

## Purchase of open door freezer and refrigerator units

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*ARPA Nonprofit Capital Project Fund - Small Purchases*

### ***Dunedin Cares, Inc.***

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Mr. Heath Watson  
1630 Pinehurst Road  
Dunedin, FL 34698

dunedincaresfoodpantry@gmail.com  
O: 727-410-8495  
M: 727-418-6767

### ***Ms. Rebecca Kay Hart***

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1630 Pinehurst Road  
Dunedin, FL 34698

treasurer@dunedincares.org  
O: 727-692-3294  
M: 727-692-3294

# Application Form

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## *Organization Information*

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

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

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

### Organization Name\*

Dunedin Cares, Inc.

### Proposal Name\*

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

Purchase of open door freezer and refrigerator units

### EIN\*

47-2522602

### Incorporation Year\*

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

2015

### Organizational Mission Statement\*

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

The mission of Dunedin Cares is to strive to alleviate hunger by providing food to the local community, showing kindness, respect, and compassion as neighbors help neighbors.

### Unique Entity ID (SAM)

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

If you do not have a Unique Entity ID number, you can create an account on [SAM.gov](#) and apply for one here (it is

free and may take 3-4 days for approval): <https://sam.gov/content/home>

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

Character Limit: 12

WG4DDG7A8D43

### Annual Operating Budget Size\*

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

\$166,000.00

### Amount Requested\*

The maximum grant amount is \$199,999.

\$9,000.00

### Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

#### Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## *Request Specifics*

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### Organization Programmatic Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Founded in 2015, with the vision of community leader Ed Hughes and a handful of volunteers, Dunedin Cares food pantry was started in 500 square feet in the back room of the Faith Lutheran Church. As word got out locally to those in need, guest numbers rose steadily each month, pushing the food pantry to its current location, a larger modular space behind the church in April 2018 where Dunedin Cares currently provides services.

Since its inception, the mission of Dunedin Cares is to strive to alleviate hunger by providing food to the local community, showing kindness, respect, and compassion as neighbors help neighbors. Dunedin Cares is a

choice food pantry that allows guests to choose items in our pantry that are most beneficial to their family which eliminates food waste and provides the dignity of choice. The basic premise of the client choice food pantry model is just that – allowing people seeking food assistance to choose for themselves what products they receive. Our pantry resembles a small grocery store. Our volunteers assist our guests with products arrayed on shelves and in coolers/ freezers, from which clients can fill shopping bags. After shopping, our guests are escorted to their vehicles by our valets. Dunedin Cares provides guests meat, bread, milk, eggs, butter, fresh produce, paper goods and other non-perishable food.

Dunedin Cares in-pantry services are open to guests who reside in the cities of Dunedin, Clearwater, or Palm Harbor on Monday evenings from 5:30 pm to 7:30 pm and Tuesday, Thursday, and Saturday mornings from 9:30 am to 12:00 pm. Each guest is permitted to shop in the pantry once per month and are guided by a volunteer shopper and valets who transport food to the guest's car. Guests average 50 lbs of food distributed on each visit. The local community can drop off donations Monday – Saturday mornings from 9:00 am to 12:00 pm.

### Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Dunedin Cares provides food to those who are food insecure in our local community. Pinellas County has a 12.9% food insecurity rate and 30% of its residents live more than 1 mile from the nearest supermarket per USDA. Dunedin Cares plays a vital role in helping the food insecure in our local community obtain food, and more importantly, do so in a setting that promotes healthy choices and the allows the dignity of choice.

Visit data of Dunedin Cares shows visits increased 160% in 2021 compared to the two prior years. Dunedin Cares served 7,348 guests representing 19,492 family members and distributed 344,181 lbs. of food in 2021. The economic environment in 2022 continues to reflect high demand, increased operating expenses and increasing new guest visits. In 2022 through July, Dunedin Cares has served 4,490 guests representing 11,874 family members and a distribution of 224,151 lbs. of food. Our new guest registrations are tracking 50% higher in 2022 through July compared to 2021 and averaging 100+ new guest registrations monthly. The post-pandemic increase in volume has not slowed down and we continue to see increasing demand for services. Historically, 40% of our guests reside in Dunedin, 40% reside in Clearwater with the remaining 20% in surrounding communities. Internal statistics show that Dunedin Cares provides significant support to households located in qualified census tracts in Dunedin and Clearwater which is detailed in an upcoming section.

The increasing number of guests seeking food assistance will benefit from these cooling units since healthy options are visible to guests and the shopping process is streamlined with various choices in a concise, visible access format. The increased storage capacity and visibility will promote distribution of healthy foods which is a priority for Dunedin Cares.

