

# Application Form

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## *Organization Information*

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An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded [here](#).

If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please pay attention to character limits.

### **Brief Project Descriptor**

Please briefly describe this organization's request.

### **Organization Name\***

Sunflower Private School

### **Project Name\***

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

Sustainable Sunflower: Enhancing Infrastructure for a Greener, Safer Learning Environment

### **EIN\***

87-1494612

### **Incorporation Year\***

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

2021

### **Mission Statement\***

What is your organization's mission statement?

Sunflower Private School's mission is to preserve and protect childhood while providing a relationship and strength-based, child-centered, inclusive, hands-on education as we form a community of learners.

## Unique Entity ID (SAM)

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

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

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

Character Limit: 12

## Annual Operating Budget\*

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

\$310,953.00

## Amount Requested\*

The maximum grant amount is \$500,000.

\$267,993.00

## Does the total project cost exceed the amount your organization is requesting?\*

Please note: Answering "Yes" will cause additional questions to load later in this application.

### Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

No

## Rent vs. Own\*

Does your organization rent or own the property for which you are proposing modifications?

Own

### 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

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### Pinellas County Priority Areas\*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - o Mental Health
  - o Dental Care
  - o Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

Yes

### Programming 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?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

For over 50 years, Sunflower School in Gulfport, FL, has been a beacon for non-graded K-5 education, cultivating a passion for learning in diverse students. We offer rich, stimulating academic environments focusing on core subjects and life skills through small, multi-grade classes and hands-on activities like cooking, sewing, and gardening. Field trips and projects expand learning beyond the classroom, and we integrate technology meaningfully, focusing on research and writing tasks for older students. Our approach

empowers students with knowledge and compassion, enabling them to navigate the world's challenges. We are proud of our graduates, who are recognized for their kindness, enthusiasm, and distinctive achievements in academics and the arts.

The school serves as an alternative education provider, catering to children with various needs, including learning disabilities, developmental delays, ADHD, and social anxiety, creating an inclusive and supportive environment. However, our services are not exclusively for these groups; we embrace and provide individualized support to a diverse student body, regardless of their unique learning needs or past experiences, such as bullying. We firmly believe in the importance of inclusion and an individualized approach in nurturing the holistic development of every child, ensuring their academic and personal well-being. Importantly, we do not believe that labels determine children's capabilities; instead, we focus on cultivating each child's potential and unique strengths, recognizing the inherent value in every student. The project upgrades, including enhanced irrigation and fencing, will bolster our school garden, where students engage in weekly horticulture lessons via our partnership with 15th St Farm. This space also hosts a parent gardening club and serves as a source of fresh produce for our families, promoting community well-being and engagement.

## 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.

The community surrounding Sunflower School is confronted with significant socioeconomic challenges, underlined by local data indicating prevalent financial strain and educational vulnerability. A substantial 26.18% of the population in the tract subsists at or below 200% of the federal poverty line, with a median household income of \$58,433.00, lower than the Pinellas County average of \$60,451 and the state average of \$61,777. Households typically allocate 15.31% of their income on transportation, and a considerable 33.78% expend more than 30% of their earnings on housing. The area is marked by a digital divide, with 9.00% of households lacking internet access, a percentage that ascends to 20.40% in adjacent census-designated disadvantaged communities. The areas surrounding the school have a substantial lack of educational attainment, placed in the 67th percentile for residents without a high school diploma, and the area is earmarked in the 81st percentile for health vulnerability, signaling the urgent need for supportive educational interventions. Thirty school families have resorted to utilizing Florida scholarships; this data was taken before the recent school voucher legislation. The public elementary schools in Gulfport grapple with low ranking, scoring 30.99 on a scale of 0 to 100. Given these circumstances, and considering the recent legislative restrictions such as the "Don't Say Gay" bill and the controversy surrounding Critical Race Theory, which has led to the banning of Shakespeare and other books, the need for accessible, affordable, and inclusive alternative educational options like Sunflower School has never been more critical.

## Negative Economic Impact\*

**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.**

**The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. Use numbers whenever possible. The more specific your evidence, the better.**

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

For the past 53 years, Sunflower Private School's mission has been to preserve and protect childhood while providing a relationship and strength-based, child-centered, inclusive, hands-on education as we form a community of learners. When the pandemic hit in March 2020, we had to cease in-person operations and pivot to a virtual mode, a substantial shift from our standard hands-on, interactive approach, necessitating unforeseen investments in technology and online resources to maintain educational integrity and continuity, all without any pandemic relief funding.

In the subsequent year, we evolved to offer virtual and in-person teaching, enforcing rigorous safety protocols and incurring added costs for personal protective equipment and sanitation supplies. Additionally, we constructed outdoor classrooms, integrating enhancements like outdoor handwashing stations and installing HEPA filters in every classroom to ensure our students' and staff's safety and well-being. However, these extensive alterations led to a decline in enrollment in some families and increased costs for operation.

In 2021, administrative changes occurred with board retirements, and although the essence of the school remained, a new business entity was formed. The sudden discontinuation of the church's operations, our longstanding lease provider, necessitated a swift and substantial response, compelling us to confront the significant financial and logistical challenges of acquiring a building with aging infrastructure amid a climate of soaring real estate prices, which saw a 59% increase post-pandemic, and a pressing need for extensive renovations and upgrades. In light of the rising community support, we raised approximately \$340,000. Yet, the acquisition of the property mandated securing two mortgages, totaling over \$1.3 million to preserve our cherished location. However, the absence of any form of pandemic relief funding has left us grappling with unresolved economic difficulties and pressing needs. Essential upgrades to combat escalating climate risks and ensure a secure, conducive learning environment are paramount, and addressing these needs is vital to prevent additional financial strain on our families through tuition increases. The lack of relief measures has intensified the economic adversities, underscoring the critical need for support to uphold our commitment to providing inclusive, enriching, and progressive education.

## Negative Economic Impact - Uploads

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.**

## Pandemic Relief Funding\*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

**Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have**

**described above.** Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

**If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.**

Given the intricate nature of SunFlower School and the unique challenges presented by the pandemic, it is essential to underscore that, regrettably, our institution has not received any government pandemic relief funding since the onset of the pandemic in March 2020. This includes, but is not limited to, Pinellas CARES Nonprofit Partnership Fund, ARPA funding, PPP, and Community Block Development Grants aimed specifically at COVID-19 relief.

The absence of such funding significantly amplified the economic strain and operational challenges. Our innovative educational model, deeply rooted in hands-on, collaborative learning experiences, was greatly disrupted as we switched to online teaching, requiring unplanned investments in technology, subscriptions, and online materials to maintain educational continuity.

The subsequent adjustments, including simultaneous online and in-person teaching and enhanced safety measures, demanded further unplanned expenditures in resources such as outdoor classrooms, cleaning supplies, masks, gloves, and HEPA filters in each classroom.

The socioeconomic landscape of our community, already characterized by substantial financial vulnerabilities and lower median income compared to county and state averages, exacerbated the challenges. Our enrollment experienced a substantial reduction as families grappling with the economic and logistical challenges of the pandemic opted for alternate educational routes, such as homeschooling, thereby diminishing our tuition income. The abrupt cessation of the church's operations, our longstanding lease provider, forced us to undertake the significant financial and logistical burden of acquiring an aging infrastructure amidst escalating real estate prices, witnessing a 59% increase post-pandemic, coupled with the substantial need for renovation and upgrades.

Despite the admirable community support allowing us to raise \$340,000 and secure mortgages to retain our cherished location, the absence of relief funding has left unmitigated economic hardships and substantial needs, such as essential upgrades to counter the escalating climate risks and to provide a safe, conducive learning environment without imposing additional financial burdens on our families through tuition hikes.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of negative 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 project proposal and address the following:

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

Our project proposal focuses on enhancing our school's infrastructure to effectively respond to our community's specific economic and environmental adversities. By implementing solar panels, we aim to mitigate our ecological footprint and substantially cut down our energy expenses, allowing optimal allocation

of funds to pivotal educational pursuits and student support endeavors. Installing new fencing is fundamental for ensuring a safe and secure learning ambiance, a prerequisite for our student body's holistic development and well-being. Further, the refinements to our school garden irrigation system are essential in bolstering our collaborative horticultural initiatives with 15th St Farm, contributing to our students' and community's educational enrichment and nutritional well-being. Each enhancement has an anticipated operational lifespan of around 20 years, ensuring our project's long-term viability and impact.

Given the substantial health vulnerabilities prevalent in Gulfport, primarily due to the aging population—ranking in the 93rd percentile in the US for residents over 64—the church, where we maintained a minimal lease, was compelled to cease operations post-COVID. This situation posed a critical juncture for our school—a community marked by elevated susceptibility to climate and disaster-related risks, ranking in the 86th percentile nationally. We were confronted with either acquiring the aging 1958 building, lacking in crucial amenities like proper cooling, doors, and windows, or relocating the school that has been a community staple for 53 years. Opting for the former, we are now tasked with upgrading essential components to combat the intensifying effects of climate change and to continue providing a safe, stable learning environment for our students.

Addressing these infrastructural shortcomings is essential to ensure the school's longevity and provide our students with a safe and conducive learning environment. This is especially critical given that we experienced a significant drop in enrollment during the pandemic, leading to reduced tuition income and a hike in tuition fees by the previous administration. Through these improvements, we aim to mitigate the negative economic impacts, avoiding further tuition increases and retaining our student body while enhancing the quality and safety of the learning environment for our students.

## 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**.

Other (Explanation Required Below)

## 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 project.

When determining the number of individuals benefiting from the proposed capital project, we considered the various groups directly involved with or utilizing our school's facilities and services. Our school currently accommodates 60 students and nine staff and operates as a support system for approximately 60 families, with an average family size of three, thus impacting 180 individuals indirectly. Beyond our immediate school

community, the facility is intertwined with a daycare center, extending the project's reach to additional families served by this establishment. Furthermore, we allocate space for St. Pete Mad Theater operations, expanding the influence of the project on its members and patrons. Therefore, the anticipated enhancements are poised to foster a substantial, positive impact, transcending our student body and reaching extended and varied community groups and individuals, contributing to a more enriched, secure, and supportive environment for all beneficiaries.

