

Capital Recovery And Growth

ARPA Nonprofit Capital Project Fund - Small Purchases

TweetyBS Inc

Ms Brandy Renee Butler NA
3001 34th street North
Unit B
Saint Petersburg, FL 33713

Brandy@tweetybs.org
O: 727-289-4501
M: 314-662-5353

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Application Form

Organization Information

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

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

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

Organization Name*

Tweety BS Inc

Proposal Name*

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

Capital Recovery And Growth

EIN*

84-4755272

Incorporation Year*

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

2020

Organizational Mission Statement*

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

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TweetyB's Activity Center stimulates and cares for children who attend Kindergarten through 11 years of age by providing educational experiences that promote social, emotional, physical, and cognitive development. Committed to the families we serve, we strive to give parents complete peace of mind knowing their child is cared for in a safe, fun environment.

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

QH49U7P3Y8X6

Annual Operating Budget Size*

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

\$207,720.00

Amount Requested*

The maximum grant amount is \$199,999.

\$152,330.00

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?

Our dedicated staff provides parents comfort in knowing their child(ren) are having fun while being cared for in our safe environment. Since February 2021, we offer childcares during non-traditional work hours. Our center is open Monday through Friday, from 3pm to 10pm, and Saturday and Sunday, from 7am - 7pm. We also provide before and after school care with transportation options.

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.

As you may know, COVID-19 created a significant influx of childcare center closures throughout the US. A recent study conducted by the US Chamber of Chamber Foundation reports that 50% of parents have not returned to work due to inadequate childcare, and 60% of parents will need to change their childcare arrangement within the next year. While these numbers address a growing national need, essential workers in South St. Petersburg are represented at an alarming rate. 98% of our clientele are essential workers, and 90% are still recovering from the economic effects of COVID. Without affordable childcare, parents would be forced to find childcare during working hours. TweetyB's caters to essential workers by providing childcare services at under-market rates during non-traditional work hours, allowing parents to work the hours necessary to support our community and their individual family needs. Additionally, the majority of students enrolled in our afterschool program attend a school with a less than average rating. Parents rely on our afterschool program to assist with classwork and school projects

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.

Neg Impact.pdf

Reduction in revenue: In June 2020, TweetyB's entered our lease. Initially, only cosmetic changes were needed, which we were responsible for. Once the Child Care Licensing Division came out to do their initial visit, we were informed that we needed a hard-wired fire alarm with a pull throb, such as what you would see in assisted-living facilities. To get this installed, we needed permits via the St. Petersburg City Permitting office. Due to the pandemic, their offices were shut down, and their workers worked from home. All applications and documents needed to be submitted electronically, which caused major delays. Once the staff was allowed back in the office, they were on an alternating schedule, which caused an additional delay of 60 to 90 days behind the normal processing time of 6-12 weeks. TweetyB's could not open or operate for nine months and lost \$67,500 of revenue.

Use of reserves for unbudgeted expenses: From June 2020 until February 2021, we exhausted all savings paying for overhead on the building designed to create revenue. This consisted of \$2,780 per month in rent, \$300 for Duke Energy, and \$150 for utilities, for a total of about \$29,000. This did not include the cost of the initial build-out totaling about \$50,000 for materials and labor. Once open in February 2021, enrollment was low because schools had not gone back into a full session. With the employment requirements deemed by the licensing entities, although we were running at low capacity, we still had to hire staff to meet requirements. We also had to outsource transportation from a private contractor who charged us anywhere from \$450 a week to \$650 per week (depending on the number of children) to get the children to and from school and back to the center. Seeing and noticing the need for the families in our community, we continued our service at under-market rates, providing scholarships for tuition to low-income households, even before receiving donations. We then ran our summer session at under-market rates as well.

We've now acquired a vehicle for which we pay \$560/month and \$500 monthly for insurance. With that, we can only transport half of our capacity. We are still outsourcing the other half at an inflated cost by the provider. Our fees are the same as last year: \$95. We have not put the cost of inflation onto our parents, as we are still servicing low-income families in our community. Because of staffing issues & due to lack of revenue, the center director, also the center owner, is transporting the children to and from school on the van. TweetyB's also has large outstanding balances with different companies due to only being able to pay minimum amounts to keep services going.

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?
- It is our goal to purchase a 15-passenger van. In making this purchase, TweetyB's will be able to provide the necessary transportation for children to and from school and field trips during school out camps. This eliminates the need for outsourced transportation, costing the center anywhere from \$18,720 to \$ 28,080 per school year. Once the van is purchased, the vehicle's life span would be anywhere from 10-15 years, if not longer. Making this purchase will allow TweetyB's to recover from the cost of outsourced transportation and the inflated rates imposed on the center this year. TweetyB's will then pass those savings on to the parents we serve. Additionally, we would like to purchase laptops and tablets for our afterschool program. Electronics

will be used to tutor students and to allow them to complete homework and other class assignments during the afterschool program.

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?

We are currently servicing children that attend the following school:

Our drop-off locations are New Heights, Pinellas Park, Maximo, Jamerson, Midtown, and Perkins

Our pick-up locations are Maximo, Jamerson, Fairmount Park, Midtown St Pate Christian, and Perkins

Most of these schools are in the heart of a CRA or QCT. Historically, these schools have a lower rating due to students testing below average on standardized tests. Most students attending these schools are from underserved, underprivileged BIPOC communities. The purchase of a van allows us to transport more students to our facility, where they receive homework assistance and the opportunity to participate in other after-school activities.