### Negative Economic Impact on Organization\*

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

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

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

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

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

Dunedin Cares was seeing guests living paycheck to paycheck and when the pandemic hit and families lost jobs or were laid off, the real need emerged. With the onset of COVID in 2020, Dunedin Cares changed to a curbside distribution model in March for 9 months. In September, in-pantry shopping re-opened along with the curbside option. During the pandemic, Dunedin Cares never closed its doors and provided weekly curbside distribution which averaged 130 families per week. The post-pandemic increase in volume has not slowed down and we continue to see increasing demand for services month over month. The negative impacts to Dunedin Cares were:

Post-pandemic increased volume: Guest visits increased 160% pre-COVID to 2021 which has required more oversight, increased volunteer hours, and the need for more food storage and distribution space - significant impacts to an all-volunteer organization. Our organization experienced significant growth in late 2020 and throughout 2021 as guests were rebounding from COVID impacts. Weekly numbers continue to climb in 2022 as they did throughout 2021. Statistics show 2022 visits are now averaging over 675 families per month compared to 520 in 2020 and 615 in 2021.

Doubling of expense costs in 2019-2021: With rising grocery costs and increased demand, Dunedin Cares has almost doubled its expense cost each year from 2019 – 2021 per filed 990 returns. The 990 reflects expenses of \$36,808 in 2019, \$77,086 in 2020 and \$138,351 in 2021. It is significant that expenses reflected on the 990 are operating expenses to keep the pantry up and running, without the typical employee salary and benefit costs or brick and mortar costs due to our location on a church property. Additionally, Dunedin Cares sources all its food for distribution through community donation, purchase of foods or working with partners such as the St. Pete Free Clinic. Even with community support, Dunedin Cares was spending more on groceries to meet demand, and healthy essentials such as meat, fresh produce and dairy (milk, eggs and butter) were steadily increasing in price. We try to provide milk, eggs, butter and meat to each guest and these food items have significantly increased in cost.

Need to hire staff to manage daily pantry operations (\$83,880): The stress of running consistent high volumes and managing postpandemic challenges required Dunedin Cares to hire its first part-time Pantry Operations Coord (\$35,880) in 2021 and a full-time Executive Director (\$48,000) in July 2022. Being an all-volunteer organization, it was a big step both organizationally and financially to hire permanent staff. However, the steady post-pandemic increase in demand and weekly volumes necessitated these hires.

## Proposal Description\*

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

Please describe your purchase proposal and address the following:

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

Dunedin Cares will purchase an open door freezer and refrigerator which will allow greater storage of meat, produce and dairy products. The open front design will allow volunteers and guests to easily view and access available food during in-pantry shopping which will facilitate shopping and increase in-pantry storage. Currently produce is transported by volunteers between an outside walk-in cooler and the pantry, many times involving very heavy pallets of food. The open front design will allow more in-pantry storage, increase visibility of inventory, and minimize physical handling of food back and forth between the pantry and outside walk-in cooler.

The open door freezer and refrigerator is estimated to have a lifespan of 5-10 years.

The increased volume of guests requires more storage, especially with our emphasis on providing healthy essentials vs. canned, processed non-perishable foods. These new cooling units will allow us to store more fresh, perishable items and position these items for easy distribution during in-pantry shopping.

## Guiding Principles - Client Impact\*

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

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

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

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

Pinellas County has a 12.9% food insecurity rate and 30% of residents lack access to healthy food since they live more than 1 miles from the nearest supermarket per USDA. These statistics reflect the situation of many of our guests who are food insecure and seek assistance from Dunedin Cares.

It is the individuals served at the pantry who will benefit from increased cooling units which clearly display healthy essentials such as meat, dairy and fresh produce. Being a choice pantry, we try to make the shopping

experience like that in a supermarket which provides visibility to healthy foods and allows guests to see all available choices. This ability to clearly see available food choices and access the units through two open front doors will expedite the shopping experience and promote healthy food choices. These units will also benefit our volunteer staff since they will allow two volunteers to access the units at one time as well as facilitate communication of food selections to guests.

## Number Served\*

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

20000

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

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

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

Duplicated

## Other (Explanation Required)

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

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

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

[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

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

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

### Headquarters Location\*

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

1630 Pinehurst Road, Dunedin, Florida

### QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?



No

## Purchase Location\*

Where will the majority of the activities related to the purchase(s) take place?

### Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

Dunedin Cares food pantry is not located in a qualified census tract but is surrounded by a qualified census tract in Northeast Dunedin which includes Palm Lake Villages. The Neighborly program buses seniors from Palm Lake Village to our pantry on Wednesdays for in-pantry shopping as well as provides bags of food for any of these seniors unable to travel.

While 40% of our guests reside in Dunedin, another 40% reside in Clearwater. Six zipcodes (33755, 33763, 33756, 33759, 33761 and 33764) in Clearwater fall into qualified census tracts and are zipcodes with high guest frequency. In 2021, Dunedin Cares provided services in these six zipcodes to 2,398 guests with households of 6,771 and receipt of 123,146 lbs. which reflects 36% of total pounds distributed in 2021. In 2022 through August, guest visits to these zipcodes is 1,827 guests with households of 6,771 and receipt of 110,488 lbs or 43% of all lbs. distributed. Internal statistics show increasing services being provided to guests in these zipcodes in 2021 and 2022. While our physical location is not located in a qualified census tract, Dunedin Cares provides significant support to residents in Dunedin and Clearwater residing in qualified census tracts.