## Organizational Sustainability\*

How does this project contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

This project is pivotal to the long-term sustainability of our organization, ensuring that we can continue to deliver high-quality education and support to our community. We are investing in enhancing our physical environment and operational efficacy by embarking on these improvements.

Introducing solar panels will substantially decrease our energy costs, allowing us to allocate funds more efficiently toward educational resources and programs. This energy transition reduces operational costs and aligns with environmental sustainability, fostering a sense of ecological responsibility among our students.

Improved safety through new fencing and enhanced irrigation for our school garden will provide our students a secure and nurturing environment. Still, it will also increase the yield from our garden, promoting a connection to nature and understanding of food production among students. This has the additional benefit of increasing partnerships with local organizations and community stakeholders, enhancing our network of support and collaboration.

Modifying our property, including the new windows and doors, will allow for better space utilization and might even open up possibilities for 2 additional classrooms. This is crucial for accommodating more students and expanding our reach in the community, thus increasing our service capacity.

Together, These improvements contribute to higher quality and more equitable service delivery, positively impacting the students, their families, and the wider community. Our property's increased lifespan and enhanced quality will ensure we can continue our mission to nurture and educate for another 50 years.

## Project Specifics

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### Permits\*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

To complete the proposed project, we must secure the required permits, a task delegated to our contractors. We have navigated this process recently when we replaced our roof and conducted electrical upgrades. Our quotes for the current project include the costs of securing the necessary permits.



Commercial construction permits typically take about 28 working days to be approved, and residential permits are usually issued within 15-20 business days once all documents are submitted correctly. Inspections are usually scheduled the day after a request is received. We have incorporated these timelines into our project plan to avoid any unnecessary delays.

## Plan Set\*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

**If you answer Yes, you should upload the Plan Set in the question below.**

No

## Plan Set Upload

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org). If you have any narrative to accompany the plan set, you may write it below.

**PDF files are permitted.**

## Construction Schedule/Timeline\*

Given a spending deadline of December 31, 2026, give a detailed and **realistic construction schedule**/timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the schedule.

Please include the following:

- 1. How the timeline/schedule was developed, and by whom.**
- 2. Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

Example:

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase, and an explanation of how the schedule was developed.

Given the substantial scope of the project, we've structured an 8-month timeline, segmenting the project into distinctive phases, ensuring meticulous execution, and minimizing disruptions to the school's operations.

Month 1-2:

Initiation and Permit Acquisition: Secure the necessary commercial and residential permits, which are anticipated to be approved within 28 working days.

Month 3:

HVAC Installation Phase: Deploy OXBOX 5 Ton, 15.2 SEER2 Heat Pump, and the required 5KW heat kit. Install through-the-wall A/C units.

**Month 4:**

Mini Split Installation Phase: Install GOODMAN 12,000 BTUs, 16 SEER, Heat Pump Mini Split.

Electrical work: Add eleven (11) 240 volt 20 amp circuits with disconnects for mini splits around the building will be done in a pipe and mounted outside the buildings.

**Month 5-6:**

Solar Panels Installation: Install 39 400-watt solar panels equipped with Enphase IQ8A microinverter, promising a 25-year lifespan and a 30-year production warranty.

**Month 7:**

Windows and Doors Replacement: Replace 35 custom windows with Solar Zone low e-glass windows, considering the building's age. These windows will have tempered glass, double locks, half screens, and foam insulation wrap. Install 7 steel HVHZ doors with panic push bars.

**Month 8:**

Finalization and Inspection: Conduct final inspections to confirm the adherence to all specified standards and codes. Complete any necessary finishing touches and ensure the robustness and reliability of all installed components.

Contingency Plan: Additionally, we have factored in a contingency plan to address any unforeseen delays or challenges that might arise during the execution of the project, ensuring the prompt and successful completion of all the project components. This structured and phased approach enables us to systematically enhance our school's infrastructure, ensuring that each improvement is executed with precision and complies with all relevant regulations and standards.

## Team Leadership\*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

**Project Oversight Team:**

The proposed project will be under the conscientious supervision of Directors Nicole Riveros and Bevin O'Brien, who have been integral to our organization's development and enhancements.

**Relationship to Organization:**

Nicole Riveros and Bevin O'Brien are respected directors within our organization. They hold responsibility for managing and ensuring the success of our developmental and construction projects. They are deeply involved in the operations and improvements of our facility and are committed to ensuring the sustainability and progress of our institution.

In this project, Nicole and Bevin will be responsible for:

**Project Planning and Coordination:** Outlining the project's scope, timeline, and necessary resources and coordinating with contractors, suppliers, and relevant authorities.

**Monitoring and Supervision:** Regularly overseeing the construction activities to ensure that the project is adhering to the timeline, quality standards, and budget.

**Risk Management:** Identifying potential risks and developing and implementing mitigation strategies.

**Communication:** Keeping all stakeholders, including staff, informed about the project's progress and any arising issues.

### Experience with Similar Projects:

Nicole and Bevin have a history of managing construction projects within our organization. They successfully supervised all construction endeavors, including substantial roof and electrical work, in 2023. Their cumulative experience since 2014 has equipped them with the proficiency to handle the complexities and challenges of construction and renovation projects, ensuring that the proposed developments are executed seamlessly and efficiently. Their meticulous attention to detail and proven track record make them the ideal candidates to lead this project to fruition.

## *Geographic Impact and Priority Populations*

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who meet at least one of the following descriptions:

- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)
- Organization located or serve households within a Qualified Census Tract (QCTs)
  - Defined by U.S. Department of Housing and Urban Development (HUD)
  - To assess if your organization serves or is headquartered in a QCT, use this link. 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.

## **Benefits and Geography of Project\***

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

The communities and clients poised to gain from this critical capital endeavor primarily comprise families and students facing significant financial strain, emphasized by the considerable number of families—30 in total— qualifying for the Florida Tax Credit Scholarship program. This denotes that these families were either grappling with hardships at their preceding schools or were on the direct certification list, or they belonged to households where income levels did not exceed 400% of the federal poverty level.

The region our school serves is recognized as a challenging development area, highlighting the pressing need for quality educational facilities and resources. The pandemic exacerbated the existing socioeconomic disparities, disproportionately affecting our students and their families. The pandemic-induced economic instability and the shift to remote learning posed immense challenges to our community, impacting both the educational experience and the overall well-being of the students and their families.

The beneficiaries of this essential capital project are multifaceted, extending beyond the immediate student body and their families, who are primarily located in economically challenged development areas and have been disproportionately impacted by the pandemic. The improvements will also enhance the working conditions for our dedicated teachers and aides, fostering a more conducive and enriching teaching environment, which is paramount for the holistic development of our students. The full student body will experience improved conditions, which is crucial for their learning and development, especially considering the hardships and disruptions they have faced during the pandemic. Enhanced learning environments and conditions translate to more effective learning experiences, better retention, and overall improved educational outcomes, contributing to the long-term well-being and development of the students and, by extension, the community.

Moreover, two other non-profit organizations share our space and mission and will experience the positive ripple effects of the enhancements. The enhancement in conditions will provide a more robust and resilient infrastructure, benefiting not only our direct stakeholders but also our partner organizations, thereby amplifying the positive impact in the community.

### Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

5313 27th Ave S Gulfport, FL 33707

### Project Location\*

Please provide the address or intersection where the property being modified is.

5313 27th Ave S Gulfport, FL 33707

## *Community Connection*

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PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities 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.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that

allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

Our organization epitomizes the essence of community, fostering genuine and longstanding connections within its community. This is not just through programming and partnerships with other community-centric organizations but is deeply ingrained in the fabric of our staff and leadership team. Our school aims to enrich diversity and inclusion, with the entirety of our staff, board, and executive leadership being female. Moreover, we are enriched by three immigrant teachers- two from Hungary and one from Argentina. Their unique experiences and insights allow us to profoundly understand and connect with the varied backgrounds within the communities we serve.

One of our directors, Bevin O'Brien, shares a personal and nostalgic connection with Sunflower School, having been a student here during her childhood. This deep, intrinsic connection with the school enables an enriched understanding and commitment to the ethos and values of the organization and strengthens our bond with the community.

Our approach is highly collaborative, involving partnerships with local organizations, enriching our programs, and ensuring that we effectively address our community's diverse needs. We have established a fruitful partnership with 15th St Farm, where our students benefit from horticulture lessons delivered by two knowledgeable BIPOC female teachers, providing valuable learning experiences in agriculture and sustainability. Our relationship with Eckerd College is vital; it has expanded educational opportunities and strengthened our programs by ensuring they meet high educational standards and are informed by diverse perspectives.

We also work with St. Pete Mad Theater, an organization that teaches performing arts to young individuals, promoting leadership and empathy. This collaboration contributes significantly to our students' development, offering them valuable skills and support in performing arts.

Finally, our connection with the City of Gulfport's Catherine Hickman Theater provides additional artistic experiences to our students, reinforcing our commitment to a diverse and enriched learning environment.

## Board Membership\*

Do your board members consider themselves a member of one or more of the following populations?

- 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

Decline to state

## Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations?

- 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

Decline to state

## CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- 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 disable

Decline to state

## Financial Overview

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**BIDS MUST BE DATED JULY 5, 2023 OR LATER.**

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. *Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.*
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.
- If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.

### Bid/Estimate #1\*

PDF files are accepted.

Lowest Bids.pdf

### Bid/Estimate #2

PDF files are accepted.

Additional Bids.pdf

### Bid/Estimate #3

PDF files are accepted.