Number Served*

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

250

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

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

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

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

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

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/>
4905 34TH STREET, SOUTH SUITE 146 ST. PETERSBURG, FL 33711

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).

Our physical address is 3001 34th St. N, St. Petersburg, FL 33713. We are currently servicing children that attend the following school.

Our drop-off locations are New Heights, Pinellas Park, Maximo, Jamerson, Midtown and Perkins

Our pick-up locations are Maximo, Jamerson, Fairmount Park, Midtown St Pate Christian and Perkins

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.

TweetyB's provides service in the same community where our board members reside. We provide before and aftercare services to low-income families at under-market rates. We also are taking on the responsibility of inflation on fuel costs instead of passing it on to the families transported by our center's current vehicle. This is helping address the visible needs we see with our families while they are attempting to get back to a sense of normalcy in their day-to-day lives.

Leadership Demographics - Board Membership*

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

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

BIPOC
LGBTQ+

Leadership Demographics - Executive Level Leadership Team*

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

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

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

BIPOC

Leadership Demographics - CEO/Executive Director*

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

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

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

BIPOC

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

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

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

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

TweetyBs Part 1.pdf

Sole Source*

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

N/A

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties.

Budget Summary*

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

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

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

BUDGET SMALL PROJECT.xlsx

Other Funding Sources*

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

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

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

We have received a total of \$525 in grants from foundations or private donors. Our grant application of \$5,000 in grants from Walmart/Sam's Club is still pending. Our grant application to Publix Community was denied.

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.

Purchasing a van eliminates the need for outsourced transportation, allowing us to save up to \$28,080 annually, therefore decreasing operating costs. The additional funds allow for the expansion of services to more families within the community.

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.

Real Time Tweety B's Spreadsheet Sept 2 2022 (1).pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board members.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.

Copy 2021 Tweety B's 5-13-2022.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.

StatementofFinancialPosition.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.

Tweety B's Insurance.PDF

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

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

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

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

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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

- Neg Impact.pdf
- TweetyBs Part 1.pdf
- BUDGET SMALL PROJECT.xlsx
- Real Time Tweety B's Spreadsheet Sept 2 2022 (1).pdf
- Board members.pdf
- Copy 2021 Tweety B's 5-13-2022.pdf
- StatementofFinancialPosition.pdf
- Tweety B's Insurance.PDF

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The Apple products you love, protected.

Back to results Best Buy Computers & Tablets Tablets Apple iPad iPad

Apple - 10.2-Inch iPad (Latest Model) with Wi-Fi - 64GB - Space Gray

Model: MK2K3LL/A SKU: 4901809

4.9 (6,085 Reviews) 16 Expert Reviews 234 Answered Questions



\$329.99 or \$27.50/mo.*

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6 free months of Apple Music & 2 more Open-Box: from \$299.99

Deals on related items: Outlet Deals

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Apple - 10.2-Inch iPad (Latest Model) with Wi-Fi... \$479.99 Compare Save

Apple - 10.9-Inch iPad Air - Latest Model - (5th... \$599.99 Compare Save

Apple - 11-Inch iPad Pro (Latest Model) with Wi-Fi... \$799.99 Compare



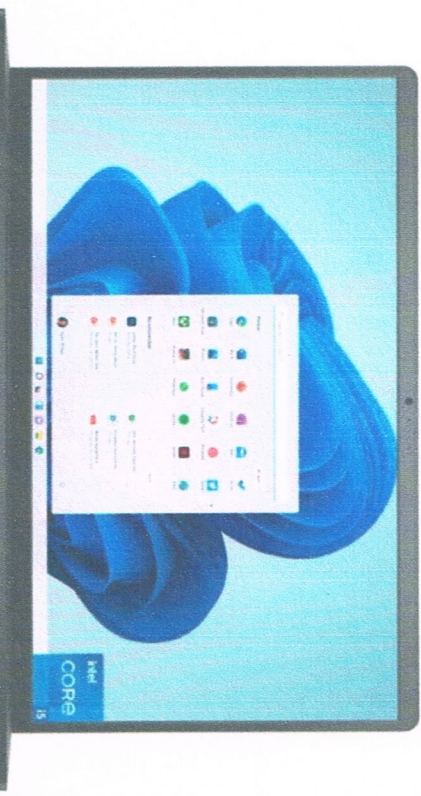
Save up to \$400 on select ASUS gaming laptops.