## QCT Determination - Purchase\*

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

Yes

## Community Connection

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

## Community Representation and Connection\*

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

Dunedin Cares works with multiple organizations to meet its mission of reducing food insecurity in the local community. Examples of community organizations that we work with on a routine basis include:

The Neighborly program brings seniors in Palm Lake Village by bus to our pantry each Wednesday for in-pantry shopping;

St. Petersburg Free Clinic provides fresh produce for our guests each week;

Distribution of minor children meals (80-100/week) during summer months through the St. Peterburg Free Clinic;

A satellite food pantry will open at San Jose Elementary this fall working with Feeding Tampa Bay and the Pinellas County School System;

The Good Shepherd Thrift Store distributes 25 bags of food each month to those with identified need; and

The Hispanic Outreach Center receives all baby products (baby food, wipes, diapers, lotion) received by Dunedin Cares for distribution to needy mothers.

We also network with other food pantries in the area and when possible, distribute food items when we are overstocked with specific food items, especially perishable items.

## Leadership Demographics - Board Membership\*

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

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

None of the above

## Leadership Demographics - Executive Level Leadership Team\*

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

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

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

None of the above

## Leadership Demographics - CEO/Executive Director\*

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

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

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

None of the above

## Proposal Costs

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### Purchase Estimates/Bids\*

**You must combine all bids/estimates into one file.**

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

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

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

Screen shots of freezer and refrigerators.docx

### Sole Source\*

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

n/a

## Related Parties\*

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

### Examples of Related Parties

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

**If yes**, identify the vendor and describe the relationship.

**If no**, write "No related parties below."

no related parties

## Budget Summary\*

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

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

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

Budget-Template-Small-Capital-Purchases.xlsx

## Other Funding Sources\*

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

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

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

Funding has not been requested from other entities.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

It is anticipated these new coolers will positively impact our energy consumption since these units will be more energy efficient than the older units currently in use. No other impact to operating costs is anticipated.

## *Organization Documentation*

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**Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.**

### **Organization Budget\***

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Dunedin Cares 2022 Budget rev 2.26.22.pdf

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

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Dunedin Cares BOD Listing.docx

### **IRS Form 990\***

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

2021 990 Tax Return DUNEDIN CARES INC.pdf

### **Most Recent Financial Statements\***

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

DC July 2022 P&L.pdf

## *Insurance Requirements*

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### **Evidence of Insurance Coverage\***

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

Please upload evidence of insurance.

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

Proof of Insurance Dunedin Cares.pdf

### **Insurance Requirement\***

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

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

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

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

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

## *Post-Grant Requirements*

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### **Reporting Requirements Acknowledgment\***

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

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

- Invoices

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### Budget Summary

**NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED**

**Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.**

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

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

### Additional Upload

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

### Anything else to share?

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

### Brief Project Descriptor

Please briefly describe this organization's request.

## File Attachment Summary

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### *Applicant File Uploads*

- Screen shots of freezer and refrigerators.docx
- Budget-Template-Small-Capital-Purchases.xlsx
- Dunedin Cares 2022 Budget rev 2.26.22.pdf
- Dunedin Cares BOD Listing.docx
- 2021 990 Tax Return DUNEDIN CARES INC.pdf
- DC July 2022 P&L.pdf
- Proof of Insurance Dunedin Cares.pdf





### Peak Cold Double Door Upright Commercial Display Freezer - Large Capacity Glass Door Merchandiser Freezer; 45 CU Ft.

Visit the PEAKCOLD Store  
★★★★★ 6 ratings | 7 answered questions

\$3,995<sup>00</sup>

#### Product details

Brand	PEAKCOLD
Model Name	Upright Commercial Display Freezer
Color	Black
Door Material Type	Glass
Certification	NSF, ETL
Voltage	110 Volts

- Dimensions: 53 1/8 W x 31 7/8 D x 79 3/8 H (84 3/8 with casters) - 45 Cubic Ft Capacity
- 8 Epoxy Coated Wire Shelves - Adjustable
- 1 Year Parts & Labor Warranty, 5 year Compressor Part Warranty - Commercial or Residential
- Triple Paned, Aluminum Framed, Thermal Insulated Glass Doors

\$3,995<sup>00</sup>

FREE delivery September 13 - 21. Details

Select delivery location

Only 16 left in stock - order soon.

Qty: 1

Add to Cart

Buy Now

Secure transaction

Ships from Iron Mountain Refrige...  
Sold by Iron Mountain Refrige...

Details

Return policy: Eligible for Return, Refund or Replacement within 30 days of receipt

Add a Protection Plan:

- 5-Year Appliance Protection Plan for \$299.98
- 5-Year Major Appliance Protection Plan for \$299.99

Add to List

amazon pharmacy

The pharmacy that really delivers



Learn more



Click image to open expanded view

### Kratos Refrigeration 69K-708 Commercial Swing Glass Door Freezer, 2 Doors, 54" wide, 48cu ft, Black Exterior

Visit the Kratos Store

Price: \$3,799.00

#### Product details

Brand	Kratos
Model Name	69K-708 Commercial Swing Glass Door Freezer
Door Material Type	Glass

Report incorrect product information.

