

Application Form

Introduction

NOTE: If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your request and project start date.

Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

Please answer these questions FIRST, as the application will show you the required sections and fields to complete based on your answers.

Priority Funding Areas*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Food

Reimbursement*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

No

Future Programming*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

Project Name*

FOOD PANTRY STORAGE

EIN*

47-2522602

DUNS Number*

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

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

109975937

Mission Statement*

The mission of Dunedin Cares Inc. is to increase sustainable approaches to meet the social service needs of the residents of Dunedin and nearby municipalities, which includes helping to alleviate hunger. This will be done by soliciting food donations and financial support to sustain a food pantry for needy individuals and families.

Total Operating Expenditure*

What are your total annual operating expenses?

\$140,700.00

Amount Requested*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.

\$31,296.95

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

Priority Populations*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- Communities of color
- Children and/or the elderly
- People experiencing homelessness
- Persons employed in high-risk pandemic response jobs
- Residents with language barriers
- Persons with disabilities
- Low-income families

Guiding Principles*

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

From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).

We are available to community members of all races, ages, disabilities, languages and levels of income. We do not request proof of financial situation, social security identification or pandemic hardship. Our board continually brainstorms how to reach a wider net of people in need with an overall focus on the community as a whole, not on any particular demographic. The reason Dunedin Cares began was based on several issues. Surveys conducted by 211.com indicated a large pocket of food insecure families, many retired elderly who have to choose to buy food or medicine, low income single parents and grandparents raising their grandchildren. There was no food pantry in Dunedin to serve its residents.

Length of time operating program/project*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

Dunedin Cares opened in 2015 and we are already rapidly outgrowing our second location in only those 5 years. The building expansion is needed to accommodate more inventory to serve the increase of new clients since March 2020 Covid 19 pandemic.

Service Area*

In which areas of the county do you physically provide services?

- North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)
- Mid-County (locations such as Clearwater, Largo, Safety Harbor)

Impact on Organization*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

In the last 6 months we have given out the same amount of food (by pound) as we did in all of 2019. When the pandemic began in March, we reorganized from clients shopping in our pantry to a curbside drive through process. Client visits increased each Thursday starting at 30 per day to a high of 125 clients per day. We experienced more and more new clients who stated they were unemployed. We had to open our pantry on Saturdays to meet the need of those unable to get food during the week. With feeding more people, we needed more food which, in turn, has put a burden on our storage complicity.

Many of our clients share their stories. They have not been back to work, have been furloughed, have not yet received their unemployment after months of repeated applications, have had other family members lose housing and are combining incomes, or are paying everything they make for modified daycare solutions.

With schooling, daycare and camps uncertain and people still unemployed, our projections (as well as Feeding America's) are that this will not be getting better anytime soon. Even when things go back to "normal" it will take significant time for our community to recover.

The facts and statistics are readily available and we continually poll outside organizations for insight. Feeding America released "The Impact of the Corona-virus on Food Insecurity" earlier this year and it matches our internal findings.

Over the last year, food insecurity in Pinellas County has increased by 40%. There are currently 55,000 children on free or reduced lunch. When you compare this number to our overall population - the last year has brought us to 1 in 4 residents experiencing food insecurity.

Fiscal Accountability

Federal Fund Disclosure*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

Audited Financial Statements*

Does your organization routinely contract to have an audit conducted of its financial statements?

No

Most Recently Filed IRS Form 990*

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

DUNEDIN CARES 990 2019.pdf

Board-Approved Budget*

Please upload your most recently board-approved budget for this fiscal year in PDF format.

Copy of Dun cares 2020Budget .PDF

No Audited Financial Statements

Explanation for Lack of Audit*

Please briefly explain why your organization does not annually have an independent audit conducted. If you have any documentation, such as financials statements, or a letter from a CPA explaining the lack of an audit, you may upload it here in PDF format.

We have a current board member serving as Treasurer who is an Enrolled Agent as well as several financial advisors that help us make decisions. We feel confident that if an audit is required we can meet that

request without issue. Currently, we are not required to do an audit.

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

[Unanswered]

Funding and Usage

Client Service Delivery*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

Due to the COVID 19 pandemic, we have incorporated a drive-thru service and reopened our pantry for in house shopping. The volume and numbers of families served has increased dramatically in the first 6 months of 2020. From January through August 2020 we have serve an 1,852 additional families as well as 46,840 pounds of additional food. Our distribution days are now being offered on Thursdays and Saturdays from 10:00 am - 12:00 pm and will expand to include Tuesdays subject to grant approval. Our plans also include delivery service to senior citizens without transportation and to start a drive-thru distribution for parents with school age children and to offer more fresh meats and produce. This grant will allow us to expand our present stocked building to meet the increased need. Dunedin Cares has been serving Pinellas County residents since 2015.

Our client service areas are primarily 34698, 33755, 33756, 33757, 33758, 33759, 33760, 33761, 33762, 33763, 33764, 33765, 33866. However, we never turn away a family needing food.

Communication/Outreach and Community Engagement Efforts*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

We are heavily invested in our outreach efforts. Our board members serve on many other community organization boards - like Pinellas County PTA, Rotary, Dunedin Downtown Merchants Assoc, Dunedin Chamber of Commerce, Dunedin Council of Organizations and more. Besides our normal social media outreach (almost 1k on Instagram and over 2K on Facebook), we also send newsletters, get involved in community partnerships with local restaurants, work with the Dunedin Blue Jays, libraries, student organizations and more. Our website just this last month was visited 9,312 times and we work on it almost daily adding resources and updates.

Recently we have also begun a bilingual flyer campaign to reach out via message and bulletin boards in community areas that may not have internet, and are contributing back to school packages of snacks and lunches in conjunction with school supply angels.

Future outreach goals involve a sustainable service to deliver food to people who can't get to us, with emphasis on kids at school, the disabled and elderly.

Hurricane Preparedness*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.

If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.