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Dell - Inspiron 3511 15.6" Touch Laptop - Intel Core i5 - 8GB Memory - 256GB Solid State Drive - Black

Model: i3511-5174BLK-PUS SKU: 6500646

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Hot offer 15-month Microsoft 365 offer with device

Open-Box: from \$413.99

Deals on related items:

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- Outlet Deals
- Top Deals

People ultimately bought

Lenovo - Ideapad 3 15" HD Touch Screen Lapt...
 \$349.99 ~~\$499.99~~
 Compare Save

HP - 15.6" Laptop - AMD Ryzen 5 - 12GB Memmori...
 \$549.99
 Compare Save

Dell Inspiron 7506 2-in-1 15.6" FHD Touch Lapt...
 \$649.99 ~~\$999.99~~
 Compare Save

ASUS - Vivobook 17.3" Laptop - Intel Core 10th
 \$349.99 ~~\$699.99~~
 (621)

Back to results Best Buy Computers & Tablets Tablet Accessories Tablet Cases, Covers & Keyboard Folios

Techprotectus - Rugged and Protective iPad case for iPad 10.2 inch (2021/2020/2019 Model, 9th/8th / 7th Generation)

Model: TP-BK-IP10.2C SKU: 6478056

★★★★★ 5.0 (2 Reviews) Be the first to ask a question



\$34.99

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- Tablet Cases, Covers & Keyboard Folios deals
- Outlet Deals
- Top Deals

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Pickup: Order now for pickup on Thu, Sep 15 at Brandon
Available today at a location 20 miles away
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\$5.49 Shipping: Get it by Tue, Sep 13
[See all shipping options for 33570](#)

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Insignia™ - Glass Screen Protector for Apple® iPad 10.2 (7th, 8th and 9th Gen)

Model: NS-IP19102GLS SKU: 6388318

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Tablet Screen Protectors deals
- Top Deals**

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\$5.49 Shipping: Get it by Tue, Sep 13
[See all shipping options for 33570](#)

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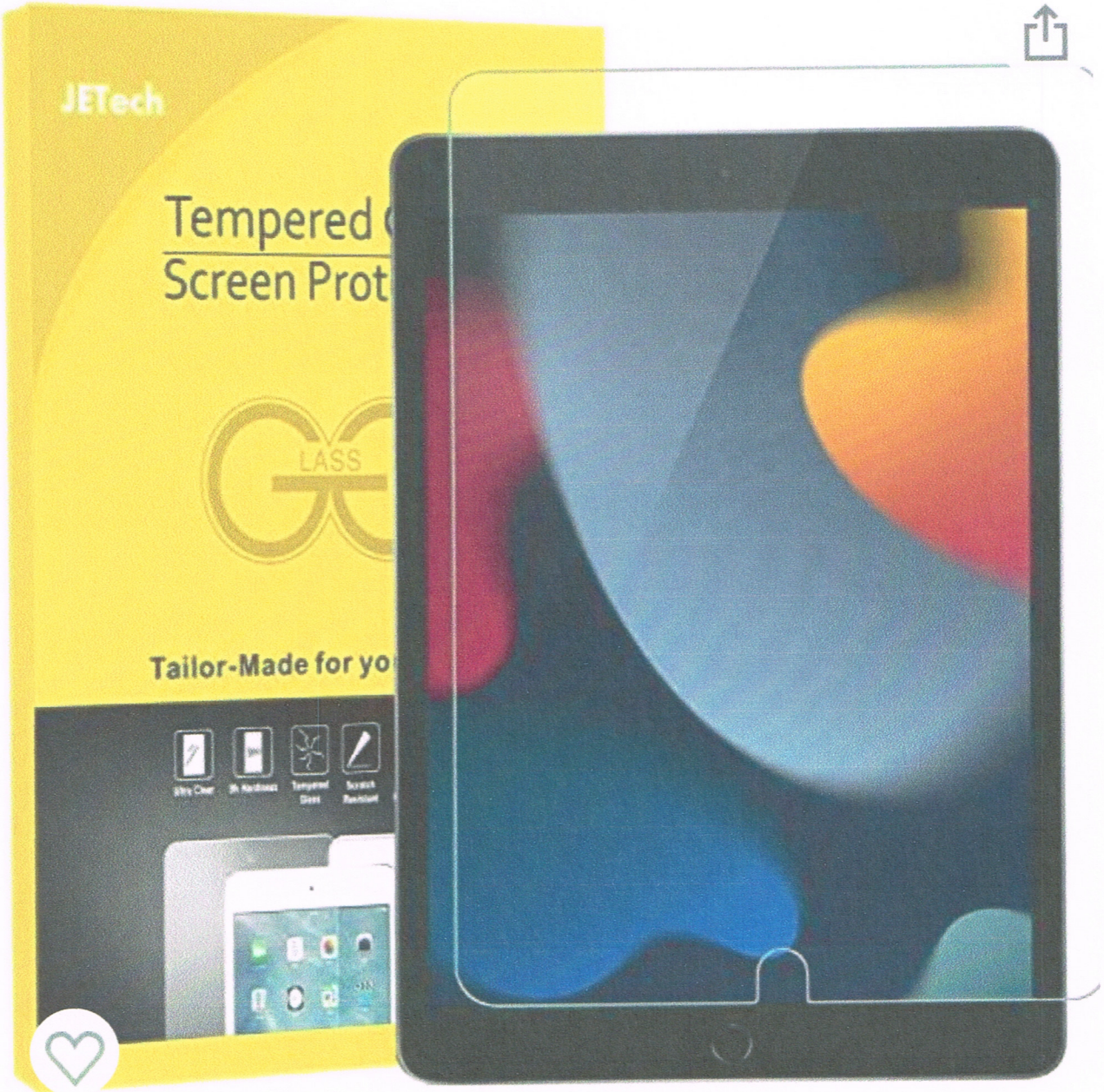