\$3,799.00

FREE delivery September 9 - 16. Details

Deliver to Dunedin - Dunedin 34698

In Stock.

Qty: 1

Buying in bulk?

Add to Cart

Secure transaction

Ships from and sold by Central Restaurant.

**Seller Credentials:**  
Registered Small Business, 889 certification

Return policy: Eligible for Return, Refund or Replacement within 30 days of receipt

Add to List

Have one to sell?

Sell on Amazon



**DSM-48R 48.7 cu. ft. Commercial Glass Swing 2-Door Merchandiser Refrigerator in Black**  
 Brand: Dukers

**\$3,365<sup>00</sup>**  
 Get \$10 off instantly: Pay \$3,355.00 upon approval for the Amazon Store Card.

**Brand:** Dukers  
**Capacity:** 48.73 Cubic Feet  
**Configuration:** Commercial Two (2) Glass Swing Door Merchandiser Display Upright Refrigerator in Black  
**Color:** Stainless steel  
**Special Feature:** 4 locking swivel casters for easy moving and positioning (3"), Digital  
[See more](#)

**About this item**

- Manufacturer Warranty for commercial locations only: 2 year parts and labor, 5 year on compressor
- - 115V/60Hz, 9.8 Amps, 690 watts, 9 ft. power cord - R290 Natural Refrigerant
- ETL Listed / ETL Evaluation: Commercial

**\$3,365<sup>00</sup>**

FREE delivery **September 12 - 15.** [Details](#)

Select delivery location

**In Stock.**

Qty: 1

**Add to Cart**

**Buy Now**

**Secure transaction**

Ships from **Plant Based Pros**  
 Sold by **Plant Based Pros**

**Return policy:** Eligible for Return, Refund or Replacement within 30 days of receipt

**Add a Protection Plan:**

- 3 Year Portable Electronic Accident Protection Plan for **\$160.99**
- 2 Year Portable Electronic Accident Protection Plan for **\$119.99**

**Add to List**



**WESTLAKE Commercial Refrigerator 2 Glass Door 2 Section Stainless Steel Reach-in Glass Door Upright Fan Cooling Merchandiser for Restaurant, Bar, Shop, Residential 49 Cu.ft.(Commercial Kitchen Equipment)**  
 Visit the WESTLAKE Store  
 ★★★★★ 1 rating | 3 answered questions

**\$2,499<sup>00</sup>**

Size: **49 cubic feet**

23 cubic feet \$1,649.00	<b>49 cubic feet \$2,499.00</b>
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**Brand:** WESTLAKE  
**Capacity:** 43 Cubic Feet  
**Configuration:** Full-Sized Freezerless  
**Color:** KR-49BG  
**Special Feature:** Automatic defrost, Adjustable Shelves

**\$2,499<sup>00</sup>**

\$499 delivery **September 22 - October 3.** [Details](#)

Select delivery location

**Usually ships within 6 to 10 days.**

Qty: 1

**Add to Cart**

**Buy Now**

**Secure transaction**

Ships from **Westlake Kitchen**  
 Sold by **Westlake Kitchen**

**Return policy:** Eligible for Return, Refund or Replacement within 30 days of receipt

**Add a Protection Plan:**

- 3 Year Portable Electronic Accident Protection Plan for **\$147.99**
- 2 Year Portable Electronic Accident Protection Plan for **\$109.99**

## ARPA Nonprofit Capital Project Fund – Small Purchases Budget

**Organization Name:** Dunedin Cares, Inc.

**Proposal Name:** Purchase of new open door freezer and refrigerator

A Line Item	B Item (Description)	C Price Per Item	D Quantity of Item	E Purchase Total	F ARPA Grant Funds Requested	G Applicant Match	H Funding Total
1	Two door refrigerator	\$ 3,500.00	1	\$ 3,500	\$ 3,500	\$ -	\$ 3,500
2	Two door freezer	\$ 4,500.00	1	\$ 4,500	\$ 4,500	\$ -	\$ 4,500
3	Installation	\$ 500.00	1	\$ 500	\$ 500	\$ -	\$ 500
4	Warranty for both units	\$ 500.00	1	\$ 500	\$ 500	\$ -	\$ 500
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
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		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		<b>TOTAL</b>	<b>4</b>	<b>\$ 9,000</b>	<b>\$ 9,000</b>	<b>\$ -</b>	<b>\$ 9,000</b>