Hurricane preparedness is absolutely part of our request for the grant to upgrade our facility. We are in desperate need of a full-scale generator, fencing for the generator's security and a "smart house" system that will monitor the freezer and refrigeration temperatures in our storage systems. Should there be a power outage or fuse blown on the property, it would be catastrophic to our efforts to support the community as usual.

Just the hurricane preparation modifications will cost us around \$25,000 to ensure safe food storage and unobstructed operations during difficult weather situations.

Evidence of Insurance Coverage*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

If there is no insurance coverage for this programming, please provide an explanation as to why.

2020 21 New Policy Binder 4 20.pdf

Insurance Requirement*

If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.

Here is the information for your carrier:

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.

Yes, I understand this requirement.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: [Budget Narrative/Summary Instructions](#)

Update as of 9/25/2020: Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

Note about Hazard Pay: Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces. The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.

If you would like to use a unit of service cost as a basis for your budget, you MUST contact Pinellas Community Foundation program staff FIRST to discuss this possibility.

Budget Summary*

Please download the budget summary template [HERE](#) and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

[CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.](#)

Please export as a PDF and upload it.

[CARES-Partnership-Fund-Budget-Summary Final.pdf](#)

Budget Narrative*

Please download the budget narrative template [HERE](#) and complete it.

The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.

If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.

[CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.](#)

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

Please export as a PDF and upload it.

DCI Pinellas Cares Grant Budget Narrative Final 20201007.pdf

Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

Dunedin Cares is in partnership with numerous LPOs as we are deeply rooted in our local community. We work closely with FEAST, Harriet House, Tampa Bay Harvest, Food Rescue, Florida Dream Center, Somebody Cares, smaller local pantry services, schools, rotary organizations, business networking groups, Scout groups, sports teams, numerous churches, schools, and many more.

The supporter page of our website is a small sampling of our LPO connections.
<https://dunedincares.org/supporters>

Role in Programming*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

The roles of our community LPOs will be as follows:

- Churches, Schools & Businesses: Continually reminding followers, members, employees re our availability and upgraded facilities that are available to help others,
- Libraries & Senior Centers : Posting information and adding our services to their newsletters.
- Restaurants, Grocery Stores & Local Food Banks: Sharing extra goods and coordinating surplus and deficit donation coordination
- Rotaries & Networking Groups: Helping us get the word out on services and allowing us to advertise when we need specific supplies.

Food

This grant will require weekly reporting on the following measures:

- **Number of Pinellas County residents** accepting food by zip code of participant or distribution point (participant zip code is preferred)

Affirmation of Reporting*

I affirm that my organization is capable of providing weekly reports on the above measures.

Yes

Number of Pinellas County Residents Served During Grant Period - Food*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served **food** by the end of the grant period.

7200

September 2020 Projections - Food*

Please estimate the number of individuals to be served **food** by this funding in **September 2020**.

800

October 2020 Projections - Food*

Please estimate the number of individuals to be served **food** by this funding in **October 2020**.

825

November 2020 Projections - Food*

Please estimate the number of individuals to be served **food** by this funding in **November 2020**.

850

December Projections - Food*

Please estimate the number of individuals to be served **food** by this funding in **December 2020**.

900

Funder Involvement

Which of the funders have provided a grant to your organization within the last three years?*

None of the above

Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

We have received a grant for \$7,500, related to COVID 19, on August 18, 2020 from Community Foundation of Tampa Bay.

Corrective Action*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No.

Confirmation

Signature and Affirmation*

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

Please type your name as an electronic signature and the date on which you are submitting this application.

Joseph M Mackin

File Attachment Summary

Applicant File Uploads

- DUNEDIN CARES 990 2019.pdf
- Copy of Dun cares 2020Budget .PDF
- 2020 21 New Policy Binder 4 20.pdf
- CARES-Partnership-Fund-Budget-Summary Final.pdf
- DCI Pinellas Cares Grant Budget Narrative Final 20201007.pdf

Short Form Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form, as it may be made public.**
▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

A For the 2019 calendar year, or tax year beginning _____, 2019, and ending _____, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DUNEDIN CARES INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1224 COUNTY RD 1 City or town, state or province, country, and ZIP or foreign postal code DUNEDIN, FL 34698	D Employer identification number 47-2522602 E Telephone number (727) 736-1242 F Group Exemption Number ▶
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ N/A

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 121,106.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
	1 Contributions, gifts, grants, and similar amounts received 1 121,106.
	2 Program service revenue including government fees and contracts 2
	3 Membership dues and assessments 3
	4 Investment income 4
Revenue	5a Gross amount from sale of assets other than inventory 5a
	b Less: cost or other basis and sales expenses 5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c
	6 Gaming and fundraising events:
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
	c Less: direct expenses from gaming and fundraising events 6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
	7a Gross sales of inventory, less returns and allowances 7a
	b Less: cost of goods sold 7b
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c
	8 Other revenue (describe in Schedule O) 8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 121,106.
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10
	11 Benefits paid to or for members 11
	12 Salaries, other compensation, and employee benefits 12
	13 Professional fees and other payments to independent contractors 13 600.
	14 Occupancy, rent, utilities, and maintenance 14 6,406.
	15 Printing, publications, postage, and shipping 15 1,614.
	16 Other expenses (describe in Schedule O) See Line 16. Stmt 16 28,188.
	17 Total expenses. Add lines 10 through 16 ▶ 17 36,808.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 84,298.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 67,924.
	20 Other changes in net assets or fund balances (explain in Schedule O) 20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 152,222.

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of BARBARA A. READ, EA Telephone no. (727) 736-1242 Located at 124 COUNTY RD 1, DUNEDIN FL ZIP + 4 34698
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

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

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

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

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		
NONE, NONE		0.