Visit the JETech Store

★★★★★ 107,869

JETech Screen Protector compatible with iPad (10.2-Inch, 2021/2020/2019 Model, 9/8/7 Generation), Tempered Glass Film

Amazon's **Choice** for "10.2 inch ipad screen protector"



-31% \$8⁹⁹

List Price: ~~\$12.99~~ ⓘ

✓prime Overnight
& FREE Returns



Get a **\$10 bonus** when you reload **\$100 or more** to your



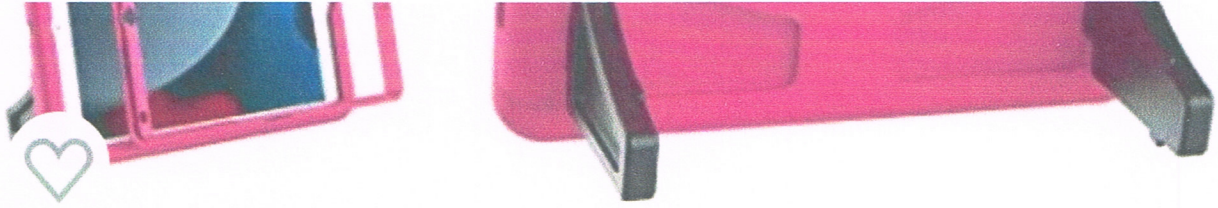
9:29 ↗

5G 🔋



🔍 Search Amazon

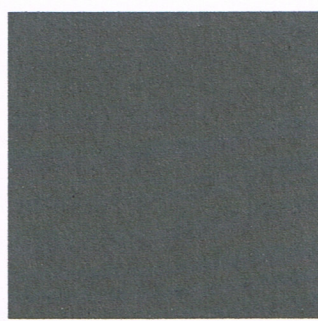




Color: **Pink**




Pink
\$9⁹⁸
✓prime
In Stock.
