

Equipment Replacement

ARPA Nonprofit Capital Project Fund - Small Purchases

Dunedin Scottish Arts Foundation

Mr Eric MacNeill
PO Box 507
Dunedin, FL 34692

dunedinsaf@gmail.com
O: 727-424-9288
M: 727-748-6008

Mr. David Everett

1048 Dunrobin Dr
Apt A
Palm Harbor, FL 34684

deverett819@gmail.com
O: 727-424-9288
M: 727-424-9288

Application Form

Organization Information

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

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

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

Organization Name*

Dunedin Scottish Arts Foundation

Proposal Name*

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

Equipment Replacement

EIN*

59-1634451

Incorporation Year*

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

1975

Organizational Mission Statement*

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

The Foundation aims to promote and preserve the Scottish heritage and culture in the City of Dunedin through financial support of Scottish arts programs within the city, including piping, drumming, and highland dancing. The Foundation raises funds by hosting Scottish and celtic cultural events, including the Dunedin Celtic Music & Craft Beer Festival and the Dunedin Highland Games. These events draw thousands of visitors to Pinellas County and Dunedin from all over the country, sometimes the world.

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

MLUPARFKEZ26

Annual Operating Budget Size*

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

\$82,000.00

Amount Requested*

The maximum grant amount is \$199,999.

\$31,859.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

Organization Programmatic Background*

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

The organization was incorporated in 1975 and has been working with the community since 1967. Since 1975, we have promoted and supported the Scottish arts in our local community of Dunedin, Florida. The Foundation supports classroom instruction of the Scottish arts through individual lessons, classroom instruction, instructional camps and by supporting the pipe bands of Dunedin. We do this by organizing 2 Scottish and Celtic cultural festivals each year that showcase Scottish piping, drumming, dancing, and

highland athletics.. These events serve to connect our community to its historical roots in the Scottish arts. These events are significant fundraisers for the Dunedin Scottish Arts Foundation and the monies raised at these events are invested in Scottish arts education programs within the community.

Community Need*

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

The City of Dunedin was founded by Scottish families in 1899. In 1957, bagpipes were introduced into the city's school music programs. Since then, bagpipes and all things Scottish have become an integral part of Dunedin. It is as much a part of the identity of the city as the beaches and sunsets. It has been said that there are more bagpipers per square mile in Dunedin than anywhere in the world.

The Highland Games and Celtic Music Festival also serve to entertain the public while informing them of the city's Scottish culture. Bagpipes are woven into the fabric of Dunedin, as intimately as the wool in the tartan worn by the pipers themselves. Citizens (whether children, teens, adults, or seniors) all love to listen to pipe music. A function in Dunedin is not complete without a piper! An economic survey done in 2021 by the Pinellas County/Visit St. Pete Clearwater found that the 2021 Dunedin Highland Games alone had an economic impact of \$8.1 million in Pinellas County. We are not only fulfilling our mission but helping the local economy. Indeed, a significant portion of the community we serve is located in a QCT.

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.

The negative economic impact to the Foundation has been multi-faceted. We incurred a loss in excess of \$165,000 from the spring of 2020 through the spring of 2021 due to the COVID-19 pandemic. Our primary fundraising event, the Dunedin Highland Games, was canceled in 2020 and again in 2021. In November of 2020, we were permitted to have a much smaller, significantly modified Celtic Festival. In 2019, we generated \$95,000 to support the Scottish arts programs in Dunedin. In 2020, we generated only \$4,800. Due to the cancellation of our 2021 Highland Games, we were only able to generate \$20,000 in 2021. Additionally, due to the COVID-19 restrictions during 2020, we were compelled to terminate our lease agreement for the building we used for Scottish arts lessons, classes, socialization, and instruction. Previously, we funded our lease by renting the space to the community for small events, such as wedding showers and birthday parties. With the pandemic, these indoor gatherings were prohibited. Therefore, we could no longer afford to lease the space.

The loss of our building compounded the COVID-19 impacts on the Foundation because the building was also used for storage of all our event equipment. After we lost the building, we had to resort to using storage trailers. These trailers are old and need new tires.

Over the last few years, we have seen increased participation in the pipe bands and highland dancing, higher demand for lessons, and a growing general interest in the Scottish arts in our community. Notwithstanding this cultural growth, the Foundation has been simply unable to invest in new equipment - any "extra" funds have been put towards the Scottish arts programs to compensate for our reduced donations in 2020 and 2021.

Finally, moving to our events in 2022, the Foundation has been impacted by inflation. Due to our lack of storage and funds to invest in new equipment, we are forced to rent much of the equipment we need to run our events. For our 2022 Dunedin Highland Games, we saw a significant price increase across the board. Indeed, in 2019, the Foundation incurred approximately \$125,000 in expenses to put on the 2019 Dunedin Highland Games. In 2022, our expenses totaled more than \$185,000. As our profit margins have dwindled, our ability to invest in new equipment has simply evaporated.

Our inability to adapt to changing technology has been particularly difficult. Following the COVID-19 pandemic, contactless payments have become the preferred payment method. However, due to our outdated technology, we are simply unable to efficiently process the high volume of contactless payments necessary to run a successful event.

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?

We would like to purchase new tires for our trailers, a new sound system and new electronic equipment for payment processing. All of these purchases will have a lifespan of 5-10 years. The tires will allow us to keep the trailers until we can find and fund a new building to replace the one lost to the pandemic. They are currently being used to store everything we had in our building in addition to everything we use for our cultural events. The sound system will both replace the aging, inadequate equipment we have and reduce our

event expenses for the sound equipment we rent. This will mean a savings of over \$5,000 per year. Over the expected 10-year life of the system this will be a savings of over \$50,000. The sound system will be used as multiple PA systems throughout the year and also serve as a stage system for our cultural events. Additionally, the technology equipment will be used for payment processing and ticket scanning during our cultural events. As noted above, our outdated equipment is unreliable and inefficient, creating delays, frustration, and reducing our revenues when people ultimately leave the long lines due to impatience. Investing in new technology was prohibitively expensive in light of our significantly reduced revenues, but our inability to purchase new equipment forced us to incur additional expenses to rent better equipment. If we are able to purchase this equipment, we will save approximately \$3,200 per year, amounting to a total savings of at least \$16,000 over the next five years.

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?