### Selected Contractor\*

**If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.**

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

***If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.***

Our organization has not yet finalized a contractor for this proposed capital project. We aimed to stay hyper-local and relied on word of mouth to collect multiple bids, ensuring a range of options and fair pricing. We gathered 2-3 bids per category to assess our choices and make well-informed decisions carefully. Although we have reviewed several bids and evaluated various contractors, we have not made a final selection, and no contracts have been executed. Our Directors and Board oversee the selection process, ensuring the chosen contractor aligns best with our project needs and organizational values.

## Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

No

## 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

## Budget Detail\*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

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

**PDF and Excel files are allowed.**

SFS ARPA Budget - Sheet1.pdf

## Other Funding Sources\*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

**If none, please explain why no additional funding sources have been pursued.**

**Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.**

We have allocated funds within our budget, specifically for repairs, drawn from our savings and portions of our mortgage. These funds are intended to address immediate and essential repair needs, ensuring the upkeep and functionality of our facility.

## 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 project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

The anticipated project, focused on infrastructural improvements, is not expected to decrease our ongoing operating costs.



## Fund Management Capacity\*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

**This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.**

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

We have a solid system in place to manage ARPA funds, with a dedicated accountant, school administrator, two directors, and a volunteer experienced in grant writing and ARPA program management. Our accounting software can accurately track a general ledger and multiple accounts, allowing for precise financial tracking and management. We can work efficiently on a reimbursement basis, maintaining transparency and responsibility in managing the funds allocated.

## Corrective and Investigative Action/Grant Recall\*

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

N/A

## Organization Documentation

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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.

\_Standard\_ Balance Sheet 09292023.pdf

### Board of Directors List\*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

Board of Directors.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.

2019.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.

\_Standard\_Balance Sheet 09292023.pdf

## Insurance

---

### 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 project. 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.**

I will be able to provide this at a later date. We have this, but it is currently not accessible on the grant writer's computer.

### 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 monthly expenditure reports until their project is completed and their contract is closed out.

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](mailto:rcervantes@pinellascf.org).

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

## *Additional Information*

---

### **Additional Upload**

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

### **Anything else to share?**

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

We are profoundly grateful for this opportunity and would be delighted to extend an invitation to the foundation for a tour of our school. We would love for you to witness the environment we are cultivating firsthand and to explore further discussions about our establishment, goals, and the community we serve. We believe that sharing insights and stories can foster a deeper understanding and connection.

## File Attachment Summary

---

### *Applicant File Uploads*

- Lowest Bids.pdf
- Additional Bids.pdf
- SFS ARPA Budget - Sheet1.pdf
- \_Standard\_ Balance Sheet 09292023.pdf
- Board of Directors.pdf
- 2019.pdf
- \_Standard\_ Balance Sheet 09292023.pdf

**Maynard Electric**  
4823 46th Ave N  
Saint Petersburg, FL 33714  
+1 7275250677  
info@maynard-electric.com  
www.localfloridaelectrician.com



## Estimate

### ADDRESS

Sunflower Private School  
5313 27th Ave South  
Gulfport, FL 33707

ESTIMATE # 6061  
DATE 09/28/2023  
EXPIRATION DATE 10/28/2023

ACTIVITY	QTY	COST	AMOUNT
<b>DISCONNECTS</b> Add eleven (11) 240 volt 20 amp circuits with disconnects for mini splits around the building Will be done in pipe and mounted on the outside of the buildings  Labor and material	1	8,365.00	8,365.00

-----  
PATCHWORK - If needed done by others.

TOTAL

**\$8,365.00**

WORKMANSHIP - All work to be completed in a workman like manner according to standard practices.

2. MATERIALS - All materials are included for specified work unless noted otherwise.

3. Warranty- Workmanship 5yr, material 1 yr.

Accepted By

Accepted Date



# QUOTE

DATE: **09/12/2023**  
 EXP. DATE: **10/08/2023**  
 QUOTE # 13232

JUST TCB, LLC.  
 www.justtcb.com  
 9225 Ulmerton Rd  
 Suite S  
 Largo, FL 33771  
 Phone: (727) 474-7490  
 Email: justtcbair@gmail.com

### BILL TO:

NICOLE RIVEROS  
 5313 27th Avenue South  
 Gulfport, FL 33707, United States  
 SUNFLOWER SCHOOL

### SERVICE TO:

NICOLE RIVEROS  
 5313 27th Avenue South  
 Gulfport, FL 33707, United States  
 SUNFLOWER SCHOOL

ITEM	DESCRIPTION	QTY	PRICE PER	UNIT	AMOUNT	TAX
MINI SPLIT INSTALL	MINI SPLIT INSTALL: GOODMAN 12,000 BTUs, 16 SEER, HEAT PUMP	1.00	\$14,625.00	Item	\$14,625.00	N
THRU THE WALL A/C UNIT INSTALL	THRU THE WALL A/C UNIT INSTALL: 11 UNITS	1.00	\$1,650.00	Item	\$1,650.00	N
HVAC INSTALL	HVAC EQUIPMENT INSTALL: OXBOX 5 TON, 15.2 SEER2, HEAT PUMP 5KW HEAT KIT	1.00	\$10,500.00	Item	\$10,500.00	N

SUBTOTAL **\$26,775.00**  
 TAX RATE\*  
 TAX **\$0.00**  
 OTHER -  
**TOTAL \$26,775.00**



# QUOTE

DATE: **09/12/2023**

EXP. DATE: **10/08/2023**

QUOTE # **13232**

## MEMO

### Mini Split Install

Mitsubishi 12,000 BTU, 16 Seer, Heat Pump

Model # MUZ-WR12NA-U2-U1 condenser

Model # MSZ-WR12NA-U2-U1 (head) air handler

#### Scope of Work:

Install new mini split condenser and air handler (headS).

Install new copper line set, chase and control wire.

Labor, Materials and Tax \$14,625.00

Conditions: Electric by others install new circuit 208/230 volt for condenser unit, if applicable.

Warranty: ten (10) years manufacturer parts and one (1) year labor.

### Thru the Wall Air Units

#### Scope of Work:

Remove and dispose of existing Thru the Wall Air Units.

Install eleven (11) Thru the Wall Air Units.

Labor, Materials and Tax \$1,650.00

Conditions: Electric by others, if applicable.

Warranty: The manufacturer warranty is whatever is provided with equipment purchase by customer.

### HVAC Installation

#### Equipment:

OXBOX 5 Ton, 14.3 Seer2, Heat Pump 5KW heat kit

Model # J4HP5060e1000aa condenser

Model # J4AH6e60b1c00aa air handler

AHRI # 21372376

#### Scope of Work:

Remove and dispose of existing air handler and condenser.

Install new air handler horizontal in attic, condenser, hurricane pad, emergency float switch, drain pan and digital thermostat.



# QUOTE

DATE: 09/12/2023

EXP. DATE: 10/08/2023

QUOTE # 13232

Connect to existing duct work, copper line set, high/low voltage and condensate drain line.

Labor, Materials and Tax \$10,500.00

For permit add \$300.00

For permit requires inspection by City Inspector after completion and customer or authorized person presence is required for inspection.

## TERMS & CONDITIONS

TERMS FOR INSTALLS: 50% deposit, 50% due upon completion of installation. ALL INVOICES DUE UPON RECEIPT. Credit card no additional charge/fees.

MAILING ADDRESS FOR PAYMENTS: 9225 Ulmerton Rd, Suite S, Largo, FL 33771.

WARRANTY INFORMATION:

INSTALLS: Ten (10) year parts applies only to primary residence of owner, only upon registration of unit and one (1) year labor from date of installation. Just TCB files for warranty/registration for customer as a courtesy but can be filed by customer.

REPAIRS: one (1) year parts per manufacturer and 30 day labor.

All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

COLLECTION COSTS INDEMNITY:

Customer shall be responsible for and agrees to pay for all costs of collection, including reasonable attorney fees and court costs, in event customer fails to pay when due.



The sadness of poor quality material and workmanship will last much longer than the sweetness of a cheap price.



# A-1 FENCE INC.

**Mailing Address:**  
4321 63rd Way N.  
Kenneth City, FL 33709  
bestdefence01@yahoo.com



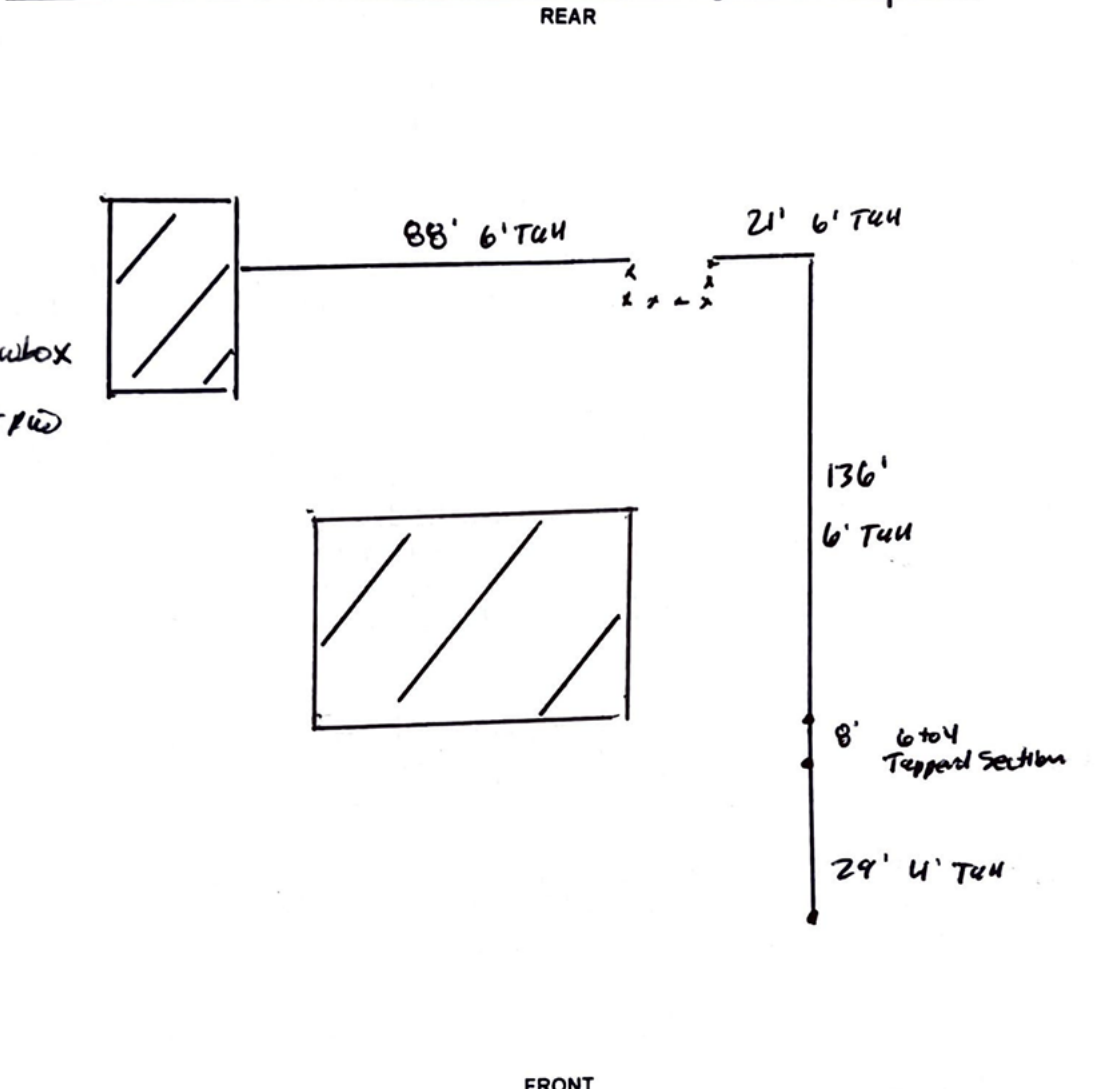
RESIDENTIAL  
COMMERCIAL  
PCCLB # C-10479