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

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

### Key

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

**DUNEDIN CARES, INC**  
**Profit & Loss Budget Overview**  
 January through December 2022

	Jan - Dec 22
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Church Tithes-Events	30,000.00
Civic/HOA	35,000.00
Corporate Contributions	35,000.00
Fund Raisers	75,000.00
Grants	100,000.00
<b>Direct Public Support</b>	
<b>Indiv Contributions</b>	
BENEVITY	6,000.00
FaceBook	6,000.00
Gift Cards	2,000.00
Paypal Donations	100,000.00
Private	94,000.00
<b>Total Indiv Contributions</b>	208,000.00
<b>Total Direct Public Support</b>	208,000.00
<b>Total Income</b>	483,000.00
<b>Expense</b>	
<b>Automobile Expense</b>	
Gas	1,200.00
Insurance	3,500.00
Repair/Maintenance	600.00
Tag Title License	100.00
<b>Total Automobile Expense</b>	5,400.00
<b>Community Outreach</b>	
Advertising/Marketing	5,040.00
Postage, Mailing Service	1,200.00
Printing and Copying	1,200.00
<b>Total Community Outreach</b>	7,440.00
<b>Benevolence-Community</b>	0.00
<b>Business Expenses</b>	
Business Registration Fees	270.00
DonorBox Fee	1,500.00
Dues and Memberships	1,220.00
Fund Raiser Expense	2,600.00
Insurance - Liability, D and O	1,650.00
Meeting Expense	3,000.00
PayPal Fees	2,040.00
<b>Total Business Expenses</b>	12,280.00
<b>Contract Services</b>	
Accounting Fees	3,650.00
Marketing	36,000.00
<b>Total Contract Services</b>	39,650.00
<b>Facilities and Equipment</b>	
BLDG Repairs & Maintenance	3,000.00
Equip Rental and Maintenance	2,400.00
<b>Total Facilities and Equipment</b>	5,400.00

**DUNEDIN CARES, INC**  
**Profit & Loss Budget Overview**  
 January through December 2022

	Jan - Dec 22
<b>Operations</b>	
Food for Pantry	35,000.00
Supplies for Pantry	6,000.00
Payroll Proc Fees	504.00
Office Supplies	3,000.00
Software	1,200.00
Volunteer Expenses	2,805.00
<b>Total Operations</b>	<b>48,509.00</b>
<b>Payroll Expenses</b>	
Hourly	36,000.00
FUTA	42.00
SUTA	189.00
Payroll Expenses - Other	2,760.00
<b>Total Payroll Expenses</b>	<b>38,991.00</b>
<b>Utilities</b>	
Duke	6,150.00
Propane	500.00
Spectrum-Internet	2,040.00
<b>Total Utilities</b>	<b>8,690.00</b>
<b>Total Expense</b>	<b>166,360.00</b>
<b>Net Ordinary Income</b>	<b>316,640.00</b>
<b>Other Income/Expense</b>	
<b>Other Income</b>	
Interest Earned	480.00
<b>Total Other Income</b>	<b>480.00</b>
<b>Other Expense</b>	
Freezer	3,000.00
<b>Total Other Expense</b>	<b>3,000.00</b>
<b>Net Other Income</b>	<b>-2,520.00</b>
<b>Net Income</b>	<b>314,120.00</b>

**Dunedin Cares, Inc.**

**Board of Directors**

Heath Watson, Interim President

Mike Bowman, Vice-President

Kristina Garcia, Secretary

Becky Hart, Treasurer

Teresa Williams, Director

Terri Davis-Scully, Director

Jack Bataoel, Director

Gary Coughlin, Director

# Return of Organization Exempt From Income Tax

**2021**

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

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the **2021** calendar year, or tax year beginning , **2021**, and ending , **20**

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

**C** Name of organization: **DUNEDIN CARES INC**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1630 PINEHURST RD**  
 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

**G** Gross receipts  
 \$ **365,049**

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

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

**J** Website: ▶ **N/A**

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

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

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SOLICITATION OF FOOD DONATIONS AND FINANCIAL SUPPORT TO SUSTAIN A FOOD PANTRY FOR NEEDY FAMILIES. MEETING SOCIAL SERVICE NEEDS OF THE RESIDENTS OF DUNEDIN AND NEARBY AREAS BY HELPING ALLEVIATE FOOD INSECURITY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>4</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>1</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>100</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>375,974</b>	Current Year <b>364,891</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2</b>	<b>158</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>375,976</b>	<b>365,049</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>13,030</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>77,086</b>	<b>125,321</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>77,086</b>	<b>138,351</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>298,890</b>	<b>226,698</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>449,198</b>	End of Year <b>677,013</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>1,117</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>449,198</b>	<b>675,896</b>

**Part II Signature Block**

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

**Sign Here**

▶ **REBECCA HART**  
Signature of officer

▶ **REBECCA HART, TREASURER**  
Type or print name and title

Date

**Paid Preparer Use Only**

Print/Type preparer's name: **Heather Steele, EA** Preparer's signature: **Heather Steele, EA** Date: **05-02-2022** Check  if self-employed PTIN: **P00738596**

Firm's name ▶ **Coastal Tax Partners, LLC** Firm's EIN ▶  
 Firm's address ▶ **1591 Main St Dunedin FL 34698** Phone no. **727-724-4030**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SOLICITATION OF FOOD DONATIONS AND FINANCIAL SUPPORT TO SUSTAIN A FOOD PANTRY FOR NEEDY FAMILIES. MEETING SOCIAL SERVICE NEEDS OF THE RESIDENTS OF DUNEDIN AND NEARBY AREAS BY HELPING ALLEVIATE FOOD INSECURITY