Yes. Dunedin has a large LGBTQ+ population. Many from this community benefit from the programs that we run and support and missed having these programs available. Due to the pandemic, we lost our building, lost our primary sources of funding and social distancing kept instructors away from students.

Moreover, one of the Foundation’s primary benefactors is the Dunedin Highland Middle School band program. DHMS has 58.7% minority enrollment, including 19.3% black or African American and 26.8% Hispanic/ Latino. Additionally, approximately 65% of students at DHMS qualify for free or reduced price lunch.

Number Served*

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

35000

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

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

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

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

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

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

Headquarters Location*

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

1040 Grantwood Avenue, Clearwater FL 33759

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).

A majority of the activities will be in the City of Dunedin. A large portion of Dunedin is inside a QCT zone. We work with elementary age children, students from Dunedin Middle School, Dunedin High School as well as adults that participate in the Scottish Arts including the World Champion City of Dunedin Pipe Band.

QCT Determination - Purchase*

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

No

Community Connection

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

Community Representation and Connection*

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

The Dunedin Scottish Arts Foundation is the very definition of a community organization. Each of the officers and board members is a member of the Dunedin Scottish Arts community. The President of the Foundation serves as the lead drummer of the City of Dunedin Grade 1 Pipe Band, drumming instructor for all City of Dunedin pipe bands, and the drumming director for the school band programs within the city. Similarly, the Pipe Major of the City of Dunedin Pipe Band, piping instructor for the city bands, and piping instructor for the school band programs also serves as a director of the Foundation. A second Foundation director teaches highland dancing in the city and school programs. Our vice president has been involved in the Dunedin Scottish arts for over 50 years, beginning when she played herself in the school pipe band programs. Our board of directors, committee members, and volunteers include parents, siblings, aunts, uncles, cousins, and

close friends of pipe band members, dancers, and supporters of the Scottish Arts. Indeed, the dedication of our board and our volunteers flows directly from the deep connections we have with the community we serve. We happily volunteer our time to raise money for our children, brothers, sisters, neighbors, and friends participating in the Scottish Arts in Dunedin.

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

LGBTQ+

Leadership Demographics - Executive Level Leadership Team*

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

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

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

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."

Not applicable

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

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

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

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

ARPA BID Sheet.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.

ARPA Budget Sheet (2).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.

There are no other funding sources specifically for the items requested.

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.

As described above, if awarded the funds requested in this application, we would enjoy a decrease of approximately \$8,000 per year in our operating expenses. Although we will incur some minimal costs to connect the technology equipment to data for our events, the cost to do so is significantly less than the current cost to rent the equipment.

Organization Documentation

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

Organization Budget*

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

DSAF FY 2022-2023 Budget - Sheet1-2.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

DSAF Sunbiz 2022.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

DUNEDINSCOTTISHARTSFOUNDATIONINC 2020.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.

DSAF FY 2223 Financial Report.pdf

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

DSAF Insurance Binder.pdf

Evidence of D&O insurance has been uploaded. We bind additional liability insurance specifically for our events and will add PCF as an additional insured if we are awarded a contract from the ARPA Nonprofit Capital Project Fund.

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

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

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

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

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

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

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

Additional Upload

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

Anything else to share?

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

The impact of our cultural events on the Dunedin community cannot be overstated. The Dunedin Highland Games is an iconic event, continuing for over 50 years. Before COVID, the event regularly attracted people from all over the world to our small town. Additionally, on the Friday night before the event, the Foundation also puts on a March of the Pipe Bands through downtown, concluding in a large block party with Celtic folk music, local craft beer, and thousands of people. It is a unique and special celebration of the city's history and culture. Moreover, the Friday night event draws tens of thousands of people to the downtown area to support the local shops and restaurants - all of which were dramatically impacted by the pandemic.




Brief Project Descriptor

Please briefly describe this organization's request.



File Attachment Summary



Applicant File Uploads



- ARPA BID Sheet.docx
- ARPA Budget Sheet (2).xlsx
- DSAF FY 2022-2023 Budget - Sheet1-2.pdf
- DSAF Sunbiz 2022.pdf
- DUNEDINSCOTTISHARTSFOUNDATIONINC 2020.pdf
- DSAF FY 2223 Financial Report.pdf
- DSAF Insurance Binder.pdf

	QSC KS118 18" 3600 Watt Very High Output Active Powered Subwoofer - New Item # QSC KS118NA Free 12 Month Extended Warranty , valued at \$160.00 Get it September-8  Free 2 Day Shipping  Oversized	<input type="text" value="2"/> <input type="button" value="Update"/> \$1,999.99 In Stock!
		Remove Add to Wish List
Item Total: \$3,999.98		

Arriving Thursday

















	QSC K12.2 12" 2000 Watt Powered Speaker - New Item # QSC K122NA Free 12 Month Extended Warranty , valued at \$80.00 Get it September-8  Free 2 Day Shipping	<input type="text" value="8"/> <input type="button" value="Update"/> \$999.99 In Stock!
		Remove Add to Wish List
Item Total: \$7,999.92		

	Mackie 1642VLZ4 4 Bus Mixer - New Item # MAC 1642VLZ4 Free 12 Month Extended Warranty , valued at \$64.00 Get it September-8  Free 2 Day Shipping	<input type="text" value="2"/> <input type="button" value="Update"/> \$799.99 In Stock!
		Remove Add to Wish List
Item Total: \$1,599.98		

	Electro Voice PXM-12MP 12" 700 Watt Powered Coaxial Floor Monitor - New Item # ELE PXM12MP Free 12 Month Extended Warranty , valued at \$71.92 Get it September-8  Free 2 Day Shipping	<input type="text" value="4"/> <input type="button" value="Update"/> \$899.00 In Stock!
		Remove Add to Wish List
Item Total: \$3,596.00		

The availability status shown above is current as of 08:46 AM EST, Tuesday, September 6