PHONE / FAX:  
**545-4961**

DATE 9.26.23

CUSTOMER <u>Sunflower School</u>		
STREET <u>5313 27th Ave S</u>		
CITY <u>Gulfport</u>	STATE <u>FL</u>	ZIP
JOB ADDRESS		
HOME	WORK	CELL <u>244.9236</u>
CONTACT <u>Nicole@sunflowerprivateschool.com</u>		FAX

WALK GATES	DRIVE GATES
ROLL GATES	LATCH TYPE
<input type="checkbox"/> WOOD LENGTH	<input type="checkbox"/> PVC HEIGHT
<u>253'/29'</u>	<u>6'/4'</u>
TYPE <u>PIT. Pile</u>	STYLE <u>B/B/Shadowbox</u>
PICKET SIZE <u>9/8x6"</u>	STRINGER <u>2x4x8 PIT Pile</u>
TYPE TOP	
<input type="checkbox"/> DOG EAR	<input type="checkbox"/> POINTED
<input checked="" type="checkbox"/> CLIP CORNER	<input type="checkbox"/> FLAT TOP
<input type="checkbox"/> BARB UP	<input type="checkbox"/> KNUCKLE-UP
PVC CAPS	
STYLE	QUANTITY
POSTS	
<u>4x4x8 PIT. Pile</u>	
CHAIN LINK	
LENGTH	HEIGHT
GAUGE	
11 1/2	9 6
DIAM TOP RAIL	DIAM GATE FRAME
TOTAL VINYL SYSTEM <input type="checkbox"/>	VINYL COLOR
VINYL WIRE ONLY <input type="checkbox"/>	TENSION WIRE <input type="checkbox"/>
DIAM LINE POST	DIAM TERM POST
GAUGE FRAMEWORK	
BARBED WIRE	
# STRANDS <u>0 3 6</u>	BARB ARMS IN OUT VERT
<input type="checkbox"/> ALUMINUM LENGTH	<input type="checkbox"/> STEEL HEIGHT
STYLE	COLOR
TAKE DOWN	
LENGTH <u>282'</u>	HEIGHT <u>6'4' wood</u>
<input type="checkbox"/> CUSTOMER TO TRIM AND CLEAR	
A <input type="checkbox"/> TO BE SET TOP STRAIGHT	
B <input type="checkbox"/> TOP OF FENCE TO FOLLOW GROUND	



CHECK HERE IF CUSTOMER IS ACCEPTING RESPONSIBILITY FOR GETTING PERMITS AND ANY RELATED FEES, FINES, ETC.

CHECK     CASH     VISA     MASTERCARD

PLEASE READ AND BE SURE YOU UNDERSTAND THE TERMS AND CONDITIONS ON THE REVERSE SIDE BEFORE SIGNING THIS CONTRACT. MANY OF THEM WILL BE IMPORTANT TO YOU.

TOTAL PRICE INCLUDES	AUTHORIZED SIGNATURE	DATE <u>9.26.23</u>
<input checked="" type="checkbox"/> MATERIAL <input checked="" type="checkbox"/> TEAR-OUT & HAUL <input checked="" type="checkbox"/> LABOR		
<input checked="" type="checkbox"/> PERMIT <input checked="" type="checkbox"/> NOTICE OF COMMENCEMENT		
TOTAL <u>\$ 7247.00</u>	CUSTOMER SIGNATURE X	DATE
40% DEPOSIT	PRINT NAME CLEARLY	
BALANCE		

**BALANCE TO BE PAID TO CREW WHEN JOB IS COMPLETE**  
**A-1 FENCE IS NOT RESPONSIBLE FOR SPRINKLERS OR ANY UNDERGROUND UTILITIES**



## You have a new estimate from Mark Sheets Irrigation

 **Service date:** Wed Sep 27, 2023

 **Prepared for:** Nicole Riveros

 **Address:** 5313 27th Ave S, Gulfport, FL 33707

Option #1

\$7,900.00

APPROVE

DECLINE

### Estimate Details

Services	Unit Price	Qty	Total
New Zone Installation	\$4,350.00	1	\$4,350.00

Install new irrigation system including automatic commercial grade Rain Bird timer (3 year warranty), commercial grade valves, 6' Rain Bird pop up pressure regulating heads on smaller areas, and commercial grade Rain bird rotor heads for larger areas. All heads will be installed on a minimum of 12' of flex pipe to

[SHOW MORE](#)

Irrigation Parts General	\$2,200.00	1	\$2,200.00
--------------------------	------------	---	------------

4 new well points installed by separate guys - I will coordinate scheduling once approved.

Note - if for any reason unsuccessful with getting sustainable water for irrigation system, \$350 labor charge will be billed and paid directly to well guys.

[SHOW LESS](#)

---

Irrigation Parts General	\$1,350.00	1	\$1,350.00
--------------------------	------------	---	------------

New 1hp commercial grade cast iron pump including pump start relay and installation.

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Services subtotal			\$7,900.00
-------------------	--	--	------------

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<b>Subtotal</b>			<b>\$7,900.00</b>
-----------------	--	--	-------------------

---

<b>Total</b>			<b>\$7,900.00</b>
--------------	--	--	-------------------

**See your financing options**

Prequalify to find out how much you can borrow within minutes and pay as low as \$250.85/mo\*. Your credit score will not be affected.

[PREQUALIFY](#)

---

Note

Should scope of work be altered by contractor or customer total is subject to change. Material pricing is guaranteed for 30 days from estimate date. Customer is responsible for notifying contractor of utility locations and holds contractor harmless from damage to any utilities. (Water main, water pipes, cable, lighting, electrical, AC, pool, etc.) Customer will also hold irrigation contractor harmless from any damage to pavers, tiles, and any hard surfaces should we need to jet under to get water to location.

\*\*Please call 811 - for FREE utility location service 4 days prior to installation. If estimate approved, this is a contractual agreement for work to be rendered and payment will be completed in full by customer upon completion of job.

Estimate date: Sep 26, 2023

---

Contact us

Mark Sheets Irrigation

 (727) 452-9730





"Simply the Best for Less"

FL Contractor's License # SCC131151663

# Impact Window and Impact Sliding Door Contract

Showroom 10741 Endeavour Way #C

Location: Seminole, FL 33777

1.866.WIND.189 (866-946-3189)

E-Mail \_\_\_\_\_ Windows Remaining:  Doors Remaining:

Name \_\_\_\_\_ Cust ID #: 538500 Home Phone 727-321-7657

Address 5313 27th Ave S. Work Phone \_\_\_\_\_

City Pasadena ST FL ZIP 33707 Cell Phone \_\_\_\_\_

All High Performance and Impact Windows and Doors  
Meet ASTM 1996 Florida Product Approval

Windows					
QTY	U.I.	Model Number	Type Operator	AMT	TOTAL
	00 - 65		Double Hung	\$677	
	66 - 77		Double Hung	\$758	
	78 - 85		Double Hung	\$806	
	86 - 105		Double Hung	\$985	
	106 - 114		Double Hung	\$1,077	
<u>32</u>	115 - 131		Double Hung	\$1,223	<u>39,136</u>
	132 - 138		Double Hung	\$1,308	
				\$	

QTY	Options	AMT	TOTAL
<u>67</u>	SolarZone Low-E Glass w/ Argon Gas	\$104	<u>6,968</u>
<u>67</u>	Foam Insulation Wrap	Included	INC.
<u>67</u>	Half Screen	Included	INC.
<u>67</u>	Double Locks	Included	INC.
	Wood Grain - Inside Surface	\$191	
	Full Screen	\$29	
<u>35</u>	Temp Glass - \$100 / Window	Wincore - \$17 Ft	<u>3,500</u>
	Glass Strength SGP - Sq. Ft.	\$20	
	Beige - Tan - Clay Vinyl Color	\$57	
	Obscure Glass - Sq. Ft.	\$11	
	Tinted - Grey or Bronze - Sq Ft	\$11	
	Contoured Grids	\$77	
	Exterior Color w/Full Screen	\$312	
<u>1</u>	Maintenance Agreement - # of Windows	<u>67</u>	<u>995</u>
		\$	