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

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

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

4a (Code: ) (Expenses \$ 31,130 including grants of \$ ) (Revenue \$ ) MAINTENANCE OF FOOD PANTRY SUPPLIES AND OPERATIONS TO PROVIDE FOOD TO NEEDY FAMILIES

4b (Code: ) (Expenses \$ 154 including grants of \$ ) (Revenue \$ ) PROVIDING TOYS AT CHRISTMAS TO FOOD PANTRY PARTICIPANTS' CHILDREN

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

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

4e Total program service expenses 31,284



Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders . . . . .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b			
c	Enter the amount of reserves on hand . . . . .	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

Table with columns for line number, question, and Yes/No responses. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for line number, question, and Yes/No responses. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

REBECCA HART (727)692-3294, 1630 PINEHURST RD, DUNEDIN, FL 34698

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations W-2/1099-MISC/1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KRISTINA GARCIA SECRETARY	10.00			X				0	0	0
(2) MICHAEL BOWMAN VICE PRESIDENT	10.00			X				0	0	0
(3) REBECCA HART TREASURER	10.00			X				0	0	0
(4) JOSEPH MACKIN PRESIDENT	30.00			X				0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

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

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	14,470			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions) . .	1e	42,066			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	308,355			
	g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		364,891			
Program Service Revenue	2a	_____ Business Code					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue . . . . .					
	g	<b>Total.</b> Add lines 2a-2f . . . . . ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		158	158		
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties . . . . . ▶					
	6a	Gross rents . . . . .	6a	(i) Real	(ii) Personal		
				6b	Less: rental expenses . . . . .		
				6c	Rental income or (loss) . . . . .		
				6d	Net rental income or (loss) . . . . . ▶		
	7a	Gross amount from sales of assets other than inventory . . . . .	7a	(i) Securities	(ii) Other		
				7b	Less: cost or other basis and sales expenses . . . . .		
				7c	Gain or (loss) . . . . .		
				7d	Net gain or (loss) . . . . . ▶		
	8a	Gross income from fundraising events (not including \$ 14,470 of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
	8b	Less: direct expenses . . . . .	8b				
	8c	Net income or (loss) from fundraising events . . . . . ▶					
	9a	Gross income from gaming activities, See Part IV, line 19 . . . . .	9a				
9b	Less: direct expenses . . . . .	9b					
9c	Net income or (loss) from gaming activities . . . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . . .	10a					
10b	Less: cost of goods sold . . . . .	10b					
10c	Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue	11a	_____ Business Code					
	b	_____					
	c	_____					
	d	All other revenue . . . . .					
	e	<b>Total.</b> Add lines 11a-11d . . . . . ▶					
12	<b>Total revenue.</b> See instructions . . . . . ▶		365,049	158	0	0	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	12,716		12,716	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .	314		314	
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	6,663		6,663	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	976		976	
12	Advertising and promotion . . . . .	36,875		36,875	
13	Office expenses . . . . .	3,220		3,220	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	24,571		24,571	
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	1,002		1,002	
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	3,515		3,515	
23	Insurance . . . . .	1,472		1,472	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<b>FOOD FOR PANTRY</b>	31,130	31,130		
b	<b>VOLUNTEER EXPENSES</b>	3,361		3,361	
c	<b>MERCHANT AND BEANK FEES</b>	3,508		3,508	
d	<b>ACTUAL AUTO EXPENSES</b>	8,362		8,362	
e	All other expenses	666	154	512	
25	<b>Total functional expenses.</b> Add lines 1 through 24e. . . . .	138,351	31,284	107,067	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				



**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	411,586	1	635,507	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	3,072	9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	22,885		
	b	Less: accumulated depreciation	10b	15,415	10c	7,470
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	23,555	15	34,036	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	449,198	16	677,013		
Liabilities	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	1,117	
	26	<b>Total liabilities.</b> Add lines 17 through 25	0	26	1,117	
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions	449,198	27	675,896	
	28	Net assets with donor restrictions		28		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	<b>Total net assets or fund balances</b>	449,198	32	675,896	
	33	<b>Total liabilities and net assets/fund balances</b>	449,198	33	677,013	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	365,049
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	138,351
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	226,698
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	449,198
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	675,896

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

DUNEDIN CARES INC

47-2522602

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .			121,106	375,974	364,891	861,971
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .			121,106	375,974	364,891	861,971
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						861,971

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .			121,106	375,974	364,891	861,971
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .				2	158	160
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .				2	158	160
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0		121,106	375,976	365,049	862,131

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.98 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	100.00 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00 %
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00 %

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</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>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