PRODUCT	QTY.	PRICE		
 <p>QSC K12.2 2000W 12 inch Powered Speaker 2,000-watt PA Speaker with 12" Low-frequency Driver and 1.4" High-frequency Driver (each) ItemID: K12.2 Price: \$999.99 Promo: 48-month Promotional Financing Available* ✓ In Stock ✓ Free Shipping ✓ Free Tech Support ✓ Free 2-Year Warranty</p> <p>Sweetwater 2 Year Warranty \$226.00 FREE</p>	8	\$7,999.92		
<p>Bundle & Save</p> <table border="1"> <tr> <td>  <p>K12.2 2000W 12 Inch Powered Speaker Pair With Covers \$3,999.96 \$2,199.96</p> <p>Buy Instead</p> </td> <td>  <p>K12.2 Powered Speaker Pair with Stands and Cables \$3,999.96 \$2,199.99</p> <p>Buy Instead</p> </td> </tr> </table>			 <p>K12.2 2000W 12 Inch Powered Speaker Pair With Covers \$3,999.96 \$2,199.96</p> <p>Buy Instead</p>	 <p>K12.2 Powered Speaker Pair with Stands and Cables \$3,999.96 \$2,199.99</p> <p>Buy Instead</p>
 <p>K12.2 2000W 12 Inch Powered Speaker Pair With Covers \$3,999.96 \$2,199.96</p> <p>Buy Instead</p>	 <p>K12.2 Powered Speaker Pair with Stands and Cables \$3,999.96 \$2,199.99</p> <p>Buy Instead</p>			
 <p>QSC KS118 3600W 18 inch Powered Subwoofer 3,600-watt Powered Subwoofer with 18" LP Driver, 2 XLR/TRS Inputs, Omni/Cardioid Modes, DEEP Mode, Adjustable Crossover/Delay, Savable/Recallable Scenes, M20 Threaded Pole Socket, and Swivel Casters ItemID: KS118 Price: \$2999.99 Promo: 48-month Promotional Financing Available* ✓ In Stock ✓ Free Tech Support ✓ Free 2-Year Warranty</p> <p>Sweetwater 2 Year Warranty \$228.00 FREE</p>	2	\$3,999.98		
<p>Bundle & Save</p> <table border="1"> <tr> <td>  <p>K10.2 10 Inch Powered Speaker and KS118 18 Inch Powered Subwoofer PA Bundle \$6,000.00 \$5,989.00</p> <p>Buy Instead</p> </td> <td>  <p>K12.2 12 Inch Powered Speaker and KS118 18 Inch Powered Subwoofer PA Bundle \$6,300.00 \$6,129.00</p> <p>Buy Instead</p> </td> </tr> </table>			 <p>K10.2 10 Inch Powered Speaker and KS118 18 Inch Powered Subwoofer PA Bundle \$6,000.00 \$5,989.00</p> <p>Buy Instead</p>	 <p>K12.2 12 Inch Powered Speaker and KS118 18 Inch Powered Subwoofer PA Bundle \$6,300.00 \$6,129.00</p> <p>Buy Instead</p>
 <p>K10.2 10 Inch Powered Speaker and KS118 18 Inch Powered Subwoofer PA Bundle \$6,000.00 \$5,989.00</p> <p>Buy Instead</p>	 <p>K12.2 12 Inch Powered Speaker and KS118 18 Inch Powered Subwoofer PA Bundle \$6,300.00 \$6,129.00</p> <p>Buy Instead</p>			
 <p>Mackie 1642VLZ4 16-channel Mixer 16-ch Analog Mixer with 10 Onyx Mic Preamps, 4 x Aux Sends Per Channel, 4 x Mix Buses, and 8 x Direct Outputs ItemID: 1642VLZ4 Price: \$799.99 Promo: 36-month Promotional Financing Available* ✓ In Stock ✓ Free Shipping ✓ Free Tech Support ✓ Free 2-Year Warranty</p> <p>Sweetwater 2 Year Warranty \$700.00 FREE</p>	2	\$1,599.98		
 <p>Electro-Voice PXM-12MP 700W 12 inch Powered Floor Monitor 700-watt Powered Floor Monitor with 12" Two-way Coaxial Driver, 2 Mic/Line Combo Inputs, Stereo RCA Inputs, XLR Thru and Mix Outputs, Guitar and Full-range Modes, and Onboard DSP ItemID: PXM12MP Price: \$899.00 Promo: 36-month Promotional Financing Available* ✓ In Stock ✓ Free Shipping ✓ Free Tech Support ✓ Free 2-Year Warranty</p> <p>Sweetwater 2 Year Warranty \$157.00 FREE</p>	4	\$3,596.00		
<p>SUBTOTAL</p> <p>ESTIMATED SHIPPING</p> <p>Please contact us for the cheapest rate on this order, or order online and a Sweetwater Sales Associate will follow-up shortly.</p>		<p>\$17,195.88</p> <p>PLEASE CALL</p>		

Small-Purchases-Application-AI x ADM Budget Sheet.xlsx - Google x New Apple iPad (9th Generation) x

verizon.com/tablets/apple-ipad-9th-gen/

Apple iPad (9th Generation)

★★★★★ 16 Reviews



Customize

Space Gray

36 months **Full retail price**

64 GB \$459.99	256 GB \$609.99
-------------------	--------------------

Shipping Available
One-time activation fee of \$39.
Device unlocking policy

Ways to save

Add new line Upgrade existing line

For personalized offers, [sign in](#)

Save \$100. Any plan.
Details

Chat with us

Type here to search

85°F Partly sunny 6:17 PM 9/2/2021

Small-Purchases-Application-AI x ADM Budget Sheet.xlsx - Google x Business Tablets | Verizon x Amazon.com Shopping Cart x

amazon.com/gp/cart/view.html?ref_new_cart

150 Amazon gift card

Subtotal (4 items): \$68.98

Shopping Cart

Item	Price
2-Pack Apple EarPods (Apple MFi Certified) headphones, earphones with 3.5mm stereo jack for iPhone/iPad/iPod touch/iPod nano/iPod classic/iPad mini/iPad Air/iPad Pro/iPhone/iPod touch/iPod nano/iPod classic	\$10.01
20W [Apple MFi-Certified] Fast Charger for iPad 9th Generation Gen 2021 10.2 inch Tablet with 6.6 Ft Lightning to USB-C Charging Cable A2602 A2606 A2609 A2605 AC Power Supply Adapter Case	\$22.99
SPARK 2 Pack Screen Protector Compatible with iPad 9th Generation 10.2 inch, Tempered Glass Compatible with iPad 8 (2021 Released)	\$8.99
Treccly Case for iPad 9th/8th/7th-Generation, Case for iPad 10.2-inch 2021/ 2020/ 2019 with Screen Protector PenKit Holder Kickstand Hand/ Shoulder Strap, Heavy Duty Protective Tablet Cover - Black	\$26.99