FREE Delivery
Thursday



Black
\$15⁹⁸
✓prime
In Stock.
FREE Delivery
Thursday



Blue
\$12⁹⁸
✓prime
In Stock.
FREE Delivery
Thursday




9:29 ↗





Search Amazon

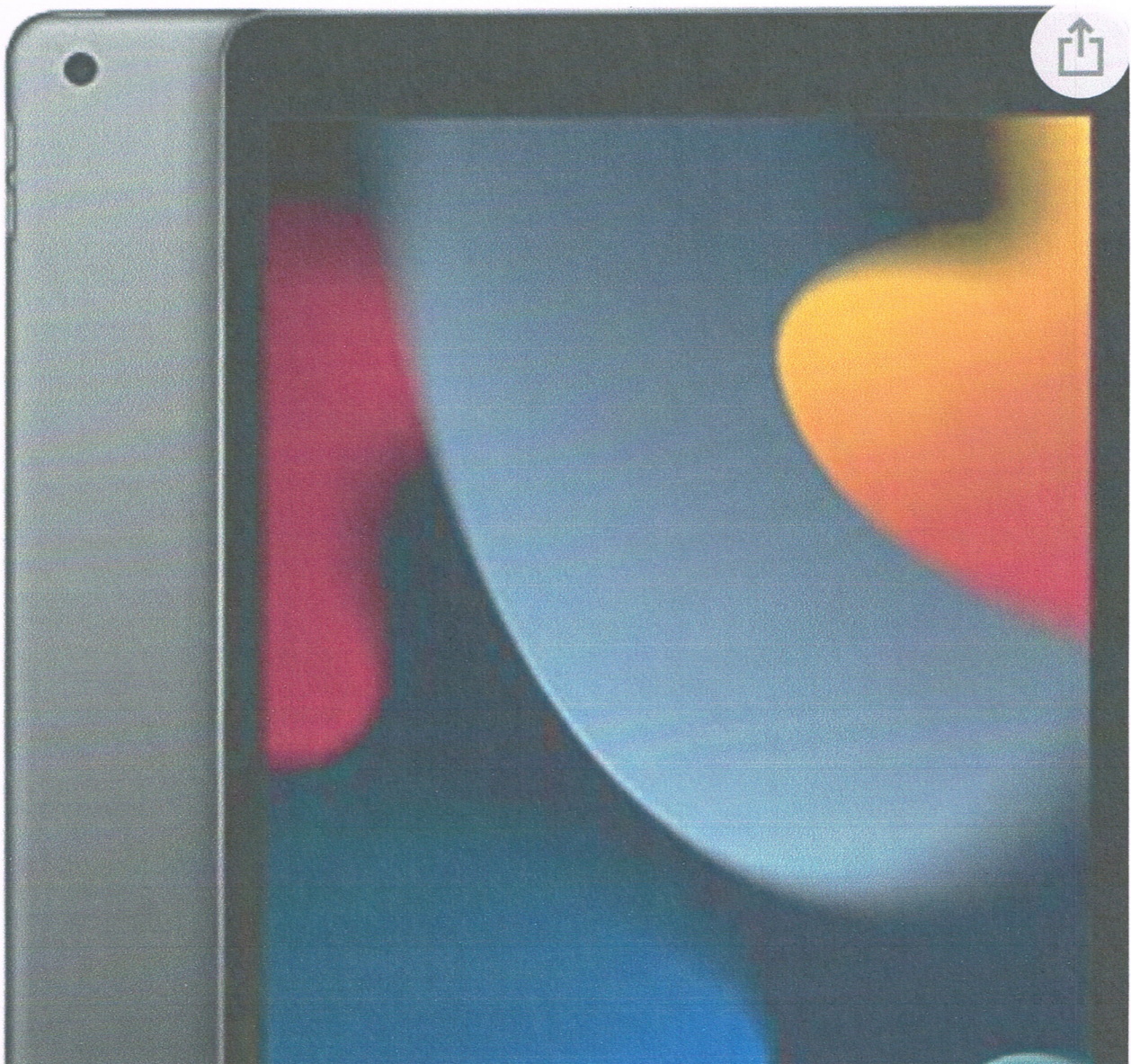


Brand: Apple

2021 Apple 10.2-inch iPad (Wi-Fi, 64GB) - Space Gray

★★★★★ (24,447)

 Climate Pledge Friendly





-15% \$ **279**⁹⁹

List Price: ~~\$329.00~~ ⓘ



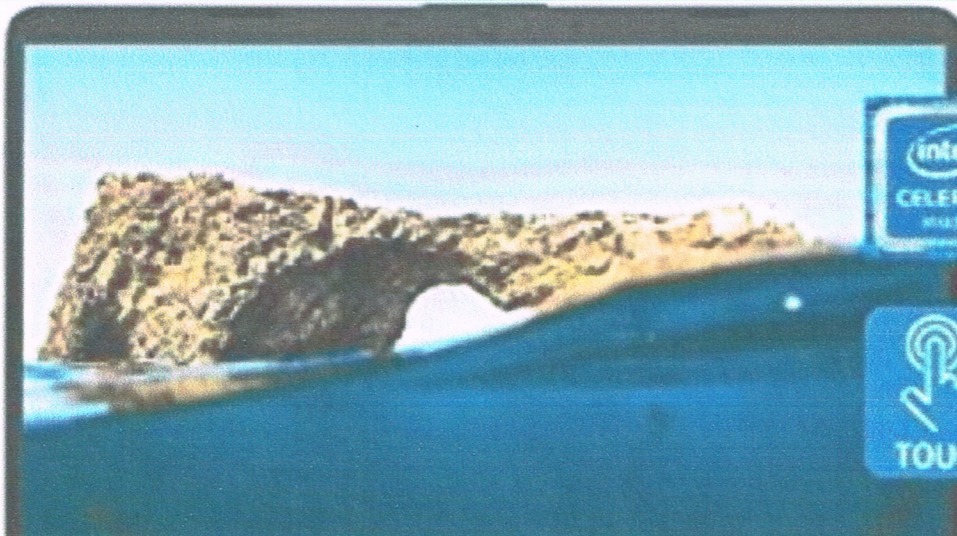
& **FREE Returns**

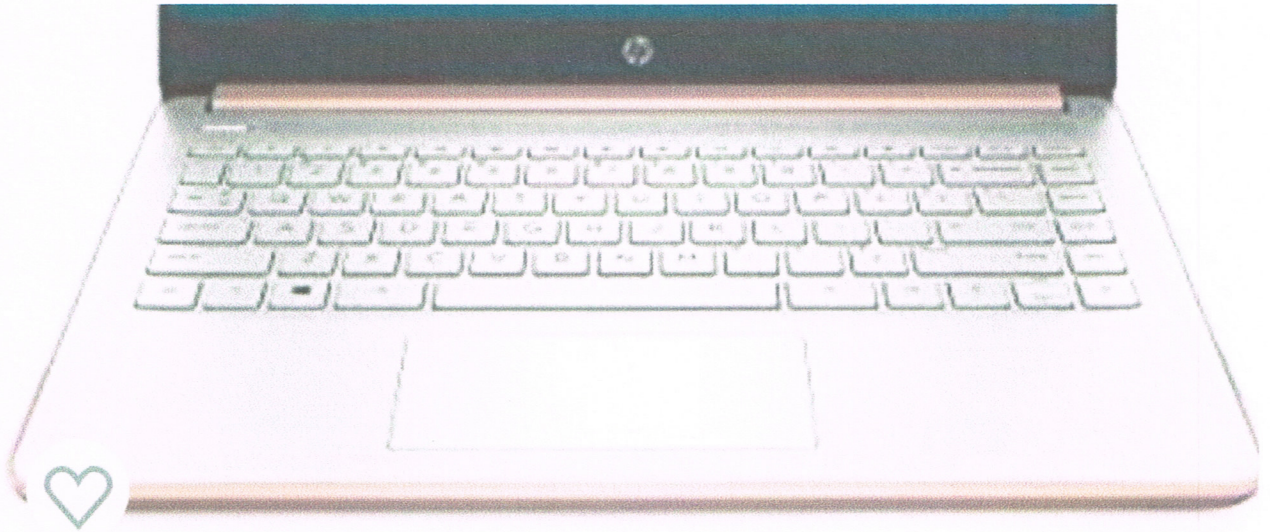



9:28 ↗



🔍 Search Amazon







 [VIEW IN YOUR ROOM](#)