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

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

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

Sign Here	Signature of officer JOSEPH M MACKIN, PRESIDENT	Date 08/07/2020
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BARBARA A READ, EA	Preparer's signature BARBARA A READ, EA	Date 8/7/20	Check <input type="checkbox"/> if self-employed	PTIN P00047592
	Firm's name ▶ Read Bookkeeping & Tax Svcs. Inc.			Firm's EIN ▶ 59-3508776	
	Firm's address ▶ 1224 County Road 1, Dunedin, FL 34698-4610			Phone no. (727) 736-1242	

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

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses

Continuation Statement

Description	Amount
AUTOMOBILE EXP	2,534.
DUES & MEMBERSHIP	295.
EVENT EXPENSE	268.
FILING FEES	171.
FOOD FOR PANTRY	6,962.
SUPPLIES FOR PANTRY	1,210.
INSURANCE	2,218.
OPERATION/ VOLUNTEER EXPENSE	1,487.
SMALL TOOLS	1,309.
ADVERTISING	999.
ONLINE DONATION FEES	53.
BANK SERVICE CHARGES	120.
BENEVOLANCE COMMUNITY	3,702.
MODULAR EXPENSE	1,000.
CLEANING/JANITORIAL SUPPLIES	331.
OFFICE SUPPLIES	482.
SOFTWARE	408.
TELEPHONE	62.
Depreciation	4,577.
Total	28,188.

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Part III: Purpose

Continuation Statement

Organization's Primary Exempt Purpose
INCREASE SUBSTANTIAL APPROACHES TO MEET THE
SOCIAL SERVICE NEEDS OF THE RESIDENTS OF DUNEDIN AND NEARBY MUNICIPALITIES
WHICH INCLUDE HELPING ALLEVIATE HUNGER.
SOLICITATION OF FOOD DONATIONS AND FINANCIAL SUPPORT TO SUSTAIN A FOOD PANTRY FOR NEEDY INDIVIDUALS AND FAMILIES

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization DUNEDIN CARES INC	Employer identification number 47-2522602
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				94,447.	121,106.	215,553.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				94,447.	121,106.	215,553.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						215,553.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6				94,447.	121,106.	215,553.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				94,447.	121,106.	215,553.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	100 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule of Contributors

2019

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

Name of the organization <u>DUNEDIN CARES INC</u>	Employer identification number <u>47-2522602</u>
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization

DUNEDIN CARES INC

Employer identification number

47-2522602

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY GRANT ----- CITY OF DUNEDIN ----- DUNEDIN FL 34698 -----	\$ 32,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$-----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DUNEDIN CARES INC	Employer identification number 47-2522602
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization DUNEDIN CARES INC	Employer identification number 47-2522602
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

DUNEDIN CARES INC

Employer identification number

47-2522602

Pt I, Line 16:

Description: AUTOMOBILE EXP \$2,534

Description: DUES & MEMBERSHIP \$295

Description: EVENT EXPENSE \$268

Description: FILING FEES \$171

Description: FOOD FOR PANTRY \$6,962

Description: SUPPLIES FOR PANTRY \$1,210

Description: INSURANCE \$2,218

Description: OPERATION/ VOLUNTEER EXPENSE \$1,487

Description: SMALL TOOLS \$1,309

Description: ADVERTISING \$999

Description: ONLINE DONATION FEES \$53

Description: BANK SERVICE CHARGES \$120

Description: BENEVOLANCE COMMUNITY \$3,702

Description: MODULAR EXPENSE \$1,000

Description: CLEANING/JANITORIAL SUPPLIES \$331

Description: OFFICE SUPPLIES \$482

Description: SOFTWARE \$408

Description: TELEPHONE \$62

Description: Depreciation \$4,577

Pt II, Line 24:

Description: PREPAID EXPENSES Beginning of Year: \$1,288 End of Year: \$802

Description: 2002 DODGE VAN Beginning of Year: \$3,500 End of Year: \$18,308

Description: FURNITURE AND EQUIPMENT Beginning of Year: \$2,049 End of Year: \$8,661

Description: SECURITY DEPOSIT Beginning of Year: \$240 End of Year: \$240

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20_____

Department of the Treasury
Internal Revenue Service

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

2019

Name of exempt organization: DUNEDIN CARES INC Employer identification number: 47-2522602

Name and title of officer: JOSEPH M MACKIN, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	<u>121,106.</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only
 I authorize _____ to enter my PIN

--	--	--	--	--

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

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 08/07/2020

Part III Certification and Authentication

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

5	9	5	6	4	5	0	4	4	8	2
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ Barbara A Reed EA Date ▶ 8.12.20

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

		Budgeted
INCOME		
	Fund Raisers	\$ 5,000.00
	Donations	\$ 50,000.00
	Gift Cards	\$ 500.00
	Grants	\$ 50,000.00
	Amazon	\$ 50.00
	Monthly Partnerships	\$ 1,450.00
	PayPal	\$ 3,000.00
	Interest	\$ 750.00
	Budgeted Income	\$ 110,750.00
EXPENSE		
	Advertising & Marketing	
	Social Media	\$ 3,500.00
	Ads	\$ 10,000.00
	Auto	
	Gas	\$ 1,000.00
	Insurance	\$ 2,000.00
	Repairs	\$ 3,000.00
	Tag/License	\$ 200.00
	Auto expenses Other	\$ 3,000.00
	Adminstrative	
	Bank Service Charges	\$ 500.00
	Community "give back"	\$ 5,000.00
	Business Registration Fees	\$ 300.00
	Contract Services	\$ 15,600.00
	Accounting Fees	\$ 1,200.00
	Dues and Membership	\$ 500.00
	Equipment	\$ 3,000.00
	Event Expenses	\$ 1,000.00
	Facilites & Equipment	
	Rent Parking Utilites	\$ 200.00

	Filing Fees	\$ 250.00
	Freight	\$ 1,000.00
	Building Expansion	\$ 85,000.00
	Janitorial Services	\$ 2,000.00
	Maintenance Labor	\$ 1,500.00
	Utilities	
	Duke Power	\$ 3,000.00
	Spectrum - WiFi	\$ 1,200.00
	Spectrum - Mobile Phone	\$ 300.00
	Total Budgeted Income	\$110,750.00
	Total Budgeted Expenses	\$ 144,250.00
	Budgeted Net Income	\$(34,000.00)