Subtotal (4 items): \$68.98

Part of your order qualifies for free shipping. Check the order at checkout. 9/2/2021

Subtotal (4 items): \$68.98

Proceed to checkout

Sponsored Products related to items in your cart

- Two iPad Case 9th... \$10.49
- 2 Pack ProCase iPad... \$10.99
- Table Folio Case for... \$15.99
- 2 Pack/Ready 10.2"... \$10.99

Type here to search

85°F Partly sunny 6:24 PM 9/2/2021

Subject: [EXTERNAL]Samsung 10 5G Tablet

TCL TCL Tab 10 5G	\$329.99
USB Cable	\$8.99
Screen Protector	\$24.99
Rugged Case	\$39.99
Fast Wall Charger	\$24.99
Headphones	\$13.99

Ann Mooney
 National Account Manager
 813 267 1341 | ann.r.mooney@t-mobile.com
Sprint.com | Follow us on [Twitter](#), [Facebook](#) and [Instagram](#)

The less expensive tires are passenger tires not trailer tires.

Mavis Tires - Brakes in Discount Prices

727-382-5395 | Your Store: **Palm Harbor FL** 601 Alt. 19 North [All Stores](#)

Find a Location Enter Zip, City, or State **GO**

Home | Tires | Tire Brands | Auto Service | Specials & Rebates | Careers

Refine Search Size: 205 | 75 | 15 **GO**
 Different Front & Rear Size

We Will Beat ANY Price! 6 Months Special Financing Available! on purchase of 3 tires or more with your Mavis Tires & Brakes Credit Card

Size: 205/75-15 Brands: All Speed Rating: All Tread: All Load Range: All [Refine Search](#)

Sort Results By: Price: Low to High Show Results Available Now to 5 Business Days Your shopping cart is empty

<p>Pro Series All Season Size: 205/75-15 SpeedRating: R - Z LoadRange: SL Low-price tires in our most popular sizes. Brands may include: Nankang, Westlake and more.</p> <p>PRO SERIES Standard Load Web-Price \$74⁰⁰ each</p> <p>Call 727-382-5395 Qty: 4 Make Reservation</p>	<p>Show Models to View Ratings</p> <table border="1"> <tr><td>Overall:</td><td>Buy Again:</td><td>%</td></tr> <tr><td>Dry Traction</td><td>Hydroplane</td><td></td></tr> <tr><td>Wet Traction</td><td>Cornering</td><td></td></tr> <tr><td>Light Snow</td><td>Steering</td><td></td></tr> <tr><td>Deep Snow</td><td>Ride Comfort</td><td></td></tr> <tr><td>Ice</td><td>Noise Level</td><td></td></tr> <tr><td>Miles:</td><td>Treadwear</td><td></td></tr> </table>	Overall:	Buy Again:	%	Dry Traction	Hydroplane		Wet Traction	Cornering		Light Snow	Steering		Deep Snow	Ride Comfort		Ice	Noise Level		Miles:	Treadwear								
Overall:	Buy Again:	%																											
Dry Traction	Hydroplane																												
Wet Traction	Cornering																												
Light Snow	Steering																												
Deep Snow	Ride Comfort																												
Ice	Noise Level																												
Miles:	Treadwear																												
<p>Pro Series Size: 205/75-15 SpeedRating: R - Z LoadRange: C - G Low-price tires in our most popular sizes. Brands may include: Nankang, Westlake and more.</p> <p>PRO SERIES Light Truck - C - E Ply Web-Price \$94⁹⁹ each</p> <p>Call 727-382-5395 Qty: 4 Make Reservation</p>	<p>Show Models to View Ratings</p> <table border="1"> <tr><td>Overall:</td><td>Buy Again:</td><td>%</td></tr> <tr><td>Dry Traction</td><td>Hydroplane</td><td></td></tr> <tr><td>Wet Traction</td><td>Cornering</td><td></td></tr> <tr><td>Light Snow</td><td>Steering</td><td></td></tr> <tr><td>Deep Snow</td><td>Ride Comfort</td><td></td></tr> <tr><td>Ice</td><td>Noise Level</td><td></td></tr> <tr><td>Miles:</td><td>Treadwear</td><td></td></tr> </table>	Overall:	Buy Again:	%	Dry Traction	Hydroplane		Wet Traction	Cornering		Light Snow	Steering		Deep Snow	Ride Comfort		Ice	Noise Level		Miles:	Treadwear								
Overall:	Buy Again:	%																											
Dry Traction	Hydroplane																												
Wet Traction	Cornering																												
Light Snow	Steering																												
Deep Snow	Ride Comfort																												
Ice	Noise Level																												
Miles:	Treadwear																												
<p>Goodyear Endurance All Season Size: ST205/75R15 SpeedRating: R ServiceDesc: 107N LoadRange: D Ply Rating: 8 UTQG: UTQG - Sidewall: Blackwall</p> <p>Limited Time APPOINTMENT SPECIAL Industrial, Trailer, or Farm tire</p> <p>Call 727-382-5395 Web-Price \$141⁹⁹ each Found It Lower?</p> <p>Qty: 4 Make Reservation Ship to My Home</p>	<p>No Ratings Available</p>																												
<p>Nexen N Priz AH5 All Season Size: 205/75R15 SpeedRating: S ServiceDesc: 97S LoadRange: SL Ply Rating: 4 UTQG: UTQG - 460AA</p> <p>Call 727-382-5395 Web-Price \$98⁸⁵ each Found It Lower?</p> <p>Qty: 4 Make Reservation</p>	<p>Consumer Rating (6 reviews)</p> <table border="1"> <tr><td>Overall:</td><td>8.7</td><td>Buy Again:</td><td>83%</td></tr> <tr><td>Dry Traction</td><td>9.0</td><td>Hydroplane</td><td>8.5</td></tr> <tr><td>Wet Traction</td><td>8.8</td><td>Cornering</td><td>8.8</td></tr> <tr><td>Light Snow</td><td>9.0</td><td>Steering</td><td>8.8</td></tr> <tr><td>Deep Snow</td><td>9.0</td><td>Ride Comfort</td><td>8.6</td></tr> <tr><td>Ice</td><td>9.0</td><td>Noise Level</td><td>9.2</td></tr> <tr><td>Miles: 3,900</td><td></td><td>Treadwear</td><td>8.5</td></tr> </table>	Overall:	8.7	Buy Again:	83%	Dry Traction	9.0	Hydroplane	8.5	Wet Traction	8.8	Cornering	8.8	Light Snow	9.0	Steering	8.8	Deep Snow	9.0	Ride Comfort	8.6	Ice	9.0	Noise Level	9.2	Miles: 3,900		Treadwear	8.5
Overall:	8.7	Buy Again:	83%																										
Dry Traction	9.0	Hydroplane	8.5																										
Wet Traction	8.8	Cornering	8.8																										
Light Snow	9.0	Steering	8.8																										
Deep Snow	9.0	Ride Comfort	8.6																										
Ice	9.0	Noise Level	9.2																										
Miles: 3,900		Treadwear	8.5																										