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

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

DUNEDIN CARES, INC  
Profit & Loss  
July 2022

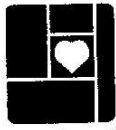
	Jul 22	Jan - Jul 22	% of Income
Ordinary Income/Expense			
Income			
Church Tithes-Events	6,770.66	22,136.16	34.5%
Civic/HOA	402.10	12,530.65	2.1%
Corporate Contributions	1,000.00	45,491.35	5.1%
Donated Equipment	0.00	2,032.98	0.0%
Fund Raisers	0.00	14,366.00	0.0%
Grants	0.00	598.51	0.0%
Direct Public Support			
Indiv Contributions			
Amazon Direct	0.00	393.85	0.0%
BENEVITY	432.30	3,553.19	2.2%
Gift Cards	0.00	492.16	0.0%
Paypal Donations	3,548.57	20,810.74	18.1%
Private	7,455.00	29,807.77	38.0%
Total Indiv Contributions	11,435.87	55,057.71	58.3%
Total Direct Public Support	11,435.87	55,057.71	58.3%
Total Income	19,608.63	152,213.36	100.0%
Expense			
Automobile Expense			
Gas	66.16	640.42	0.3%
Insurance	0.00	3,657.00	0.0%
Repair/Maintenance	0.00	54.44	0.0%
Total Automobile Expense	66.16	4,351.86	0.3%
Community Outreach			
Advertising/Marketing	1,320.00	2,482.35	6.7%
Postage, Mailing Service	0.00	62.38	0.0%
Printing and Copying	10.45	166.35	0.1%
Total Community Outreach	1,330.45	2,711.08	6.8%
Business Expenses			
Business Registration Fees	0.00	261.25	0.0%
DonorBox Fee	75.05	579.03	0.4%
Dues and Memberships	0.00	116.00	0.0%
Fund Raiser Expense	0.00	13,356.60	0.0%
Insurance - Liability, D and O	0.00	2,587.00	0.0%
Meals	0.00	79.84	0.0%
PayPal Fees	85.73	582.59	0.4%
Total Business Expenses	160.78	17,562.31	0.8%
Contract Services			
Accounting Fees	250.00	2,700.00	1.3%
Marketing	2,325.00	20,377.50	11.9%
Executive Director	4,000.00	4,000.00	20.4%
Total Contract Services	6,575.00	27,077.50	33.5%
Facilities and Equipment			
Landscaping	0.00	21.39	0.0%
Maintenance	100.00	527.98	0.5%
BLDG Repairs & Maintenance	0.00	200.00	0.0%
Equip Rental and Maintenance	0.00	787.00	0.0%
Property Insurance	0.00	752.75	0.0%
Total Facilities and Equipment	100.00	2,289.12	0.5%

## DUNEDIN CARES, INC

## Profit &amp; Loss

July 2022

	Jul 22	Jan - Jul 22	% of Income
Operations			
Appreciation/Gift	0.00	94.28	0.0%
Bank Service Charges	0.00	60.55	0.0%
Books, Subscriptions, Reference	207.00	207.00	1.1%
Food for Pantry	1,571.03	15,014.06	8.0%
Supplies for Pantry	398.08	2,357.90	2.0%
Janitorial Services	0.00	131.90	0.0%
Office Supplies	110.97	714.11	0.6%
Software	50.95	567.63	0.3%
Volunteer Expenses	0.00	3,681.18	0.0%
Total Operations	2,338.03	22,828.61	11.9%
Payroll Expenses			
Hourly	4,500.00	18,547.25	22.9%
FUTA	0.00	42.00	0.0%
SUTA	26.30	215.30	0.1%
Payroll Expenses - Other	344.25	1,431.12	1.8%
Total Payroll Expenses	4,870.55	20,235.67	24.8%
Utilities			
Telephone Allowance	150.00	150.00	0.8%
Duke	606.13	3,103.95	3.1%
Propane	0.00	138.40	0.0%
Spectrum-Internet	157.98	1,055.86	0.8%
Telephone, Telecommunicatio...	0.00	84.00	0.0%
Total Utilities	914.11	4,532.21	4.7%
Total Expense	16,355.08	101,588.36	83.4%
Net Ordinary Income	3,253.55	50,625.00	16.6%
Other Income/Expense			
Other Income			
Designated Funds			
Girl Power	0.00	211.23	0.0%
Girl Power EXP	0.00	-211.23	0.0%
Pantry Food	0.00	10,000.00	0.0%
Pantry Food EXP	-3,260.41	-9,188.51	-16.6%
Building Campaign	0.00	5,000.00	0.0%
Total Designated Funds	-3,260.41	5,811.49	-16.6%
Cash Back	0.00	10.00	0.0%
Interest Earned	93.88	505.21	0.5%
Total Other Income	-3,166.53	6,326.70	-16.1%
Other Expense			
Credit Card Reimburse Expenses	0.00	0.00	0.0%
Total Other Expense	0.00	0.00	0.0%
Net Other Income	-3,166.53	6,326.70	-16.1%
Net Income	87.02	56,951.70	0.4%



**DIRECTORS & OFFICERS LIABILITY POLICY  
DECLARATIONS**

- Item 1.      Named Member:      Dunedin Cares Inc.  
                 Address:                    1630 Pinehurst Rd.  
                                            Dunedin, FL 34698
  
- Item 2.      Policy Number:            2022-72975-DO  
                 Policy Period:            04/08/2022 to 04/08/2023  
                 (12:01 A.M. Standard time at the address stated in Item 1.)
  