Specialty Windows				
QTY	Type Shape and Model #	U.I.	AMT	TOTAL
<u>35</u>	<u>Smarten 8004 Picture 70</u>	<u>70</u>	<u>759</u>	<u>26,565</u>

QTY	Additional Labor Charges	AMT	TOTAL
	2-Lite Slider Inst. > 114 U.I. ADD	\$40	
	Remove Steel Window	\$50	
	3-Lite Slider Inst. ADD	\$80	
<u>67</u>	Installation - Standard	\$150	<u>10,050</u>
<u>67</u>	Re-Back Opening (Code Requirement)	\$50	<u>3,350</u>
	Install Custom Int / Ext Trim	\$40	
	Additional Story Charge	\$10	
	Install Exterior Capping	\$125	
	Bay Window Finish & Trim	\$300	
	Header Flashing (Req. for Siding)	\$12	
	Repair Sill OR Jamb	Per Ft. \$25	
<u>100</u>	Structural Mullion for multi-unit	\$90	<u>9,000</u>
	Replace Interior Marble Sill	\$110	
	Replace Exterior Concrete Sill	\$335	
	Install Pocket Door	\$800	
	Install WOCD Lock	\$50	

PRE 1978 BUILT HOMES (Federal Lead Containment Law)  
My Home Was Built In The Year \_\_\_\_\_ Initials: \_\_\_\_\_

Window World Carries the Good Housekeeping seal of approval, and all our Windows are Gold label certified, ensuring all of our window systems are of the highest quality. Additionally, all of our windows have Double Strength Glass and DP rated glass.

Sliding Patio Doors HIGH Impact				
QTY	All Series Impact Doors Meet ASTM And FBC Approval Type Shape and Model #	U.I.	AMT	TOTAL

QTY	Manuf / Model #	Tracks/Panels	AMT	TOTAL
	Low-E Elite Glass w/Argon	Per Panel	\$120	
	Grids - Patio Door	Per Panel	\$	
	Beige - Patio Doors	Per Panel	\$	
	CutBack Concrete Slab	Per Door	\$360	
	Sliding Door Installation - Frame	Frame	\$250	
	Panel Installation Add - PP	Per Panel	\$130	
	8' Tall Panel Installation Add - F	Per Panel	\$25	
	Exterior Color - 2 panel only	Per Door	\$	

The buyer is responsible for:  
 \* Securing, identifying, and completing all HOA and Sub division rules, requirements, and applications.  
 \* Removal and re-installation of any existing security system, burglar bars, A/C units, window coverings, and/or obstructions prior to installation.  
 Additional charges for removing items are at the following rates: A/C Unit-\$50; Curtains/Blinds-\$25/Window; Furniture-\$10/Item; Shutters-\$50 each.  
 INITIALS: \_\_\_\_\_

Window World agrees to install windows and doors as noted above and on the attached order form and to perform other services as specified above for the price quoted on this form. No other promises, expressed or implied, are made except those expressed in writing on this agreement.  
 If Window World seeks legal counsel to enforce obligations under this contract, Customer agrees to pay reasonable attorneys fees and costs.

You the buyer may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. Notice of cancellation must be in writing postmarked no later than midnight of the following third business day.  
 INITIALS: \_\_\_\_\_

**No extra work if not in writing!**  
 Add \$10,000 per double door  
 \$5,000 per single door  
 Estimate only  
 Good for 30 days.

Customer Agrees to the terms of payment as follows:  
 Total List Price \$ 99,564  
 Trip Charge and Administrative / Site Setup Fee \$ 150.00  
 Lift / Crane - \$800 to \$1800 & Scaffold - \$600 Per Day \$ \_\_\_\_\_  
 Permit, Acquisition, Processing, & Balance Cover Install Fees \$ 629.00  
 Total Amount \$ 100,343  
 CK # \_\_\_\_\_ Custom Order Deposit 50% \$ \_\_\_\_\_  
 Balance Paid to Installer upon Completion \$ \_\_\_\_\_  
 Amount Financed \$ \_\_\_\_\_  
 Round Up & Contribute to St. Jude \$ \_\_\_\_\_

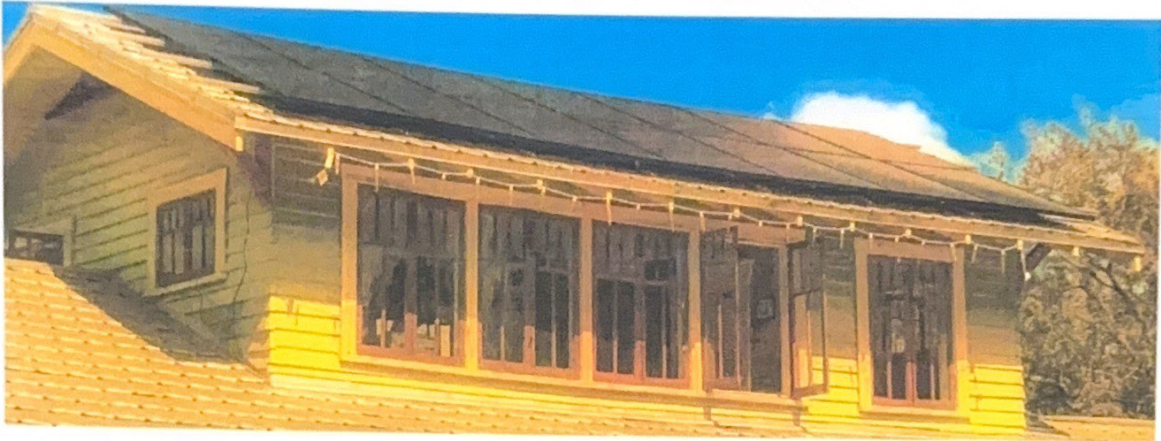
VISA AMEX M/C DISC # \_\_\_\_\_ Exp Date \_\_\_\_\_ Sec Code \_\_\_\_\_

Emp. # \_\_\_\_\_ Estimator \_\_\_\_\_ Date \_\_\_\_\_ Owner \_\_\_\_\_ Date \_\_\_\_\_

Window World of Tampa Bay, LLC d/b/a Window World, World of Windows 012023  
 White Copy - Original Yellow Copy - Customer

Prepared by: [mike@heightssolar.com](mailto:mike@heightssolar.com) For: SUNSHINE SCHOOL, INC  
8134800610 5315 27th Ave S, Gulfport  
[mike@heightssolar.com](mailto:mike@heightssolar.com)

Quote #: 2943329  
Valid until: Sep 22 2023



## Solar Energy System Proposal

Dear SUNSHINE SCHOOL, INC,

In order to completely offset your DUKE power consumption. We recommend thirty-nine 400 Watt panels be installed with thirty-nine Enphase IQ8A microinverter. Microinverters maximize the performance of each individual panel. They convert solar power into usable electrical power and provide individual panel production monitoring. The Microinverters come with a 25-year production warranty and the solar panels come with a 30-year production warranty. The total system price is \$39,000. Which is \$2.5 a watt. A 30 percent federal incentive may be available to you. Please consult with your tax advisor.

Heights Solar inc. provides a full service 10-year warrant.

Assuming a 10 percent energy inflationary rate, the payback period is approximately 6 years.

We offer financing with Climate First Bank in St. Petersburg and Mosaic.

Please text me at 813 480 0610 with any questions and a good time to visit your home for a pre installation inspection. Thank you for your consideration!

Mike Massimini

**Maynard Electric**  
4823 46th Ave N  
Saint Petersburg, FL 33714  
+1 7275250677  
info@maynard-electric.com  
www.localfloridaelectrician.com



## Estimate

### ADDRESS

Sunflower Private School  
5313 27th Ave South  
Gulfport, FL 33707

ESTIMATE # 6061  
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-----  
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Accepted By

Accepted Date



# QUOTE

DATE: **09/12/2023**  
 EXP. DATE: **10/08/2023**  
 QUOTE # 13232

JUST TCB, LLC.  
 www.justtcb.com  
 9225 Ulmerton Rd  
 Suite S  
 Largo, FL 33771  
 Phone: (727) 474-7490  
 Email: justtcbair@gmail.com

### BILL TO:

NICOLE RIVEROS  
 5313 27th Avenue South  
 Gulfport, FL 33707, United States  
 SUNFLOWER SCHOOL

### SERVICE TO:

NICOLE RIVEROS  
 5313 27th Avenue South  
 Gulfport, FL 33707, United States  
 SUNFLOWER SCHOOL

ITEM	DESCRIPTION	QTY	PRICE PER	UNIT	AMOUNT	TAX
MINI SPLIT INSTALL	MINI SPLIT INSTALL: GOODMAN 12,000 BTUs, 16 SEER, HEAT PUMP	1.00	\$14,625.00	Item	\$14,625.00	N
THRU THE WALL A/C UNIT INSTALL	THRU THE WALL A/C UNIT INSTALL: 11 UNITS	1.00	\$1,650.00	Item	\$1,650.00	N
HVAC INSTALL	HVAC EQUIPMENT INSTALL: OXBOX 5 TON, 15.2 SEER2, HEAT PUMP 5KW HEAT KIT	1.00	\$10,500.00	Item	\$10,500.00	N

SUBTOTAL **\$26,775.00**  
 TAX RATE\*  
 TAX **\$0.00**  
 OTHER -  
 TOTAL **\$26,775.00**





# QUOTE

DATE: **09/12/2023**

EXP. DATE: **10/08/2023**

QUOTE # **13232**

## MEMO

### Mini Split Install

Mitsubishi 12,000 BTU, 16 Seer, Heat Pump

Model # MUZ-WR12NA-U2-U1 condenser

Model # MSZ-WR12NA-U2-U1 (head) air handler

#### Scope of Work:

Install new mini split condenser and air handler (headS).

Install new copper line set, chase and control wire.

Labor, Materials and Tax \$14,625.00

Conditions: Electric by others install new circuit 208/230 volt for condenser unit, if applicable.