71°F Partly sunny



Compare

Warranty

Lowest Price Guarantee

ADD & BOOK APPOINTMENT

INSTALL AS SOON AS **TODAY**



GOODYEAR

Endurance ST

ST205/75R15



Manufacturer Limited Warranty



Lowest Price Guarantee

Compare

✓ Available to Order

\$141.99_{/ea}

Set of

\$567.96

Pay as low as \$95/mo for 6 months with the NTB and Tire Kingdom Credit Card for a total payment of \$568. [Payment Details](#) [Apply Now](#)

ADD & BOOK APPOINTMENT

INSTALL AS SOON AS **TODAY**



HANKOOK
driving emotion

Vantra ST01 Trailer

ST205/75R15 TL-8 107/100H

✓ In-stock at store

\$149.99_{/ea}

Set of

\$599.96

All bids were received 9/7/22.

		FY21-22	Projected for FY22-23				
Celtic Fest 21							
	Gross Receipts	\$ 80,837.43	\$ 90,000.00				
	Expenses	\$ 54,056.69	\$ 65,000.00				
	Net profit	\$ 26,780.74	\$ 25,000.00				
	Donations to Programs	\$ 20,000.00	\$ 20,000.00				
DHG 22							
	Gross Receipts	\$ 277,607.10	\$ 300,000.00				
	Expenses	\$ 185,493.96	\$ 220,000.00				
	Net Profit	\$ 92,113.14	\$ 80,000.00				
	Donations to Programs	\$ 62,000.00	\$ 60,000.00				
Dunedin Tide							
	Gross Receipts	\$ 15,305.00	\$ 8,000.00				
	Expenses	\$ 9,116.75	\$ 8,000.00				
	Net profit*	\$ 6,188.25	\$ -	* No disbursements made, profit rolled over to next year's event.			
General							
	Donation Revenue	\$ 7,744.99	\$ 8,000.00				
	Stripe Revenue	\$ 5,091.43	\$ 4,500.00				
	Expenses	\$ 6,456.09	\$ 7,000.00				
	Net	\$ 6,380.33	\$ 5,500.00				



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Not For Profit Corporation
DUNEDIN SCOTTISH ARTS FOUNDATION, INC.

Filing Information

Document Number	734191
FEI/EIN Number	59-1634451
Date Filed	10/29/1975
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	07/01/2015
Event Effective Date	NONE

Principal Address

1040 GRANTWOOD AVE
CLEARWATER, FL 33759

Changed: 05/24/2021

Mailing Address

PO BOX 507
DUNEDIN, FL 34698-0507

Changed: 05/24/2021

Registered Agent Name & Address

GOGOLA, CHRISTINE
1040 GRANTWOOD AVE
CLEARWATER, FL 33759

Name Changed: 05/24/2021

Address Changed: 05/24/2021

Officer/Director Detail

Name & Address

Title PRESIDENT

MACNEILL, ERIC
PO BOX 507
DUNEDIN, FL 34698

Title TREASURER

MACNEILL, TARA
PO BOX 507
DUNEDIN, FL 34698

Title SECRETARY

GOGOLA, CHRISTINE
PO BOX 507
DUNEDIN, FL 34698

Title VP

SNAIR, PAT
PO BOX 507
DUNEDIN, FL 34698

Title DIRECTOR

DONALDSON, IAIN
PO BOX 507
DUNEDIN, FL 34698

Title Director

DUBOCK, LINDSEY
PO BOX 507
DUNEDIN, FL 34698

Title Director

POTH, YVETTE
PO BOX 507
DUNEDIN, FL 34698

Title DIRECTOR

DELAURA, ED
 PO BOX 507
 DUNEDIN, FL 34698

Title DIRECTOR

FREY, JESSICA
 PO BOX 507
 DUNEDIN, FL 34698

Title Director

EVERETT, DAVE
 PO BOX 507
 DUNEDIN, FL 34698

Title Director

MILLER, BARBARA
 PO BOX 507
 DUNEDIN, FL 34698

Annual Reports

Report Year	Filed Date
2020	06/30/2020
2021	05/24/2021
2022	07/05/2022

Document Images

07/05/2022 -- ANNUAL REPORT	View image in PDF format
05/24/2021 -- ANNUAL REPORT	View image in PDF format
06/30/2020 -- ANNUAL REPORT	View image in PDF format
05/30/2019 -- ANNUAL REPORT	View image in PDF format
09/27/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
02/18/2018 -- ANNUAL REPORT	View image in PDF format
04/28/2017 -- ANNUAL REPORT	View image in PDF format
07/04/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
02/19/2016 -- ANNUAL REPORT	View image in PDF format
07/01/2015 -- Name Change	View image in PDF format
03/08/2015 -- ANNUAL REPORT	View image in PDF format
01/17/2014 -- ANNUAL REPORT	View image in PDF format
07/26/2013 -- Amendment	View image in PDF format