Style: **Laptop**

Enhance your purchase

Payment plans

2 options from \$49.83/mo (6 mo) with 0% APR

<p>One-time payment</p> <p>\$299.00</p>	<p>Amazon Store Card (ending with 8543)</p> <p>\$49.83/mo (6 mo)</p> <p>Interest: \$0.00 (0% APR)</p> 	<p>Affirm (approval req)</p> <p>\$20 </p> <p>(10-30% AI</p>
---	--	--





9:26 ↗

5G 🔋

Filter

3500 SL

↓ Price Drop



2019 Nissan NV Passenger

\$69,999

3500 SL Passenger Van

🕒 18,547 miles

✓ No accidents, 1 Owner, Personal use only

⚙️ 8spd Automatic

888 8001 Automatic

📍 Chiefland Chrysler Jeep Dodge Ram FIAT (109 mi away)

Back-up camera Bluetooth Heated seats Navigation

Leather Seats +more

9:26 ↗

📶 5G 🔋

🔧 Filter

3500 SL



2021 Nissan NV Passenger

\$55,799

3500 CVT Diesel 4x4 V6

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.

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.

We have received a total of \$525 in grants from foundations or private donors. Our grant application of \$5,000 in grants from Walmart/Sam's Club is still pending. Our grant application to Publix Community was denied.

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.

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name:

Proposal Name:

A	B	C	D	E	F	G	H
Line Item	Item (Description)	Price Per Item	Quantity of Item	Purchase Total	ARPA Grant Funds Requested	Applicant Match	Funding Total
1	VAN	\$ 60,000.00	2	\$ 120,000	\$ 120,000	\$ -	\$ 120,000
2	TOUCH SCREEN LAP TOP	\$ 300.00	13	\$ 3,900	\$ 3,900	\$ -	\$ 3,900
3	IPAD 10.2	\$ 280.00	13	\$ 3,640	\$ 3,640	\$ -	\$ 3,640
4	IPAD 10.2 BUMPER	\$ 15.00	13	\$ 195	\$ 195	\$ -	\$ 195
5	IPAD 10.2 SCREEN PROTECT	\$ 9.00	13	\$ 117	\$ 117	\$ -	\$ 117
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		TOTAL	54	\$ 127,852	\$ 127,852	\$ -	\$ 127,852

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

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

Key

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

Table: Monthly Sales Forecast & Expense Budget

Sales Forecast				
	Fee	Units Per Month		Monthly Revenue
Services				
Before & After		380	26	\$ 9,880.00
Part-Time Evenings and Weekends	\$ 500.00		3	\$ 1,500.00
Full-Time Evenings and Weekends	\$ 700.00			\$ -
Hourly Drop In	\$ 15.00		0	\$ -
Pre-enrollment Fee	\$ 50.00		0 (One Time)	\$ -
Meal Plan	\$ 10.00		0	\$ -
Total Services	-		29	\$ 11,380.00
Summer Camp				
Activity Fee - Field Trip, Shirt, Socks	\$ 75.00		0	\$ -
Total Store	-		0	\$ -
Fundraising				
Fundraising Campaigns				\$ -
Total Fundraising			0	\$ -
Total of sales				\$ 11,380.00
Direct Cost of Sales				
Payroll		5% -		\$ 6,000.00
Food		40% -		\$ 1,000.00
Transportation		20% -		\$ 3,200.00
Total Direct Cost of Sales				\$ 10,200.00
Gross Margin				\$ 1,180.00
General & Administrative Expenses				
Rent				\$ 2,780.00

Duke	\$	400.00
City of St Pete	\$	200.00
ADT	\$	800.00
Spectrum	\$	200.00
Insurance	\$	600.00
Quickbooks	\$	200.00
Vehicle Payment	\$	600.00
Total G&A Expenses	\$	5,780.00

Net Margin \$ (4,600.00)

TweetyB's Board of Directors

President: Brandy Butler

TweetyBs Center Director

1834 Caesar Way South

Saint Petersburg, FL 33712

Vice President: Brandyn McMurry

US Army Reserve

3655 40th street south

Unit 37B

Saint Petersburg, FL 33711

Treasure: Markieta McMurry

The Home Décor Store

1324 Overlea St

Clearwater, FL 33755

IRS e-file Signature Authorization for a Tax Exempt Entity

Department of the Treasury
Internal Revenue Service

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

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

2021

▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer TWEETY B'S INC.	EIN or SSN 84-4755272
Name and title of officer or person subject to tax BRANDY R BUTLER	EXECUTIVE DIRECTOR

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 type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	168,232
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) TWEETY B'S INC., (EIN) 84-4755272 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 LINDAA. STORTZ, CPA, P.A. to enter my PIN 55272 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.

X 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. 61938617373

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.

X ERO's signature ▶ Linda A. Stortz, CPA Date ▶ 5/13/2022

ERO Must Retain This Form—See Instructions

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

COPY

**Federal
Tax Return**

TWEETY B'S INC.

2021

LINDA A. STORTZ, CPA, P.A.
801 WEST BAY DR., SUITE 418
LARGO, FL 33770
Phone: 727-391-7373

LINDA A. STORTZ, CPA, P.A.
801 West Bay Drive, Suite 418, Largo, FL 33770
Phone: (727) 391-7373
Fax: (727) 313-9600
E-Mail: Linda@LStortzCPA.com

May 13, 2022

Dear Executive Director,

I have prepared your 2021 Form 990-EZ, Return of Organization Exempt From Income Tax, for **TWEETY B'S, INC.** for the calendar year ending December 31, 2021 based on the information that you have provided. Please sign and date Form 8879-TE and return to me so that the tax return can be e-filed before its due date of May 15, 2022.