Warranty: ten (10) years manufacturer parts and one (1) year labor.

### Thru the Wall Air Units

#### Scope of Work:

Remove and dispose of existing Thru the Wall Air Units.

Install eleven (11) Thru the Wall Air Units.

Labor, Materials and Tax \$1,650.00

Conditions: Electric by others, if applicable.

Warranty: The manufacturer warranty is whatever is provided with equipment purchase by customer.

### HVAC Installation

#### Equipment:

OXBOX 5 Ton, 14.3 Seer2, Heat Pump 5KW heat kit

Model # J4HP5060e1000aa condenser

Model # J4AH6e60b1c00aa air handler

AHRI # 21372376

#### Scope of Work:

Remove and dispose of existing air handler and condenser.

Install new air handler horizontal in attic, condenser, hurricane pad, emergency float switch, drain pan and digital thermostat.





# QUOTE

DATE: **09/12/2023**

EXP. DATE: **10/08/2023**

QUOTE # **13232**

Connect to existing duct work, copper line set, high/low voltage and condensate drain line.

Labor, Materials and Tax \$10,500.00

For permit add \$300.00

For permit requires inspection by City Inspector after completion and customer or authorized person presence is required for inspection.

## TERMS & CONDITIONS

TERMS FOR INSTALLS: 50% deposit, 50% due upon completion of installation. ALL INVOICES DUE UPON RECEIPT. Credit card no additional charge/fees.

MAILING ADDRESS FOR PAYMENTS: 9225 Ulmerton Rd, Suite S, Largo, FL 33771.

WARRANTY INFORMATION:

INSTALLS: Ten (10) year parts applies only to primary residence of owner, only upon registration of unit and one (1) year labor from date of installation. Just TCB files for warranty/registration for customer as a courtesy but can be filed by customer.

REPAIRS: one (1) year parts per manufacturer and 30 day labor.

All material is guaranteed to be as specified. All work to be completed in a substantial workmanlike manner according to specifications submitted, per standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

COLLECTION COSTS INDEMNITY:

Customer shall be responsible for and agrees to pay for all costs of collection, including reasonable attorney fees and court costs, in event customer fails to pay when due.

The sadness of poor quality material and workmanship will last much longer than the sweetness of a cheap price.



# A-1 FENCE INC.

**Mailing Address:**  
4321 63rd Way N.  
Kenneth City, FL 33709  
bestdefence01@yahoo.com



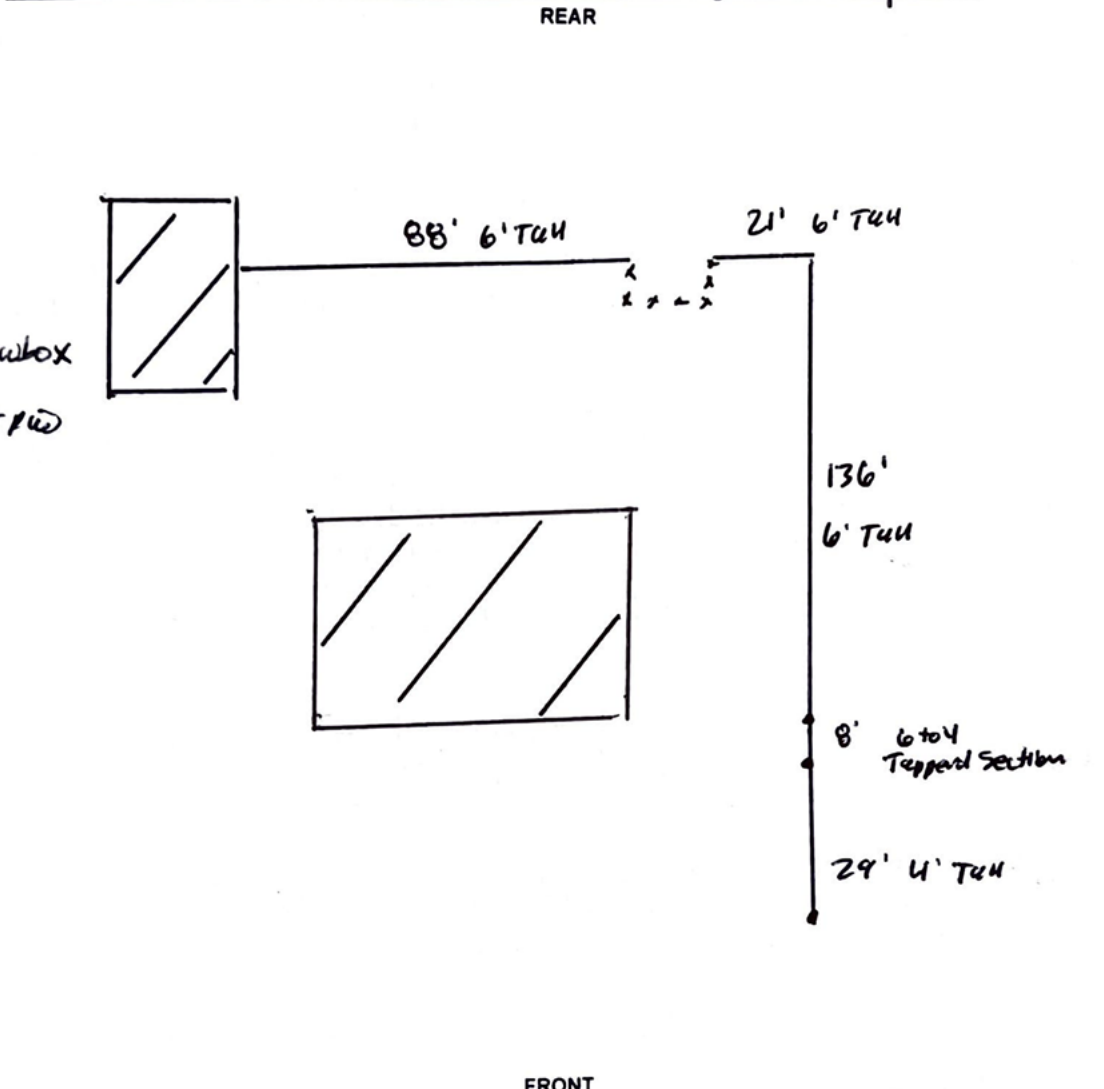
RESIDENTIAL  
COMMERCIAL  
PCCLB # C-10479

PHONE / FAX:  
**545-4961**

DATE 9.26.23

CUSTOMER <u>Sunflower School</u>		
STREET <u>5313 27th Ave S</u>		
CITY <u>Gulfport</u>	STATE <u>FL</u>	ZIP
JOB ADDRESS		
HOME	WORK	CELL <u>244.9236</u>
CONTACT <u>Nicole@sunflowerprivateschool.com</u>		FAX

WALK GATES	DRIVE GATES
ROLL GATES	LATCH TYPE
<input type="checkbox"/> WOOD LENGTH	<input type="checkbox"/> PVC HEIGHT
<u>253'/29'</u>	<u>6'/4'</u>
TYPE <u>PIT. Pipe</u>	STYLE <u>B/B/Shadowbox</u>
PICKET SIZE <u>9/8x6"</u>	STRINGER <u>2x4x8 PIT Pipe</u>
TYPE TOP	
<input type="checkbox"/> DOG EAR	<input type="checkbox"/> POINTED
<input checked="" type="checkbox"/> CLIP CORNER	<input type="checkbox"/> FLAT TOP
<input type="checkbox"/> BARB UP	<input type="checkbox"/> KNUCKLE-UP
PVC CAPS	
STYLE	QUANTITY
POSTS	
<u>4x4x8 PIT Pipe</u>	
CHAIN LINK	
LENGTH	HEIGHT
GAUGE	
11 1/2	9 6
DIAM TOP RAIL	DIAM GATE FRAME
TOTAL VINYL SYSTEM <input type="checkbox"/>	VINYL COLOR
VINYL WIRE ONLY <input type="checkbox"/>	TENSION WIRE <input type="checkbox"/>
DIAM LINE POST	DIAM TERM POST
GAUGE FRAMEWORK	
BARBED WIRE	
# STRANDS <u>0 3 6</u>	BARB ARMS IN OUT VERT
<input type="checkbox"/> ALUMINUM LENGTH	<input type="checkbox"/> STEEL HEIGHT
STYLE	COLOR
TAKE DOWN	
LENGTH <u>282'</u>	HEIGHT <u>6'4' wood</u>
<input type="checkbox"/> CUSTOMER TO TRIM AND CLEAR	
A <input type="checkbox"/> TO BE SET TOP STRAIGHT	
B <input type="checkbox"/> TOP OF FENCE TO FOLLOW GROUND	



CHECK HERE IF CUSTOMER IS ACCEPTING RESPONSIBILITY FOR GETTING PERMITS AND ANY RELATED FEES, FINES, ETC.

CHECK     CASH     VISA     MASTERCARD

PLEASE READ AND BE SURE YOU UNDERSTAND THE TERMS AND CONDITIONS ON THE REVERSE SIDE BEFORE SIGNING THIS CONTRACT. MANY OF THEM WILL BE IMPORTANT TO YOU.

TOTAL PRICE INCLUDES	AUTHORIZED SIGNATURE	DATE <u>9.26.23</u>
<input checked="" type="checkbox"/> MATERIAL <input checked="" type="checkbox"/> TEAR-OUT & HAUL <input checked="" type="checkbox"/> LABOR		
<input checked="" type="checkbox"/> PERMIT <input checked="" type="checkbox"/> NOTICE OF COMMENCEMENT		
TOTAL <u>\$ 7247.00</u>	CUSTOMER SIGNATURE X	DATE
40% DEPOSIT	PRINT NAME CLEARLY	
BALANCE		

**BALANCE TO BE PAID TO CREW WHEN JOB IS COMPLETE**  
**A-1 FENCE IS NOT RESPONSIBLE FOR SPRINKLERS OR ANY UNDERGROUND UTILITIES**



## You have a new estimate from Mark Sheets Irrigation

 **Service date:** Wed Sep 27, 2023

 **Prepared for:** Nicole Riveros

 **Address:** 5313 27th Ave S, Gulfport, FL 33707

Option #1

\$7,900.00

APPROVE

DECLINE

### Estimate Details

Services	Unit Price	Qty	Total
New Zone Installation	\$4,350.00	1	\$4,350.00

Install new irrigation system including automatic commercial grade Rain Bird timer (3 year warranty), commercial grade valves, 6' Rain Bird pop up pressure regulating heads on smaller areas, and commercial grade Rain bird rotor heads for larger areas. All heads will be installed on a minimum of 12' of flex pipe to

[SHOW MORE](#)

Irrigation Parts General	\$2,200.00	1	\$2,200.00
--------------------------	------------	---	------------

4 new well points installed by separate guys - I will coordinate scheduling once approved.