Quote Date: 03/20/2020 Policy Number: FSF15593453 001
General Agent: MED JAMES INC SIC Code: 8322
Address: 8595 COLLEGE BLVD NULL
OVERLAND PARK, KS 66210
Agent Contact: Carol Mauslein Named Insured: Dunedin Cares Inc
DBA:
Address: 1620 Pinehurst Road
Dunedin, FL 34698
Producer Code: Z07454
From Email: cMauslein@medjames.com
Expiring Policy Number: New

Thank you for binding the captioned account. Please read this binder carefully, as the limits, coverage, exclusions, and any other terms and conditions may vary from those you requested in your submission and/or from the expiring policy. Terms and conditions that are not specifically mentioned in this binder are not included. The terms and conditions of this binder supersede the submitted insurance specifications and all prior proposals and binders. Actual coverage will be provided by and in accordance with the policy as issued.

The insurer is not bound by any statements made in the submission purporting to bind the insurer unless such statement is reflected in the policy or in an agreement signed by someone authorized to bind the insurer.

The binder has been constructed in reliance on the data provided in the submission. A material change or misrepresentation of that data voids this binder.

Effective Date:	04/08/2020	Expiration Date:	04/08/2021
Company:	Westchester Surplus Lines Insurance Company (A.M. Best Rating A++)		
Coverage:	Building and Personal Property Coverage Form Commercial General Liability		

Please review the following coverage(s) offered. Coverage's may differ from those on the prior year's policy. Quote is based on the information currently available, and is subject to change upon receipt and review of renewal information.

PREMIUM SUMMARY

Liability	\$506.00
Property Premium	\$500.00
Terrorism	\$0.00
Total Policy Premium	\$1,006.00

See attached summary for all applicable Fees and Taxes

Any applicable taxes, surcharges or countersignature fees etc. are in addition to the above stated premium. The actual taxes, surcharges or fees, etc. will be those in effect on the date coverage is bound. The insured is responsible for paying these taxes, surcharges or fees in addition to the above stated premium. Please be advised that the General Agent will comply with all state law requirements and is responsible for making State Surplus Filings and remitting the applicable Surplus Lines taxes.

BIND CONDITIONS

- Retail Agency Commission 10%
- Minimum & Deposit
- Fully Earned
- Favorable GL & Property Inspection Within 30 Days
- Signed Application
- Signed TRIA Form
- _____
- Minimum Earned ___25%
- COI from all Sub-Contractors or Vendors
- Auditable Annually
- 3 Year Hard Copy Loss Runs
- COI from Tenants

GENERAL LIABILITY

Limits		Deductible
General Aggregate	\$2,000,000	\$500 BI/PD
Products/Completed Operations Aggregate	\$2,000,000	
Personal & Advertising Injury	\$1,000,000	
Each Occurrence	\$1,000,000	
Fire Damage Limit	\$100,000	
Medical Expense	\$5,000	

Location Schedule		
Loc. No.	Bld. No.	Address
1		Location #1: 1620 Pinehurst Road, Dunedin, FL 34698

Class and Premium										
Loc. No.	Bld. No.	Classification	Class Code	Premium Basis	Exposure	Prem/ Ops Rate	Prem/Ops Premium	Prod/CO Rate	Prod/CO Premium	Total Premium
1		[67017] Shelters, Mission, Settlement or	67017	Area	2000	\$252.86	\$506	\$0	\$0	\$506

	Halfway House - Not Church or Office Building								
					Total GL Classification Premium:			\$506	

PROPERTY

1620 Pinehurst Rd, Dunedin, FL 34698

Loc #	Bldg #	Rate	Building	BPP	BI	Property Premium	Equipment Breakdown	Total Premium
1	1	0.28	\$25,000	\$0	N/A	\$70	\$0	\$70

OTHER PROPERTY COVERAGE TERMS AND CONDITIONS

Loc #	Bldg #	Cause of Loss	Coinsurance	Building Valuation	Contents Valuation	Business Interruption Valuation	AOP Deductible	Wind Deductible	Earthquake Deductible
1	1	Basic	80%	ACV	RC		\$1,000		N/A

SIC: 8322

UNDERWRITER COMMENTS

FORMS

Commercial Property

Form Number	Edition	Title
AWB0103	(02/16)	COMMERCIAL PROPERTY DECLARATIONS
ACE0204	(05/10)	FUNGUS, WET ROT, DRY ROT AND BACTERIA EXCLUSION
ACE0210	(01/08)	NUCLEAR, BIOLOGICAL, CHEMICAL, RADIOLOGICAL EXCLUSION ENDORSEMENT
ACE0359	(12/10)	EARTHQUAKE SPRINKLER LEAKAGE EXCLUSION
ACE0421	(08/09)	PRE-EXISTING PROPERTY DAMAGE EXCLUSION
ACE0681	(10/11)	DEFINITION OF LOSS OCCURRENCE ENDORSEMENT
ACE0755	(02/13)	COMMERCIAL PROPERTY CONDITIONS
CP0411	(10/12)	PROTECTIVE SAFEGUARDS
CP1010	(10/12)	CAUSES OF LOSS - BASIC FORM
CP1054	(06/07)	WINDSTORM OR HAIL EXCLUSION
ILP003	(07/05)	FLOOD COVERAGE ADVISORY NOTICE TO POLICYHOLDERS
FA49317	(06/17)	ASBESTOS MATERIAL EXCLUSION
ALL10750	(01/15)	TERRORISM EXCLUSION ENDORSEMENT
CP0125	(02/12)	FLORIDA CHANGES