04/29/2013 -- ANNUAL REPORT	View image in PDF format
04/30/2012 -- ANNUAL REPORT	View image in PDF format
03/22/2011 -- ANNUAL REPORT	View image in PDF format
04/11/2010 -- ANNUAL REPORT	View image in PDF format
04/12/2009 -- ANNUAL REPORT	View image in PDF format
05/02/2008 -- ANNUAL REPORT	View image in PDF format
04/29/2007 -- ANNUAL REPORT	View image in PDF format
03/22/2006 -- ANNUAL REPORT	View image in PDF format
02/11/2005 -- ANNUAL REPORT	View image in PDF format
04/11/2004 -- ANNUAL REPORT	View image in PDF format
04/11/2003 -- ANNUAL REPORT	View image in PDF format
05/15/2002 -- ANNUAL REPORT	View image in PDF format
03/20/2001 -- ANNUAL REPORT	View image in PDF format
03/14/2000 -- ANNUAL REPORT	View image in PDF format
03/31/1999 -- ANNUAL REPORT	View image in PDF format
04/17/1998 -- ANNUAL REPORT	View image in PDF format
03/14/1997 -- ANNUAL REPORT	View image in PDF format
04/10/1996 -- ANNUAL REPORT	View image in PDF format
04/21/1995 -- ANNUAL REPORT	View image in PDF format

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form7004 for instructions and the latest information.**

**Print
or
Type**

Name DUNEDIN SCOTTISH ARTS FOUNDATION, INC.	Identifying number 59-1634451
Number, street, and room or suite no. (If P.O. box, see instructions.) PO BOX 507	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) Dunedin, FL 34697	

Note: File request for extension by the due date of the return. See instructions before completing this form.

Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here
 If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here

5a The application is for calendar year 20 ____ , or tax year beginning ____/1____, 20 ____ , and ending ____/30____, 20 ____

b **Short tax year.** If this tax year is less than 12 months, check the reason: Initial return Final return
 Change in accounting period Consolidated return to be filed Other (See instructions—attach explanation.)

6 Tentative total tax	6	0
7 Total payments and credits. See instructions	7	0
8 Balance due. Subtract line 7 from line 6. See instructions	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. DUNEDIN SCOTTISH ARTS FOUNDATION, INC.	Taxpayer identification number (TIN) 59-1634451
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 507	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Dunedin, FL 34697	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Eric MacNeill

Telephone No. ▶ (727) 281-2427 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ . If it is for part of the group, check this box. ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/16, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 7/1, 20 20, and ending 6/30, 20 21.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 7/1/2020, and ending 6/30/2021

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

C Name of organization DUNEDIN SCOTTISH ARTS FOUNDATION, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 507
 City or town State ZIP code
Dunedin FL 34697
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 59-1634451

E Telephone number _____

F Name and address of principal officer:
ERIC MACNEILL 1134 DOUGLAS AVE, DUNEDIN, FL 34698

G Gross receipts \$ 33,682

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ http://dunedinhighlandgames.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1975

M State of legal domicile: FL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Dunedin Scottish Arts Foundation Inc. hosts the Dunedin Highland Games, and the Celtic Festival. Proceeds from all events benefit the two public school bands and city.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,000	0
	9 Program service revenue (Part VIII, line 2g)	20,757	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,187	8,496
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,944	8,496
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	42,706	945
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	42,706	945	
19 Revenue less expenses. Subtract line 18 from line 12	38,238	7,551	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 41,433	End of Year 12,598
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	41,433	12,598

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name SUSAN FOLSOM CPA Preparer's signature _____ Date 9/5/2022 Check if self-employed PTIN P01070980

Firm's name ▶ FOLSOM ACCOUNTING SERVICES INC Firm's EIN ▶ 56-2472598

Firm's address ▶ 1605 MAIN ST, DUNEDIN, FL 34698 Phone no. (727) 738-8906

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Foundation works to promote and preserve the Scottish culture in Dunedin. To foster cooperation and collaboration of all Scottish and associated groups in the City. To organize, promote and fund traditional competitions in athletics, piping, drumming, dance, art and writing.

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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

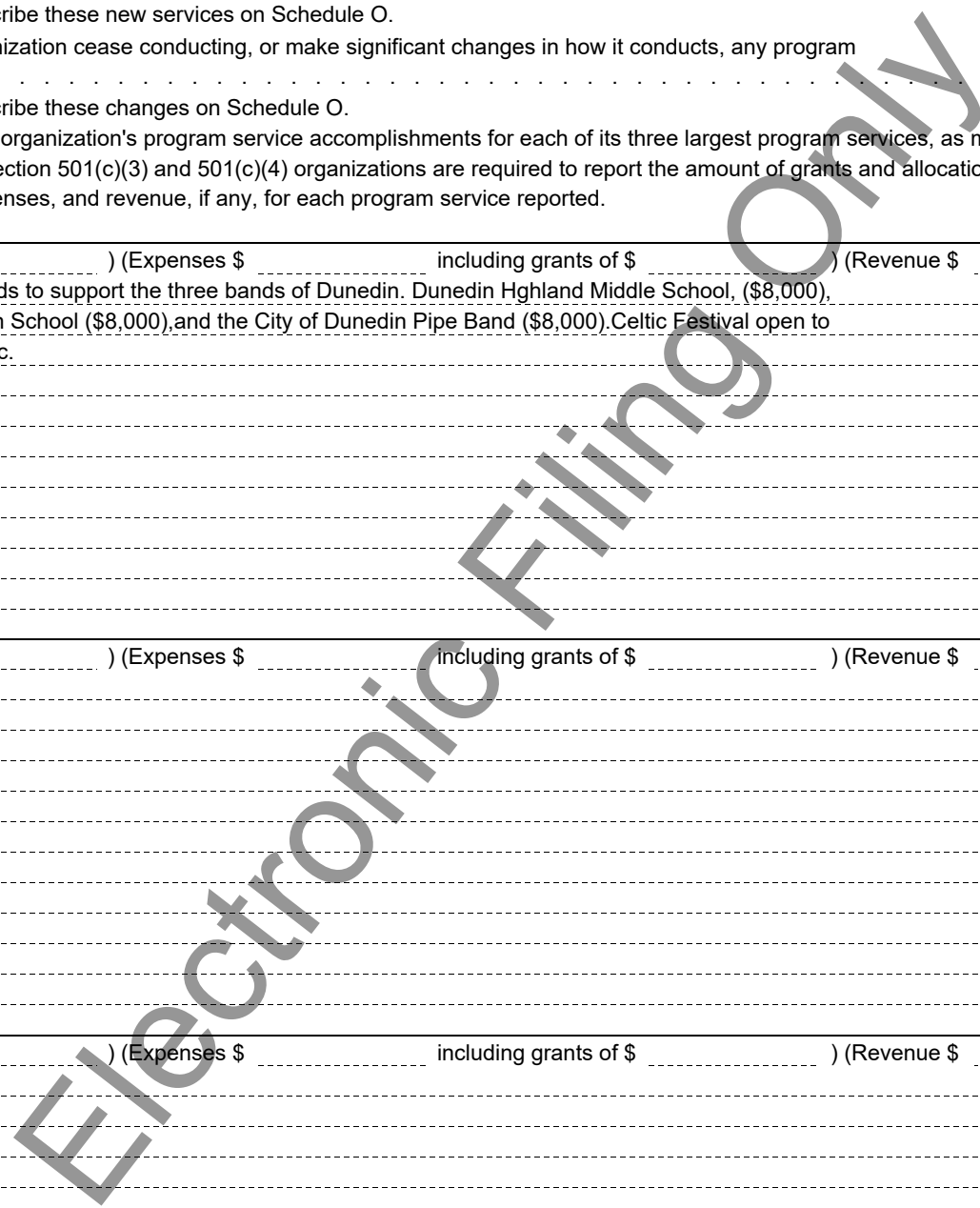
4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) Donation funds to support the three bands of Dunedin. Dunedin Hghland Middle School, (\$8,000), Dunedin High School (\$8,000), and the City of Dunedin Pipe Band (\$8,000). Celtic Festival open to general public.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 0



Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	X
Note: See the instructions for additional information the organization must report on Schedule O.			
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	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 9		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O.</i>		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶	
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Eric MacNeill (727) 281-2427 PO BOX 507, 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) YVETTE POTH ----- DIRECTOR	1.00 ----- 0.00	X								
(2) ED DELAURA ----- DIRECTOR	1.00 ----- 0.00	X								
(3) IAN DONALDSON ----- DIRECTOR	1.00 ----- 0.00	X								
(4) LINDSEY MALTON ----- DIRECTOR	1.00 ----- 0.00	X								
(5) JEFF GOW ----- DIRECTOR	1.00 ----- 0.00	X								
(6) MARCUS TARDIFF ----- DIRECTOR	1.00 ----- 0.00	X								
(7) TIM BREAUX ----- DIRECTOR	1.00 ----- 0.00	X								
(8) ERIC MACNEILL ----- PRESIDENT	3.00 ----- 0.00			X						
(9) DR PAT SNAIR ----- VICE PRESIDENT	2.00 ----- 0.00			X						
(10) CHRISTINE GOGOLA ----- SECRETARY	2.00 ----- 0.00			X						
(11) JOHN BARNETT ----- TREASURER	5.00 ----- 0.00			X						
(12) -----										
(13) -----										
(14) -----										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal							0	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	0				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0				
	h	Total. Add lines 1a-1f			0			
Program Service Revenue				Business Code				
	2a	Rent Space for Lessons		532000	0			
	b	Lessons		616000	0			
	c	Miscellaneous		616000	0			
	d	DSAF Raffles		616000	0			
	e	Program/Event		616000	0			
	f	All other program service revenue			0			
g	Total. Add lines 2a-2f			0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			0			
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	6c	Less: rental expenses			0	0		
	6d	Net rental income or (loss)				0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a			0	0	
			7b			0	0	
	7c	Less: cost or other basis and sales expenses			0	0		
	7d	Net gain or (loss)				0		
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18.	8a	33,682				
	8b	Less: direct expenses	8b	25,186				
8c	Net income or (loss) from fundraising events			8,496				
9a	Gross income from gaming activities. See Part IV, line 19.	9a	0					
9b	Less: direct expenses	9b	0					
9c	Net income or (loss) from gaming activities			0				
10a	Gross sales of inventory, less returns and allowances	10a	0					
10b	Less: cost of goods sold	10b	0					
10c	Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue				Business Code				
	11a				0			
	b				0			
	c				0			
	d	All other revenue			0			
e	Total. Add lines 11a-11d			0				
12	Total revenue. See instructions.			8,496	0	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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0		0	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	175	175		
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SALES TAX -----	770			
b	-----	0			
c	-----	0			
d	-----	0			
e	All other expenses -----	0			
25	Total functional expenses. Add lines 1 through 24e	945	175	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	28,835	1	
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	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	0	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)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	250	8	250
	9 Prepaid expenses and deferred charges	0	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,348		
	b Less: accumulated depreciation	10b 3,302	12,348	10c 12,348
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)		41,433	16	12,598
Liabilities	17 Accounts payable and accrued expenses	0	17	
	18 Grants payable	0	18	
	19 Deferred revenue	0	19	
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	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	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25		0	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	0	27	
	28 Net assets with donor restrictions	0	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances		0	32	0
33 Total liabilities and net assets/fund balances		0	33	0

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,496
2	Total expenses (must equal Part IX, column (A), line 25)	2	945
3	Revenue less expenses. Subtract line 2 from line 1	3	7,551
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,551

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization DUNEDIN SCOTTISH ARTS FOUNDATION, INC.	Employer identification number 59-1634451
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 0
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test—2020; b 33 1/3% support test—2019; 17a 10%-facts-and-circumstances test—2020; b 10%-facts-and-circumstances test—2019; 18 Private foundation.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,047	18,753	3,332			44,132
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	337,692	330,973	251,727			920,392
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	359,739	349,726	255,059	0	0	964,524
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						964,524

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	359,739	349,726	255,059	0	0	964,524
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	359,739	349,726	255,059	0	0	964,524

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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)	0	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	Minimum Asset Amount (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015	0		
b From 2016	0		
c From 2017	0		
d From 2018	0		
e From 2019	0		
f Total of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2021. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016	0		
b Excess from 2017	0		
c Excess from 2018	0		
d Excess from 2019	0		
e Excess from 2020	0		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: DUNEDIN SCOTTISH ARTS FOUNDATION, INC. Employer identification number: 59-1634451

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions about purpose of easements, number of easements, and monitoring requirements.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting requirements.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0	0		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----|
| (i) Unrelated organizations | | |
| (ii) Related organizations | | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	12,348	0	12,348
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 12,348

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CELTIC FESTIVAL (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	33,682	0	33,682
	2	Less: Contributions		0	0
	3	Gross income (line 1 minus line 2)	33,682	0	33,682
Direct Expenses	4	Cash prizes		0	0
	5	Noncash prizes		0	0
	6	Rent/facility costs	478	0	478
	7	Food and beverages	5,655	0	5,655
	8	Entertainment	1,100	0	1,100
	9	Other direct expenses		0	0
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			(7,233)
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			26,449

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			(0)
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			0

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

DUNEDIN SCOTTISH ARTS FOUNDATION, INC.