Note - if for any reason unsuccessful with getting sustainable water for irrigation system, \$350 labor charge will be billed and paid directly to well guys.

[SHOW LESS](#)

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Irrigation Parts General	\$1,350.00	1	\$1,350.00
--------------------------	------------	---	------------

New 1hp commercial grade cast iron pump including pump start relay and installation.

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Services subtotal			\$7,900.00
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<b>Subtotal</b>			<b>\$7,900.00</b>
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<b>Total</b>			<b>\$7,900.00</b>
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**See your financing options**

Prequalify to find out how much you can borrow within minutes and pay as low as \$250.85/mo\*. Your credit score will not be affected.

[PREQUALIFY](#)

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Note

Should scope of work be altered by contractor or customer total is subject to change. Material pricing is guaranteed for 30 days from estimate date. Customer is responsible for notifying contractor of utility locations and holds contractor harmless from damage to any utilities. (Water main, water pipes, cable, lighting, electrical, AC, pool, etc.) Customer will also hold irrigation contractor harmless from any damage to pavers, tiles, and any hard surfaces should we need to jet under to get water to location.

\*\*Please call 811 - for FREE utility location service 4 days prior to installation. If estimate approved, this is a contractual agreement for work to be rendered and payment will be completed in full by customer upon completion of job.

Estimate date: Sep 26, 2023

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Contact us

Mark Sheets Irrigation

 (727) 452-9730





"Simply the Best for Less"

FL Contractor's License # SCC131151663

# Impact Window and Impact Sliding Door Contract

Showroom 10741 Endeavour Way #C

Location: Seminole, FL 33777

1.866.WIND.189 (866-946-3189)

E-Mail \_\_\_\_\_ Windows Remaining:  Doors Remaining:

Name \_\_\_\_\_ Cust ID #: 538500 Home Phone 727.321.7657

Address 5313 27th Ave S. Work Phone \_\_\_\_\_

City Pasadena ST FL ZIP 33707 Cell Phone \_\_\_\_\_

All High Performance and Impact Windows and Doors  
Meet ASTM 1996 Florida Product Approval

Windows					
QTY	U.I.	Model Number	Type Operator	AMT	TOTAL
	00 - 65		Double Hung	\$677	
	66 - 77		Double Hung	\$758	
	78 - 85		Double Hung	\$806	
	86 - 105		Double Hung	\$985	
	106 - 114		Double Hung	\$1,077	
<u>32</u>	115 - 131		Double Hung	\$1,223	<u>39,136</u>
	132 - 138		Double Hung	\$1,308	
				\$	

QTY	Options	AMT	TOTAL
<u>67</u>	SolarZone Low-E Glass w/ Argon Gas	\$104	<u>6,968</u>
<u>67</u>	Foam Insulation Wrap	Included	INC.
<u>67</u>	Half Screen	Included	INC.
<u>67</u>	Double Locks	Included	INC.
	Wood Grain - Inside Surface	\$191	
	Full Screen	\$29	
<u>35</u>	Temp Glass - \$100 / Window	Wincore - \$17 Ft	<u>3,500</u>
	Glass Strength SGP - Sq. Ft.	\$20	
	Beige - Tan - Clay Vinyl Color	\$57	
	Obscure Glass - Sq. Ft.	\$11	
	Tinted - Grey or Bronze - Sq Ft	\$11	
	Contoured Grids	\$77	
	Exterior Color w/Full Screen	\$312	
<u>1</u>	Maintenance Agreement - # of Windows	<u>67</u>	<u>995</u>
		\$	

Specialty Windows				
QTY	Type Shape and Model #	U.I.	AMT	TOTAL
<u>35</u>	<u>Smarten 8004 Picture 70</u>	<u>70</u>	<u>759</u>	<u>26,565</u>

QTY	Additional Labor Charges	AMT	TOTAL
	2-Lite Slider Inst. > 114 U.I. ADD	\$40	
	Remove Steel Window	\$50	
	3-Lite Slider Inst. ADD	\$80	
<u>67</u>	Installation - Standard	\$150	<u>10,050</u>
<u>67</u>	Re-Back Opening (Code Requirement)	\$50	<u>3,350</u>
	Install Custom Int / Ext Trim	\$40	
	Additional Story Charge	\$10	
	Install Exterior Capping	\$125	
	Bay Window Finish & Trim	\$300	
	Header Flashing (Req. for Siding)	\$12	
	Repair Sill OR Jamb	Per Ft. \$25	
<u>100</u>	Structural Mullion for multi-unit	\$90	<u>9,000</u>
	Replace Interior Marble Sill	\$110	
	Replace Exterior Concrete Sill	\$335	
	Install Pocket Door	\$800	
	Install WOCD Lock	\$50	

PRE 1978 BUILT HOMES (Federal Lead Containment Law)  
My Home Was Built In The Year \_\_\_\_\_ Initials: \_\_\_\_\_

Window World Carries the Good Housekeeping seal of approval, and all our Windows are Gold label certified, ensuring all of our window systems are of the highest quality. Additionally, all of our windows have Double Strength Glass and DP rated glass.

Sliding Patio Doors HIGH Impact				
QTY	All Series Impact Doors Meet ASTM And FBC Approval Type Shape and Model #	U.I.	AMT	TOTAL

QTY	Manuf / Model #	Tracks/Panels	AMT	TOTAL
	Low-E Elite Glass w/Argon	Per Panel	\$120	
	Grids - Patio Door	Per Panel	\$	
	Beige - Patio Doors	Per Panel	\$	
	CutBack Concrete Slab	Per Door	\$360	
	Sliding Door Installation - Frame	Frame	\$250	
	Panel Installation Add - PP	Per Panel	\$130	
	8' Tall Panel Installation Add - F	Per Panel	\$25	
	Exterior Color - 2 panel only	Per Door	\$	

The buyer is responsible for:  
 \* Securing, identifying, and completing all HOA and Sub division rules, requirements, and applications.  
 \* Removal and re-installation of any existing security system, burglar bars, A/C units, window coverings, and/or obstructions prior to installation.  
 Additional charges for removing items are at the following rates: A/C Unit-\$50; Curtains/Blinds-\$25/Window; Furniture-\$10/Item; Shutters-\$50 each.  
 INITIALS: \_\_\_\_\_

Window World agrees to install windows and doors as noted above and on the attached order form and to perform other services as specified above for the price quoted on this form. No other promises, expressed or implied, are made except those expressed in writing on this agreement.  
 If Window World seeks legal counsel to enforce obligations under this contract, Customer agrees to pay reasonable attorneys fees and costs.

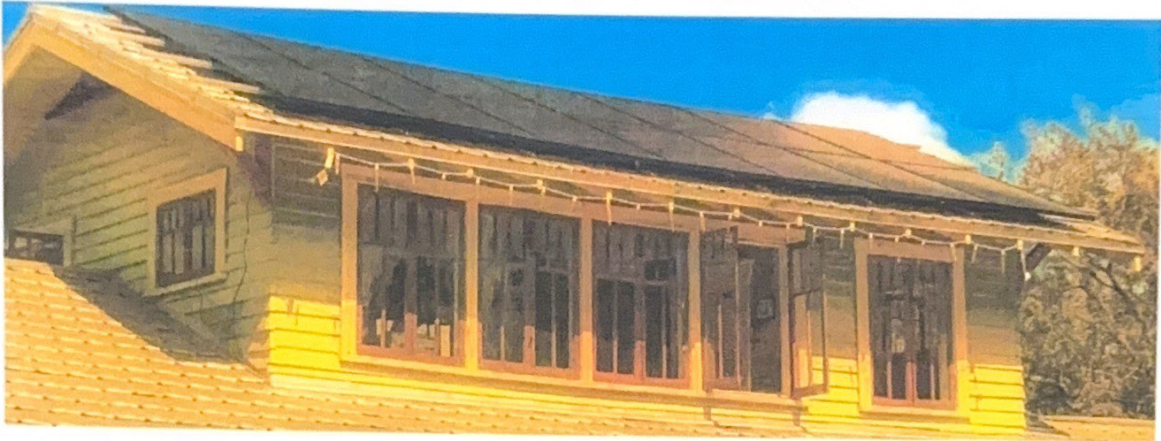
You the buyer may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. Notice of cancellation must be in writing postmarked no later than midnight of the following third business day.  
 INITIALS: \_\_\_\_\_

**No extra work if not in writing!**  
 Add \$10,000 per double door  
 \$5,000 per single door  
 Estimate only  
 Good for 30 days.