- Item 3.      Limit of Liability:        \$ 1,000,000            Each Wrongful Act  
                                            \$ 2,000,000            Annual Aggregate
  
- Item 4.      Deductible:                N/A
  
- Item 5.      Premium:                    \$ 1,680  
                 (premium includes Terrorism Coverage - Certified Acts :\$15)
  
- Item 6.      Applicable policy form(s) and Endorsement(s) effective at inception:  

ANI-E003 DO 08 20,	ANI-E069 DO 02 19,	ANI-E180 DO 01 21,	ANI-E258 DO 08 21,	ANI-E282 DO 12 21,
ANI-RRG EDO13 08 17,	ANI-RRG-DODEC 04 01,	ANI-RRG-DOET 02 17,	ANI-RRG-E42 DO 09 19,	ANI-RRG-E58 02 12,
ANI-RRG-EDO1 08 91,	ANI-RRG-EDO17 05 20,	ANI-RRG-EDO34 01 02,	ANI-RRG-EDO4 03 94,	ANI-RRG-EDO7 02 11,
CG 21 70 01 15,	IL 09 99 12 20			

Producer: 03511  
The Cothron Group, Inc. (TCG)  
1540 International Parkway, Suite 2000  
Lake Mary, FL 32746

**"NOTICE"**

**This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group."**

**ANI - RRG - DODEC**

*Panel C. D.*

\_\_\_\_\_  
Authorized Company Representative  
President, ANI-RRG

03/25/2022



A Head for Insurance. A Heart for Nonprofits.

ALLIANCE OF NONPROFITS FOR INSURANCE RISK RETENTION GROUP (ANI)

www.insurancefornonprofits.org

COMMERCIAL LINES COMMON POLICY DECLARATIONS

PRODUCER:

The Cothron Group, Inc. (TCG)
1540 International Parkway, Suite 2000
Lake Mary, FL 32746

POLICY NUMBER: 2022-72975

NAME OF INSURED AND MAILING ADDRESS:

Dunedin Cares Inc.
1630 Pinehurst Rd.
Dunedin, FL 34698

POLICY PERIOD:

FROM 04/08/2022 TO 04/08/2023
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Food pantry

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

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

Table with 2 columns: Coverage Part and Premium. Includes Commercial General Liability, Commercial Auto Liability, Improper Sexual Conduct, Social Service Professional, Commercial Liquor Liability, and Terrorism Coverage. Total premium is \$907.

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT TIME OF ISSUE:\*

Grid listing various forms and endorsements such as ANI-E003 GL 08 20, ANI-E069 GL 02 19, etc.

\*Omits applicable forms and endorsement if shown in specific coverage part / coverage form declarations.

These declarations and the common policy declarations, if applicable, together with the common policy conditions, coverage form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.

NOTICE

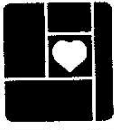
This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group."

BY [Signature]

(AUTHORIZED REPRESENTATIVE)

03/25/2022

ANI-RRG-CO



**ALLIANCE OF  
NONPROFITS FOR  
INSURANCE**

*A Head for Insurance. A Heart for Nonprofits.*

**ALLIANCE OF NONPROFITS FOR INSURANCE  
RISK RETENTION GROUP (ANI)**

[www.insurancefornonprofits.org](http://www.insurancefornonprofits.org)

**COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS**

PRODUCER:

1040 International Parkway, Suite 2000  
Lake Mary, FL 32746

POLICY NUMBER: 2022-72975

NAME OF INSURED AND MAILING ADDRESS:

Dunedin Cares Inc.  
1630 Pinehurst Rd.  
Dunedin, FL 34698

POLICY PERIOD: FROM 04/08/2022 TO 04/08/2023  
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Food pantry

BY ACCEPTING THIS POLICY, YOU AGREE TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

LIMITS OF COVERAGE:

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT .....	\$2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT .....	\$1,000,000
EACH OCCURRENCE LIMIT .....	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU .....	\$500,000 any one premises
MEDICAL EXPENSE LIMIT .....	\$20,000 any one person

ADDITIONAL COVERAGES:

**PREMIUM**

**\$650**

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY ARE INCLUDED IN COMMERCIAL LINES COMMON POLICY DECLARATIONS

03/25/2022

BY

(AUTHORIZED REPRESENTATIVE)

THIS POLICY IS SUBJECT TO THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, WHICH ARE PART OF THIS POLICY. IF YOU HAVE ANY QUESTIONS, CONTACT YOUR AGENT OR THE PRODUCER.

**IMPORTANT: This Policy is issued by your risk retention group. Your risk retention group may not be subject to all the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.**

**ANI-RRG-GL**