If you have any questions about your tax return or about your accounting during the year, please do not hesitate to call. I appreciate this opportunity to serve you.

Sincerely,

Linda A. Stortz, CPA

Privacy Notice

As a CPA, I have always protected your right to privacy. Like all providers of personal financial services, I am now required by law to inform my clients of my policies regarding privacy of client information.

Types of Nonpublic Personal Information I Collect

I collect nonpublic personal information about you that is provided to me by you or obtained by me with your authorization.

Parties to Whom I Disclose Information

For current and former clients, I do not disclose any nonpublic personal information obtained in the course of my practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to my employees, and in limited situations, to unrelated third parties who need to know that information to assist me in providing services to you. In all such situations, I stress the confidential nature of information being shared.

Protecting the Confidentiality and Security of Current and Former Clients' Information

I retain records relating to professional services that I provide so that I am better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, I maintain physical, electronic, and procedural safeguards that comply with my professional standards. Please call if you have any questions, because your privacy, my professional ethics, and the ability to provide you with quality financial services are very important to me.

Short Form Return of Organization Exempt From Income Tax

2021

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable:	C Name of organization TWEETY B'S INC.
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4905 34TH STREET SO. 146
<input checked="" type="checkbox"/> Initial return	City or town State ZIP code ST PETERSBURG FL 33711
<input type="checkbox"/> Final return/terminated	Foreign country name Foreign province/state/county Foreign postal code
<input type="checkbox"/> Amended return	D Employer identification number 84-4755272
<input type="checkbox"/> Application pending	E Telephone number (314)662-5353
	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) _____

I Website: ▶ <https://www.tweetybs.com>

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990).

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **168,232**

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	154,044
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a		
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0
8 Other revenue (describe in Schedule O)	8	14,188	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	168,232	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	26,252
	13 Professional fees and other payments to independent contractors	13	29,840
	14 Occupancy, rent, utilities, and maintenance	14	35,765
	15 Printing, publications, postage, and shipping	15	321
	16 Other expenses (describe in Schedule O)	16	57,737
17 Total expenses. Add lines 10 through 16 ▶	17	149,915	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	18,317
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	18,317

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

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	9,890
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	9,696
25 Total assets	0 25	19,586
26 Total liabilities (describe in Schedule O)	26	1,269
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	18,317

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

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

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

What is the organization's primary exempt purpose? To provide educational experiences that promote social, emotio
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 TweetyBs Activity Center stimulates and cares for children who attend Kindergarten through 11 years of age. Committed to the families we serve, we strive to give parents complete peace of mind in a safe and fun environment. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	12,251
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	12,251

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BRANDY R. BUTLER DIRECTOR/PRESIDENT	Hr/WK 40.00	5,265		
BRANDYN MCMURRY VICE PRESIDENT	Hr/WK 5.00			
MARKIETA MCMURRY SECRETARY	Hr/WK 5.00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="37a"/>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved. <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9. <input type="text" value="39a"/>		
39b	b Gross receipts, included on line 9, for public use of club facilities. <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="text"/>		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/>		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. <input type="text"/>		
42a	The organization's books are in care of <input type="text" value="BRANDY R. BUTLER"/> Telephone no. <input type="text" value="(314) 662-5353"/> Located at <input type="text" value="4905 34TH STREET SO."/> City <input type="text" value="ST PETERSBURG"/> ST <input type="text" value="FL"/> ZIP + 4 <input type="text" value="33711-4511"/>		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>		X
42c	c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.		X

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

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes No
47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a X

b If "Yes," was the related organization a section 527 organization? 49b

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

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

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

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: BRANDY R BUTLER
 Date: EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: LINDAA STORTZ
 Preparer's signature: Linda A. Stortz CPA
 Date: 5/13/2022
 Check if self-employed
 PTIN: P00030594
 Firm's name: LINDAA. STORTZ, CPA, P.A.
 Firm's EIN: 27-4304391
 Firm's address: 801 WEST BAY DR., SUITE 418, LARGO, FL 33770
 Phone no.: 727-391-7373

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
TWEETY B'S INC.

Employer identification number
84-4755272

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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: 0
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support (Add lines 9, 10c, 11, and 12).

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 0.00%; 16 Public support percentage from 2020 Schedule A, Part III, line 15 - 0.00%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 0.00%; 18 Investment income percentage from 2020 Schedule A, Part III, line 17 - 0.00%.

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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.	Yes	No
	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		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
	a Average monthly value of securities		
	b Average monthly cash balances		
	c Fair market value of other non-exempt-use assets		
	d Total (add lines 1a, 1b, and 1c)	0	0
	e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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 0
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 0
10	Line 8 amount divided by line 9 amount	10 0.000

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			0
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	0		
g Applied to underdistributions of prior years		0	
h Applied to 2021 distributable amount			0
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2021 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2021 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
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.			0
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2022. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2017	0		
b Excess from 2018	0		
c Excess from 2019	0		
d Excess from 2020	0		
e Excess from 2021	0		

**SCHEDULE E
(Form 990)**

Schools

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 - ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

TWEETY B'S INC.