Customer Agrees to the terms of payment as follows:  
 Total List Price \$ 99,564  
 Trip Charge and Administrative / Site Setup Fee \$ 150.00  
 Lift / Crane - \$800 to \$1800 & Scaffold - \$600 Per Day \$ \_\_\_\_\_  
 Permit, Acquisition, Processing, & Balance Cover Install Fees \$ 629.00  
 Total Amount \$ 100,343  
 CK # \_\_\_\_\_ Custom Order Deposit 50% \$ \_\_\_\_\_  
 Balance Paid to Installer upon Completion \$ \_\_\_\_\_  
 Amount Financed \$ \_\_\_\_\_  
 Round Up & Contribute to St. Jude \$ \_\_\_\_\_

Prepared by: [mike@heightssolar.com](mailto:mike@heightssolar.com) For: SUNSHINE SCHOOL, INC  
8134800610 5315 27th Ave S, Gulfport  
[mike@heightssolar.com](mailto:mike@heightssolar.com)

Quote #: 2943329  
Valid until: Sep 22 2023



## Solar Energy System Proposal

Dear SUNSHINE SCHOOL, INC,

In order to completely offset your DUKE power consumption. We recommend thirty-nine 400 Watt panels be installed with thirty-nine Enphase IQ8A microinverter. Microinverters maximize the performance of each individual panel. They convert solar power into usable electrical power and provide individual panel production monitoring. The Microinverters come with a 25-year production warranty and the solar panels come with a 30-year production warranty. The total system price is \$39,000. Which is \$2.5 a watt. A 30 percent federal incentive may be available to you. Please consult with your tax advisor.

Heights Solar inc. provides a full service 10-year warrant.

Assuming a 10 percent energy inflationary rate, the payback period is approximately 6 years.

We offer financing with Climate First Bank in St. Petersburg and Mosaic.

Please text me at 813 480 0610 with any questions and a good time to visit your home for a pre installation inspection. Thank you for your consideration!

Mike Massimini

Task Title	CRC Grant Request
Electrical	\$8,365
Air Conditioning	\$30,775
Fencing	\$7,247
Solar Panels	\$39,000
Doors and Windows	\$150,343
Irrigation	\$7,900
Contingency 10%	\$24,363
	<b>Totals</b> <b>\$267,993</b>

## SUNFLOWER PRIVATE SCHOOL

Balance Sheet  
June 30, 2023

## ASSETS

Current Assets		
Petty Cash	\$	1,730.00
Regular Checking Account		170,600.64
Savings Account		(23,303.97)
Special Account		2,500.00
Accounts Receivable		18,369.58
Prepaid Expenses		800.00
		<hr/>
Total Current Assets		170,696.25
Property and Equipment		
Equipment		2,797.26
Building		301,828.85
Building Improvements		4,737.54
		<hr/>
Total Property and Equipment		309,363.65
Other Assets		<hr/>
Total Other Assets		0.00
		<hr/>
Total Assets	\$	<u>480,059.90</u>

## LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	\$	1,177.92
Federal Payroll Taxes Payable		55,075.17
		<hr/>
Total Current Liabilities		56,253.09
Long-Term Liabilities		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		56,253.09
Capital		
Beginning Balance Equity		40,000.00
Retained Earnings		175,527.67
Net Income		208,279.14
		<hr/>
Total Capital		423,806.81
		<hr/>
Total Liabilities & Capital	\$	<u>480,059.90</u>



Our board currently consists of Bevin O'Brien, Nicole Riveros, and Candance Berner. We are actively working to expand our board; however, due to the impacts of COVID and the recent property acquisition, we are focusing on establishing a solid foundation first. We are open to and would appreciate the opportunity to collaborate with the Pinellas Community Foundation to enhance diversity and learn more about effective organizational development and governance.

2949305707320-2  
2949305707612 2

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning July 1, 2018, and ending June 30, 2020

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

**C** Name of organization SunFlower Private School, Inc.  
 Doing business as \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO Box 66273  
 City or town, state or province, country, and ZIP or foreign postal code  
St Petersburg, FL 33736

**D** Employer identification number  
59-1357349

**E** Telephone number  
727-343-1546

**F** Name and address of principal officer  
Marie Breslin PO Box 66273 St Petersburg, FL 33736

**G** Gross receipts \$ 313747

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

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

**J** Website: \_\_\_\_\_

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1973 **M** State of legal domicile FL

11

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>SunFlower School is a private 266536 elementary school education facility</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>3</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>0</u>
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<u>7</u>	<u>7</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>6</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>0</u>	<u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 38	<u>0</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>0</u>	<u>0</u>
	9	Program service revenue (Part VIII, line 2g)	<u>266516</u>	<u>313747</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>	<u>0</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>0</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>266536</u>	<u>313747</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0</u>	<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>215066</u>	<u>215055</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>54456</u>	<u>58350</u>
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>273405</u>	
19	Revenue less expenses Subtract line 18 from line 12	<u>-2987</u>	<u>40341</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>39693</u>	<u>80035</u>
	21	Total liabilities (Part X, line 26)	<u>0</u>	<u>0</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>39693</u>	<u>80035</u>

**Part II Signature Block**

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

**Sign Here** Signature of officer James Breslin Date 11/13/2020  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name \_\_\_\_\_ Firm's EIN \_\_\_\_\_  
 Firm's address \_\_\_\_\_ Phone no \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

042324614 AUG 25 2021  
SCANNED MAY 09 2022

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
SunFlower School is a elementary school education facility

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

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

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

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

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

**4a** (Code: 611610) (Expenses \$ 273405 including grants of \$ \_\_\_\_\_) (Revenue \$ 313747)

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

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

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

**4e** Total program service expenses **▶** 273405

*ABE*

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		✓
<b>4a</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)?		✓
<b>4b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		✓

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?		<input checked="" type="checkbox"/>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

James Breslin, PO Box 66273, St Petersburg, FL 33736

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Marie Breslin PD		✓		✓			0	0	0	
(2) James Breslin TD		✓		✓			0	0	0	
(3) Candace Berner VP D		✓		✓			0	0	0	
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							0			
<b>c Total from continuation sheets to Part VII, Section A</b>							0			
<b>d Total (add lines 1b and 1c)</b>							0			

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns	<b>1a</b> 0					
	<b>b</b>	Membership dues	<b>1b</b> 0					
	<b>c</b>	Fundraising events	<b>1c</b> 0					
	<b>d</b>	Related organizations	<b>1d</b> 0					
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 0					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	0					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		0				
	<b>Program Service Revenue</b>	<b>2a</b>	Tuition & SBA Loan	Business Code 611610	313747	313747		
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue						
<b>g</b>		<b>Total.</b> Add lines 2a-2f		313747				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties						
	<b>6a</b>	Gross rents	(i) Real	(ii) Personal				
	<b>b</b>	Less rental expenses						
	<b>c</b>	Rental income or (loss)						
	<b>d</b>	Net rental income or (loss)						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b>	Less cost or other basis and sales expenses						
<b>c</b>	Gain or (loss)							
<b>d</b>	Net gain or (loss)							
<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a						
		<b>b</b>	Less direct expenses	b				
		<b>c</b>	Net income or (loss) from fundraising events					
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19	a						
		<b>b</b>	Less direct expenses	b				
		<b>c</b>	Net income or (loss) from gaming activities					
<b>10a</b>	Gross sales of inventory, less returns and allowances	a						
		<b>b</b>	Less: cost of goods sold	b				
		<b>c</b>	Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b>	All other revenue							
<b>e</b>	<b>Total.</b> Add lines 11a-11d							
<b>12</b>	<b>Total revenue.</b> See instructions			313747	313747			

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0	0		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7 Other salaries and wages	199727	199727		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15279	15279		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	0	0		
13 Office expenses	9691	9691		
14 Information technology	1423	1423		
15 Royalties				
16 Occupancy	36356	36356		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3320	3320		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bank Charges	180	180		
b School Play	1586	1586		
c Field Trips	1585	1585		
d Equipment Maintenance	1020	1020		
e All other expenses <u>Misc Expenses</u>	1167	1167		
25 Total functional expenses. Add lines 1 through 24e	58350	58350		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	39693	<b>1</b>	80035
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		39693	<b>16</b>	80035
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		0	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances		39693	<b>33</b>	80035
<b>34</b> Total liabilities and net assets/fund balances			<b>34</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>313747</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>273405</b>
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	<b>40341</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>39693</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>80035</b>

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		✓
<b>2b</b>		✓
<b>2c</b>		
<b>3a</b>		✓
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Name of the organization

Employer identification number

SunFlower Private School, Inc.

59-1357349

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D) Note: None of the remainder of this form is applicable to SunFlower						
(E) so we are not copying the blank pages .....						
<b>Total</b>						

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No 1545-0047

**2019**

**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](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

SunFlower Private School, Inc

Employer identification number

59-1357349

**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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the organization publicized its racially nondiscriminatory policy 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. <u>SunFlower School advertises its non-discrimination policy in all documents presented to the public.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**SunFlower Private School, Inc**

**59-1357349**

990-Part VI, Section A, Line 2, Family Relationships; husband and wife, James and Marie Breslin

990 Part VI, Section B line 11b: The forms are available to review for errors and in completing

the forms to determine, if possible, that the responses are correct

990- Part VI, Section C, Line 19. The documents are available for review at the corporations business office

Please Note I used the 2018 990 form because for some reason or other I can not fill in the 2020 form on the computer. The two forms (years

look to be almost identical and as far as SunFlower data goes, they are

## SUNFLOWER PRIVATE SCHOOL

Balance Sheet  
June 30, 2023

## ASSETS

Current Assets		
Petty Cash	\$	1,730.00
Regular Checking Account		170,600.64
Savings Account		(23,303.97)
Special Account		2,500.00
Accounts Receivable		18,369.58
Prepaid Expenses		800.00
		<hr/>
Total Current Assets		170,696.25
Property and Equipment		
Equipment		2,797.26
Building		301,828.85
Building Improvements		4,737.54
		<hr/>
Total Property and Equipment		309,363.65
Other Assets		<hr/>
Total Other Assets		0.00
		<hr/>
Total Assets	\$	<u>480,059.90</u>

## LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	\$	1,177.92
Federal Payroll Taxes Payable		55,075.17
		<hr/>
Total Current Liabilities		56,253.09
Long-Term Liabilities		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		56,253.09
Capital		
Beginning Balance Equity		40,000.00
Retained Earnings		175,527.67
Net Income		208,279.14
		<hr/>
Total Capital		423,806.81
		<hr/>
Total Liabilities & Capital	\$	<u>480,059.90</u>