Interline

Form Number	Edition	Title
SL24680	(10/09)	FLORIDA SURPLUS LINES NOTIFICATION
SLPD	(03/08)	SURPLUS LINES DECLARATIONS
AWB0102	(02/16)	COMMON POLICY DECLARATIONS
CPfs2	(01/11)	FORMS SCHEDULE
WSG084	(05/11)	SURPLUS LINES BROKER NOTICE
TRIA24	(01/15)	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
LD5S23j	(03/14)	SIGNATURE ENDORSEMENT
IL0017	(11/98)	COMMON POLICY CONDITIONS
ALL20887	(10/06)	CHUBB PRODUCER COMPENSATION PRACTICES & POLICIES

ALL21101	(11/06)	TRADE OR ECONOMIC SANCTIONS ENDORSEMENT
ALL5X45	(11/96)	QUESTIONS ABOUT YOUR INSURANCE?
AWB0311	(02/16)	CLAIMS DIRECTORY
AWB0310	(09/15)	MINIMUM EARNED PREMIUM ENDORSEMENT
SL44730a	(01/16)	SERVICE OF SUIT ENDORSEMENT - FLORIDA
ALL42490b	(07/16)	U.S. FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA")
ILP001	(01/04)	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS

General Liability

Form Number	Edition	Title
AWB0101	(02/16)	COMMERCIAL GENERAL LIABILITY POLICY DECLARATIONS
ALL39844	(02/13)	CHUBB PRIVACY NOTICE
AWB0155	(09/15)	EXCLUSION - FIREARMS OR OTHER PERSONAL PROTECTION DEVICES
AWB0171	(02/16)	Premium Audit Endorsement
CG0001	(04/13)	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0300	(01/96)	DEDUCTIBLE LIABILITY INSURANCE
CG2106	(05/14)	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2147	(12/07)	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2149	(09/99)	TOTAL POLLUTION EXCLUSION ENDORSEMENT
CG2167	(12/04)	FUNGI OR BACTERIA EXCLUSION
CG2196	(03/05)	SILICA OR SILICA-RELATED DUST EXCLUSION
CGP016	(05/14)	GENERAL LIABILITY ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION EXCLUSIONS
GLE0122	(01/13)	NON-STACKING OF LIMITS ENDORSEMENT
GLX0001	(01/96)	DISCRIMINATION EXCLUSION
ULX0005	(01/97)	Lead Exclusion
CG2146	(07/98)	ABUSE OR MOLESTATION EXCLUSION
CG2426	(04/13)	AMENDMENT OF INSURED CONTRACT DEFINITION
IL0021	(09/08)	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
MANA0047	(07/99)	CROSS SUIT EXCLUSION

IL0003	(09/08)	CALCULATION OF PREMIUM
AWB0163	(09/15)	CLASSIFICATION LIMITATION ENDORSEMENT
LD49320	(06/17)	GENETICALLY MODIFIED ORGANISM OR SUBSTANCE EXCLUSION
ALL49342	(06/17)	REPRESENTATION AND WARRANTY ENDORSEMENT
FA49285	(06/17)	WATER DAMAGE SPECIAL DEDUCTIBLE
LD49322	(06/17)	INDEPENDENT CONTRACTORS/SUBCONTRACTORS EXCLUSION
LD49282	(06/17)	TOTAL PROFESSIONAL LIABILITY EXCLUSION
ALL8W17b	(09/12)	NOTICE TO OUR FLORIDA PROPERTY AND CASUALTY POLICYHOLDERS GUIDELINES FOR LOSS CONTROL PLANS
CG2173	(01/15)	EXCLUSION OF CERTIFIED ACTS OF TERRORISM

ADDITIONAL FORMS

Commercial Property

Form Number	Edition	Title
AWB0215	(10/15)	ACV ROOF LIMITATION FORM
CP0010	(10/12)	BUILDING AND PERSONAL PROPERTY COVERAGE FORM

Attached please find TR-19604d (01/15) – Policyholder Disclosure Notice of Terrorism Insurance Coverage. This disclosure notice is required by the Federal Terrorism Risk Insurance Act. The specific premium charge for the terrorism coverage is provided on this Disclosure Notice. This terrorism specific premium is included as part of the overall premium stated above for the Company's participation.

If the Insured elects to reject Terrorism Coverage, the policy will include TRIA24 (01/15) – Policyholder Disclosure Notice of Terrorism Insurance Coverage along with ALL-10750 (01/15) – Terrorism Exclusion if Property coverage is purchased and CG 2173 (01/15) – Exclusion of Certified Acts of Terrorism if Casualty coverage is purchased.



COMMERCIAL INSURANCE BINDER

PREPARED FOR:

DAVID E NASON - (02501)

By: Carol Mauslein (cmauslein@medjames.com)

1 (800) 255-6503 Ext. 6470

INSURED:

DUNEDIN CARES INC

1630 PINEHURST RD

DUNEDIN, FL 34698

BINDER NO. CMN26382220**Policy Term:** 4/8/2020 to 4/8/2021 12:01AM Standard Time ***Please Note – This binder needs to be reviewed carefully as it may differ from your original submission. Be aware, Med James, Inc. is not responsible for the evaluation of your clients insurance requirements.**

Coverage and premium stated herein are preliminary and may be subject to change based upon additional underwriting information received. A minimum earned premium applies. No flat cancellations. This binder is valid for 30 days from 4/8/2020.

PROPERTY & GENERAL LIABILITY**CARRIER:** ACE WESTCHESTER (SELECT) (108S) - Non Admitted

LOB Code	Coverage Description	Risk State	Producer Commission	Minimum Earned	Premium Amount
LIAB	General Liability	FL	10.00 %	25.00 %	\$506.00
PROP	Commercial Property	FL	10.00 %	25.00 %	\$500.00

Fees and Taxes

Fee	Amount	State	Tax	Amount
MJI Fee	\$35.00	FL	Stamping Fee	\$1.04
		FL	Surplus Lines	\$52.05

PREMIUM TERMS:

Coverage	Premium	Minimum Earned	Commission
Property	\$500.00	25%	10%
General Liability	\$506.00	25%	10%
Fees:	\$35.00	Fully Earned	
Tax:	\$53.09		
Total Due:	\$1,094.09		

* NOTE: Standard time determined at the Mailing Address of the Insured.