84-4755272

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II RACIALLY NONDISCRIMINATORY POLICY IS PUBLICIZED ON ORGANIZATION'S WEBSITE.	X	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

TWEETY B'S INC.

Employer identification number

84-4755272

Form 990-EZ, Part I, Line 8, Other Revenue: TAX-EXEMPT INCOME (SBA PPP LOAN PROCEEDS

FORGIVEN): 14,188

Form 990-EZ, Part I, Line 16, Other Expenses: ACTIVITIES: 12,251

Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING & MARKETING: 194

Form 990-EZ, Part I, Line 16, Other Expenses: AUTO EXPENSE REIMB.: 163

Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES: 429

Form 990-EZ, Part I, Line 16, Other Expenses: COMPUTER EXPENSES: 126

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 5,294

Form 990-EZ, Part I, Line 16, Other Expenses: LEGAL & PROFESSIONAL SERVICES: 350

Form 990-EZ, Part I, Line 16, Other Expenses: MEALS: 5,089

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSES: 10,100

Form 990-EZ, Part I, Line 16, Other Expenses: OUTSOURCED SERVICES: 11,980

Form 990-EZ, Part I, Line 16, Other Expenses: PAYROLL PROCESSING FEES: 215

Form 990-EZ, Part I, Line 16, Other Expenses: PAYROLL TAXES: 2,008

Form 990-EZ, Part I, Line 16, Other Expenses: SECURITY: 3,324

Form 990-EZ, Part I, Line 16, Other Expenses: TAXES & LICENSES: 1,411

Form 990-EZ, Part I, Line 16, Other Expenses: TELEPHONE: 4,513

Form 990-EZ, Part I, Line 16, Other Expenses: UNIFORMS: 290

Form 990-EZ, Part II, Line 24, Other Assets: NOTES RECEIVABLE: Beginning of year: 0, End of

year: 9,696

Form 990-EZ, Part II, Line 26, Liabilities: CREDIT CARD PAYABLE: Beginning of year: 0, End of

year: 100

Form 990-EZ, Part II, Line 26, Liabilities: PAYROLL TAXES PAYABLE: Beginning of year: 0, End

of year: 1,169

TweetyBs Inc

Statement of Financial Position

As of August 29, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Banners/Posters/Printed Advertisement	128.40
Business Checking	1,821.30
Cash Advance LOAN	-5,487.00
Checking	3,649.47
Donation	-875.00
Fuel	200.01
LIFEGREEN NOT FOR PROFIT CHECK (7484)	3,015.16
Loan	-7,938.63
Loan repayment	970.00
New Game	129.80
Parent Refund	1,642.11
Staff Training	425.00
TweetyB's Credit Card	30.00
TweetyB's Van Payment	538.11
TweetyBs Annual Event	1,114.12
TweetyBs INC	258.65
TweetyBs Van Insurance	235.29
Total Bank Accounts	\$ -143.21
Other Current Assets	
Due from Officer	9,996.01
Uncategorized Asset	0.00
Total Other Current Assets	\$9,996.01
Total Current Assets	\$9,852.80
TOTAL ASSETS	\$9,852.80
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
Cont Finance CC	100.00
Credit Card	-300.00
Total Credit Cards	\$ -200.00
Other Current Liabilities	
Direct Deposit Payable	0.00
Payroll Liabilities	-29,149.70
Federal Taxes (941/944)	-3,240.49
FL Unemployment Tax	131.88
Total Payroll Liabilities	-32,258.31

TweetyBs Inc

Statement of Financial Position

As of August 29, 2022

	TOTAL
Total Other Current Liabilities	\$ -32,258.31
Total Current Liabilities	\$ -32,458.31
Long-Term Liabilities	
Notes Payable	-538.11
SBA PPP Loan Funds	0.00
Total Long-Term Liabilities	\$ -538.11
Total Liabilities	\$ -32,996.42
Equity	
Officer's Personal Expenses	-101.42
Opening Balance Equity	6,828.84
Retained Earnings	18,317.28
Net Revenue	17,804.52
Total Equity	\$42,849.22
TOTAL LIABILITIES AND EQUITY	\$9,852.80



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/08/2020

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

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

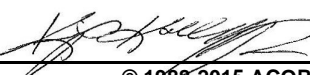
PRODUCER Mitchell Insurance Services, Inc. 6534 Central Ave Saint Petersburg, FL 33707	CONTACT NAME: Kip Kollmeyer PHONE (A/C, No, Ext): 727-360-8190 E-MAIL ADDRESS: kip@mitchellinsurancefl.com FAX (A/C, No): 727-360-6086																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Northfield Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Northfield Insurance Company		INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED Tweety B's Inc 4905 34th St. S. Suite 146																					

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		WS484188	09/03/2021	09/03/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Business Personal Property			WS484188	09/03/2021	09/03/2022	BPP - Limit \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
General Liability includes coverage for Abuse/Molestation and Assault/Battery to \$200,000/\$100,000 limit. Early Learning Coalition of Pinellas County listed as Additional Insured.

CERTIFICATE HOLDER Early Learning Coalition of Pinellas County, Inc. 2536 Countryside Blvd. Ste 500 Clearwater, FL 33763	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  KCK
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