ZM6JKA84260 2019 Ford T-350 Transit W VIN: 1FBZX2ZM0KKA23391 2008 Ford E450 Super Duty VIN: 1FD4E45S18DA35795	Policy #: 01507494-2	Effective Dates: 12/04/2021 - 12/04/2022
6) Crime Insurance Insurer: Travelers Casualty and Surety Company of America NAIC: 36170 \$300,000 Employee Dishonesty \$300,000 Forgery or Alteration \$300,000 Robbery (on or off premises) \$300,000 Computer Fraud \$300,000 Funds Transfer Fraud Single Loss Retention: \$1,000.00	Policy #: 107265113	Effective Dates: 05/26/2022 - 05/26/2023
7) Hired and Non-Owned Auto Coverage Insurer: USLI NAIC: 25895	Policy #: NPP1576456E	Effective Dates: 06/01/2022 - 06/01/2023