All financial transactions & payments should be directed to the Kansas City office at: Med James, Inc. PO Box 2014 Shawnee Mission, KS 66201

Generated By: mausleinc on 3/20/2020 3:14:04 PM

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: DUNEDIN CARES, INC.

Project Name: ___ Food Pantry Building Expansion_____

FROM (date): OCTOBER 1, 2020 TO (date): DECEMBER 31, 2020

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel <i>(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)</i>	\$ -	\$ 3,888.00
Equipment <i>(computers, furniture, etc., less than \$3,000 per item)</i>	\$ 5,400.00	\$ 4,400.00
Supplies <i>(office materials, program related purchases, program necessities to deliver services, etc.)</i>	\$ 4,000.00	\$ 3,250.00
Occupancy <i>(property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)</i>	\$ 4,500.00	\$ 904.35
Local Travel <i>(mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)</i>	\$ 9,200.00	\$ 7,479.60
Training <i>(staff development, conferences, long distance travel)</i>	\$ -	
Design, Printing, Marketing & Postage <i>(for direct program related services only)</i>	\$ 13,500.00	\$ 1,125.00
Capital <i>(Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)</i>	\$ 87,000.00	\$ 10,250.00
Purchased Services <i>(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)</i>	\$ 17,100.00	\$ -
Indirect Costs <i>(pre-negotiated federal rate, de minimus rate of 10%, or none)</i>		
TOTAL	\$ 140,700.00	\$ 31,296.95

Pinellas Community Foundation

PCF CARES Application

BUDGET NARRATIVE FORM

Organization Name: Dunedin Cares, Inc (hereafter DCI)

Project Name: Food Pantry Building Expansion

FROM: 10/1/2020 TO 12/31/2020

Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in the program).

DCI has traditionally operated as an all-volunteer organization. Evident in our Budget. As the need has grown dramatically due to the COVID 19 pandemic, the temporary part-time staff is required for the transportation of additional fresh food that has become critical. If the grant is approved, we propose acquiring a driver three days per week for 18 hours at \$18.00 per hour from October 12 until the end of 2020. In the past, the President of the Board has voluntarily shuttled products, but leadership demands now preclude such activities. This driver will be acquired exclusively to address the additional demand caused by COVID 19 and discontinue once we return to a more normal volume.

Total cost \$3,888. (12 weeks x \$324/wk = \$3,888)

Equipment (computers, phone, furniture, etc., less than \$3,000 per item)

DCI has experienced extraordinary growth in the need for food distribution in the first half of 2020, caused exclusively by the pandemic. In the first eight months of 2020, we saw an extraordinary demand for food required and additional 46,840 pounds of food distributed over the same months in 2019. See a month by month comparison below. These volume demands require extra shelving, office equipment, and sorting tables to avoid food spoilage. Therefore, we request the purchase of the following:

Shelving, 30 shelves @ \$100 each	\$3,000	Lowes
Desk	\$ 500	Staples
File Cabinet	\$ 500	Staples
Food sorting tables 4 @ \$100 each	\$ 400	BJ's
Total	\$4,400	

These items are not available for rent at cost less than purchase.

Total \$4,400

	Families Served		LBS. of Food	
	2019	2020	2019	2020
Jan	613	787	9963	18263
Feb	534	755	9700	15483
Mar	463	644	9854	10434
April	649	1051	14377	20718
May	592	1113	15482	26059
June	637	749	12137	18265
July	626	663	13024	17168
Aug	712	845	14025	19011

Supplies (office materials, program-related purchases, program necessities to deliver services, etc.)

While DCI has accelerated food donation efforts, food demand has exceeded donations due to COVID 19. To cover additional COVID-related need, we request \$3,250.00 to purchase extra food over the three months of October, November, and December to supplement food donations. Our food vendors are well established, providing food at the lowest cost available; however, we have not traditionally purchased food as donations have kept up with demand in the past.

\$250/month total \$750.00 at Tampa Bay Harvest to purchase meat and produce.

\$835/month total of \$2,500 from local grocery stores to purchase additional food staples, including dairy, protein, and other items as needed.

Total \$3,250.00

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)

Occupancy costs have been to a minimum through the donation of land and trailers. However, expanded demand has forced us to acquire increased utilities. See the cost and provider explanation below. Concerning occupancy costs, DCI requires support associated with the facility. Utility costs directly result from the greater need for refrigeration associated with the additional food requests.

Monthly Duke Expense

1/6/2020 \$166.50 9/8/2020 \$467.95 Difference of \$301.45/month x 3 months = \$904.35

Total \$904.35

Local Travel (mileage, tolls, parking for regular local Travel, rental/leasing cost of transportation)

Concerning local Travel, our organization foresees \$7,479.60 for local Travel related to food pickups and delivery, including mileage. The explosive need driven by COVID 19 requires that we have enhanced transportation capacity. These costs will conclude with the end of the pandemic.

DCI requests the reimbursement for a refrigerated truck for three months and fuel costs to handle the demand for an increased quantity of produce and fresh meat pickup and delivery. See the cost summary.

	<u>Penske bid</u>	<u>Ryder bid</u>
Daily rental 26ft refrigerated truck @ \$149.00 per day, 36 days	\$5,364.00	\$5,364.00
Mileage @ .29 per mile, 30 miles per day, 36 days	\$ 313.20	\$ 276.00
Fuel 5 gallons per day \$2.22 PG, 36 days	\$ 399.60	\$ 399.60
Insurance \$40 per day 36 days	\$1,440.00	\$1,440.00
Total \$7,479.60	\$7,516.80	\$7,479.60

Design, Printing, Marketing & Postage (for direct program-related services only)

Concerning design, printing, and marketing, DCI anticipates advertising expenditures within the community and includes signage in and around the building and pamphlets, signs, and paper-based advertising material.