Employer identification number

59-1634451

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3** Enter total number of other organizations listed in the line 1 table ▶ **0**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Dunedin Scottish Arts Foundation

Statement of Activity

July 2021 - June 2022

	TOTAL
Revenue	
ARPA Grant	33,000.00
ATM Event Service Fees	263.50
Beer Tokens	71,358.00
Clan Fees	1,535.00
Contest Fees	16,923.92
DSAF Vendor Refund	278.50
Membership Dues	5,110.55
Merchandise	16,428.00
Services	64,601.37
Soda/ Water/ Gatorade	3,436.00
Sponsorships	19,855.00
Ticket Sales	137,714.58
Tips	3,033.04
Vendor Fee	20,296.27
Total Revenue	\$393,833.73
GROSS PROFIT	\$393,833.73
Expenditures	
Advertising & Marketing	27,961.93
Athletics Competition Fees	1,675.00
Awards & Prizes	16,285.94
Bank Charges & Fees	9,479.41
Beer Purchase	22,232.24
Card Processing Equipment	1,594.45
CF Bands	3,250.00
Charitable Contributions	1,000.00
City Fees	28,922.15
DSAF Proceeds Grant	76,201.00
DT Expense - Instructor	3,000.00
DT Expense - Performance	300.00
DT Expense - Purchase	243.08
Dues & subscriptions	374.00
Emcee	200.00
Entertainment Bands	3,500.00
Equipment Rental	15,472.22
EUSPA Sanction Fee	186.00
Event Fire Equipment	727.60
Event Ice	1,150.24
Event Photographers	1,600.00
Event Security	10,073.00
Golf Cart Rental	1,043.25
Insurance	10,487.97

Dunedin Scottish Arts Foundation

Statement of Activity

July 2021 - June 2022

	TOTAL
Interest Paid	-0.67
Job Supplies	2,473.16
Judge Fees	14,777.02
Judge Hotels	7,379.10
Koozies	2,031.52
Labor	435.38
Legal & Professional Services	195.00
Merchandise for Sale	7,596.52
Office Supplies & Software	5,628.67
Other Business Expenses	42.09
Parking Expenses	825.23
Pipe Band Fees	6,265.00
Porta Johns & Security	4,708.35
QuickBooks Payments Fees	302.19
Race Expenses	1,940.00
Refund	2,027.57
S/W/G Purchase	1,273.88
Shuttle Buses	1,800.00
Signage	2,866.73
Sound Equipment	2,500.00
Sponsor Koozies	6,994.43
Taxes & Licenses	5,327.06
Uncategorized Expense	30.00
VIP Costs	15,165.63
Volunteer Tshirts	1,255.66
Wine Purchase	2,695.26
Total Expenditures	\$333,494.26
NET OPERATING REVENUE	\$60,339.47
Other Revenue	
Donations	12,954.49
Grant Revenue	8,000.00
Interest Earned	1.53
Refund to DSAF	1,489.50
Total Other Revenue	\$22,445.52
Other Expenditures	
Grease/ Fryer Deposit Return	300.00
Total Other Expenditures	\$300.00
NET OTHER REVENUE	\$22,145.52
NET REVENUE	\$82,484.99

Binder Number: EPPE690533

Binder Type: NEW BUSINESS

Binder Term: from 9/7/2022 to 9/7/2023

THIS CERTIFIES THAT, pending the issuance of a Policy and/or endorsements in the form described below, **GREAT AMERICAN INSURANCE CO.**, on behalf of itself or its subsidiaries, is binding coverage described as follows:

1. **INSURED:** DUNEDIN SCOTTISH ARTS FOUNDATION, INC.

P.O. BOX # 507

DUNEDIN, FL 34698

2. **LIMIT OF LIABILITY:** (Defense Costs Outside):

\$1,000,000	Aggregate Limit of Liability for the Policy Period for all Claims other than Employment Practices Claims	
Shared	Aggregate Limit of Liability for the Policy Period for all Employment Practices Claims	
Not Purchased Aggregate Limit of Liability for the Policy Period for all Fiduciary Claims		
3. RETENTIONS: \$0 \$0 Not Purchased	Insuring Agreement A: Insuring Agreement B/C:	Each Claim Each Claim

4. PREMIUM:	\$ 819 Act of Terrorism Premium \$ 0.00
--------------------	--

Based upon the location of this risk, an additional surcharge of 0.7% and municipal tax of 1.3% is anticipated.

This amount will be billed in addition to the gross premium.

5. **POLICY FORM / TYPE:** D16100-G - Non-Profit Executive Protection and Employment Practices

6. **ENDORSEMENTS:** As outlined in Quotation No. **AN2063597** dated **9/7/2022**, and modifications as listed below (if any):

None

7. **OUTSTANDING CONDITIONS:** Unfulfilled conditions as outlined in Quotation No. **AN2063597** dated **9/7/2022**, and additions/modifications as listed below (if any):

1. Prior to Policy Issuance, please provide a signed and dated copy of Endorsement IL7381.

Great American Insurance Company reserves the right to modify the final Policy terms and conditions upon underwriting review of any information received. It is expressly stipulated that except as otherwise provided herein the coverage provided by this Binder is subject to all of the terms and conditions of the Policy regularly issued by the GREAT AMERICAN INSURANCE CO. in the state in which the entity referred to in Item 1 of this Binder is located, which Policy is hereby made a part hereof. This Binder shall terminate automatically, and will be replaced by the issuance of a Policy and/or Endorsements by GREAT AMERICAN INSURANCE CO.. If subsequent to the date of the quotation No **AN2063597**, but prior to the effective date of the Binder (see **Binder Term** above) there is a material adverse change In the condition of the Proposed Insured or an event which could materially change the underwriting evaluation of the Proposed Insured, then, at GREAT AMERICAN INSURANCE CO. option, this Binder may be rescinded and declared null and void.

GREAT AMERICAN INSURANCE CO.

BY

Date: September 8, 2022

Daniel W. Harris Underwriter (847) 627-6974 dwharris@gaig.com	Submitted By: INNSURANCE MARKETING AGENCIES, INC. 306 MAIN STREET WORCESTER, MA 01608 Commission 20%
--	---