DCI intends to publish and distribute 1000 COVID-19 response pamphlets ensuring that more families are aware of the DCI Food Pantry. DCI is using a provider experienced with DCI to save costs.

Design	\$500.00
Printing 1000 @ \$.625	\$625.00

Total \$1,125.00

Capital (buildings, vehicles, equipment \$3,000, or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Concerning capital costs, DCI intends to increase its capacity to store perishable items by expanding its refrigeration capacity. Refrigeration involves three primary components, includes a walk-in cooler, a concrete supporting pad, and finally, installation.

Walk-In Cooler: 1 item (8' x 12' x 7'6"); cost is \$7,250

A reinforced concrete pad to meet local building code; price is \$3,000

Installation: Dunedin Refrigeration and Pelican Refrigeration. – Gifts in Kind

Total \$10,250 (see attached bids)

Portable Refrigeration Storage leases walk-in refrigerated containers. The minimum size is 8' x 20'. Which is too large for our needs. Monthly lease is \$1,875/month, 3-month minimum, with a \$275 delivery and \$275 return. According to Walk-In cooler distributors and manufacturers, the walk-in coolers are assembled on-site by the purchaser and are not available for rent or lease. $(3 \times 1,875) + 550 = \$6,175$

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

NONE

De Minimis Cost (Administrative Fee, Indirect Cost, etc.).

NONE

Total request all items **\$31,296.95**



STATEMENT OF ELECTRIC SERVICE

DECEMBER 2019

ACCOUNT NUMBER 45888 04044

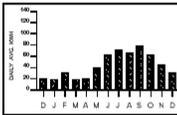
FOR CUSTOMER SERVICE OR PAYMENT LOCATIONS CALL: 1-877-372-8477
WEB SITE: www.duke-energy.com
TO REPORT A POWER OUTAGE: 1-800-228-8485

DUNEDIN CARES INC
1224 COUNTY ROAD 1
DUNEDIN FL 34698
SERVICE ADDRESS
1430 PINEHURST RD.
FOOD PANTRY TRAILER

DUE DATE TOTAL AMOUNT DUE
JAN 07 2020 166.50
NEXT READ DATE ON OR ABOUT
JAN 17 2020 240.00
DEPOSIT AMOUNT ON ACCOUNT

PIN: 587266958
METER READINGS
METER NO. 003505457
PRESENT (ACTUAL) 028182
PREVIOUS (ACTUAL) 026111
DIFFERENCE 00971
TOTAL KWH 971

YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED FOR \$166.50 ON 01/07/20
PAYMENTS RECEIVED AS OF DEC 06 2019 226.61 THANK YOU
GS-1 060 GENERAL SERVICE - NON DEMAND SEC
BILLING PERIOD: 11-15-19 TO 12-16-19 31 DAYS
CUSTOMER CHARGE 12.74
ENERGY CHARGE 971 KWH @ 8.978000 78.44
FUEL CHARGE 971 KWH @ 0.974000 98.59
ASSET SECURITIZATION CHARGE 971 KWH @ 0.241000 2.34
*TOTAL ELECTRIC COST 182.15
GROSS RECEIPTS TAX 5.39
MUNICIPAL FRANCHISE FEE 8.31
MUNICIPAL UTILITY TAX 11.21
STATE AND OTHER TAXES ON ELECTRIC 11.44
TOTAL CURRENT BILL 166.50
TOTAL DUE THIS STATEMENT \$166.50



ENERGY USE
DAILY AVG. USE * 31 KWH/DAY
USE ONE YEAR AGO * 21 KWH/DAY
MONTHLY AVG. ELECTRIC COST * \$4.36

Duke Energy will be closed on December 24 and 25, 2019 and January 1, 2020. You may visit duke-energy.com for self-service options. To report an outage, please call our outage line at 1-800-228-8485.

Duke Energy

ACCOUNT NUMBER - 45888 04044

DUNEDIN CARES INC
1224 COUNTY ROAD 1
DUNEDIN FL 34698 - 4610



Your Energy Bill

page 1 of 3

Service address 1630 PINEHURST RD, FOOD PANTRY TRAILER
Bill date Aug 17, 2020
For service Jul 17 - Aug 17 31 days
Account number 45888 04044

Billing summary

Table with 2 columns: Description and Amount. Includes Previous amount due (\$497.54), Payment received Aug 07 (-497.54), Electric Charges (370.46), Taxes (97.49), and Total amount due Sep 08 (\$467.95).

Thank you for your payment. Our standard billing and credit policies are scheduled to resume with your next billing period. If you need additional time to pay, visit duke-energy.com/extension or call 877.372.8477 to set up a payment plan.

Your usage snapshot

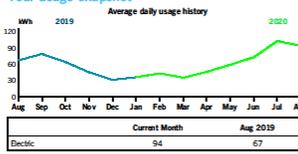


Table showing current electric usage for meter number 003505457. Includes Actual reading (40127), Previous reading (-37222), and Energy used (2,905 kWh).

Our simplified energy bill is just one of many steps we are taking to improve your experience. Check out our online tutorial page at duke-energy.com/ourTheBill to explore the enhancements and find answers to all your questions.

A kilowatt-hour (kWh) is a measure of the energy used by a 1,000-watt appliance in one hour. A 10-watt LED lightbulb would take 100 hours to use 1 kWh.

Mail your payment at least 7 days before the due date or pay instantly at duke-energy.com/billing.

Please return this portion with your payment. Thank you for your business.

DUKE ENERGY
Duke Energy Return Mail
PO Box 1090
Charlotte, NC 28201-1090

Account number 45888 04044

Amount of automatic draft

\$467.95 by Sep 8
Your payment is scheduled to be made by monthly automatic draft on Sep 8.

\$ Amount enclosed

DUNEDIN CARES INC
1224 COUNTY ROAD 1
DUNEDIN FL 34698 - 4610

Duke Energy Payment Processing
PO Box 1004
Charlotte, NC 28201-1004

990045888040440006600000000000000467950000467958

J S L CONSTRUCTION SERVICES INC.

Lisc # CRC 1326523 /
1450 Briarwood Ct -
Safety Harbor, FL 34695
Cell (727) 409-2033
jlogar@tampabay.rr.com

CONTRACTORS INVOICE

WORK PERFORMED AT:

TO
Dunedin Cares

Faith Lutheran Church
Pinehurst Rd
Dunedin FL

DATE 9-8-07	YOUR WORK ORDER NO.	OUR BID NO.
DESCRIPTION OF WORK PERFORMED		

1. Form and pour slab approx 9'x13' according to architectural drawings. \$3,000

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollar(\$ _____).

This is a Partial Full invoice due and payable by: _____
Month Day Year

In accordance with our Agreement Proposal No. _____ Dated _____
Month Day Year

INVOICE

Date: 8/17/2020

53757

BILL TO: LCE- Dunedin Cares INC

1224 County Rd 1

Dunedin, FL 34698

SHIP TO:

LCE- Dunedin Cares INC

1630 Pinehurst Rd.,

Dunedin, FL 34698

*** CALL 24 HR B4 DEL ***

J.O.E. 813-215-7773

P.O. NUMBER

071385

TERMS

Prepaid

SALES REP

ED-HA

SHIP VIA

Southeastern

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TOTAL AMOUNT

TEL. 1-800-327-3371 FAX. 305-828-0977

P.O. BOX 126460- Hialeah, FL 33012 / 8800 NW 77th Court - Medley, FL 33166

Venue for any claims or disputes arising out of or reasonable related to this agreement shall be exclusively in Miami-Dade County, Florida. Authorization number is required before any returns will be accepted. No Exceptions!!! 25% minimum restocking fee/handling charges on all returns. Title to the goods which are subject of this invoice shall remain in the seller until such time as the amount of this invoice is paid in full. If the total amount of this invoice is not paid at the maturity thereof, customer agrees to pay a penalty of 1% per month on the unpaid balance and further agrees to pay all costs of collection, including reasonable attorney's fees and court costs, if delinquent account is turned over for collections.

Qty Description Total

1 8'0" X 12'0" X 7'6"H OD Nominal

1 Cooler Without Floor **Floor Screeds Included**

Cooler Door: L.H.H.

34" X 76" Flush Mounted Door, With Self Closing Hinges, Automatic Door Closer, Keyed Entry Latch With Interior Safety Release, L.E.D Light Fixture, Digital Light Switch And Digital Thermometer

1

Cooler Insulation:

4" Thermal Resistant Panel*

Flame spread and smoke development 5/190 ASTM Test E84

1

Finish:

Standard 26 Gauge Stucco Embossed Galvalume Finish With A Weather Protective Aluminum And Zinc Alloy

1

1 Total FOB Plant - Medley, FL 4,642.86T

1 Freight Charges 605.00T

1-1/2 H.P. Medium Temp. Remote System 208/230/60 R404 Indoor Single

Phase*Loose Parts*-with EC Motor/ 1 Year Compressor Warranty

Loose Parts Included: Expansion Valve, Sight Glass and Drier

1 2,015.00T

Sales Tax Exempt 0.00

\$7,262.86

Truck Rental Quotes

RYDER

From: Timothy Gregory <Timothy_Gregory@ryder.com>

Sent: Wednesday, October 7, 2020 11:55 AM

To: Tom Dugard <tom@affirmational.com>

Subject: Ryder rental quote

Good morning Tom,

Thank you for speaking with me today. I have provided a quote for rates on a 26' Refrigerated truck below as well as Ryder coverage costs. These rates are a special rate we have allotted for Food Bank's currently and they will be in effect until the end of the year. If you are needing a separate quote for once that time passes, please let me know and I would be happy to give you one. Please let me know if you have any questions.

26' Non-CDL Refrigerated truck:

Daily: \$99.00

Mileage: \$0.16/mile

Reefer Hour: \$1.50/hour

Physical Damage (100% coverage, \$1000 deductible)

Daily: \$17

Liability (Up to \$1 million CSL, \$0 deductible)

Daily:\$21

Thank you,

Tim Gregory

Rental Account Manager | Ryder Systems

Tampa, Clearwater, Sarasota

M: 936-204-0116

PENSKE

brandon.meyer@penske.com

(813) 538-8747

12221 34th St N

St Petersburg, FL 33716

United States

Brandon Meyer

Services included in Rate

*** Maintenance * Road Side Service**

*** Diesel Exhaust Fluid * Fuel Tax Reporting**

*** Truck Washing * Substitute vehicles**

*** 24-Hour Emergency * Fuel Permits**

Thank you for your time, and we look forward to providing you with the best service and equipment in the rental industry. If you have any

questions or need to reserve a truck, put us to work today by giving us a call.

Sincerely,

Other Terms Penske coverage provided at \$35/day. \$20 LDW & \$15 LIA.

Start Date 10/7/2020 End Date 6/30/2021

Thank you for your interest in Penske Truck Rental. At Penske, we pride ourselves on the availability and quality of our equipment and our

associates. Our Corporate - National rental team is dedicated to providing you with the equipment you need, when you need it. We make the

entire rental process easy for you, from beginning to end. We appreciate the opportunity to present our rental rates for your review. Based on

what we have discussed and your requirements, we propose the following rate schedule.

These rates do not include sales tax, fuel, mileage

tax, or insurance.

Dear Tom:

Dunedin Cares, Inc.

10/7/2020

Product Daily Rate Weekly Fixed Rate Mileage Rate Reefer Rate

Light Duty Reefer USD 145.00 USD 725.00 USD 0.22 USD 1.20

Non-CDL Reefer USD 165.00 USD 825.00 USD 0.22 USD 1.20