

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*

Palm Harbor Library

Proposal Name*

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

The Music Garden

EIN*

59-2720211

Incorporation Year*

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

1986

Organizational Mission Statement*

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

"Palm Harbor Library aspires to be the definitive educational and cultural destination for all members of the Palm Harbor community. It will offer a safe and secure environment, serve as a neutral venue while providing easy access to information. The library will be an essential part of the community, acting as an anchor for learning, promoting and supporting the arts and meeting the evolving needs of its residents."

Unique Entity ID (SAM)

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

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

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

Character Limit: 12

Annual Operating Budget Size*

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

\$1,700,000.00

Amount Requested*

The maximum grant amount is \$199,999.

\$21,896.00

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.

Yes

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?

Palm Harbor Library has been operating since 1978 as a full-fledged public library, providing a wide assortment of items to be borrowed such as books, audio/visual material, magazines and DVD's. Most recently an array of online services has also been offered, all accessible with a free library card. The philosophy of lending has now been expanded to include STEAM kits, vinyl with turntables, musical instruments, Role Playing Games and even a "seed" library.

Services established include literacy assistance, genealogy help, home bound delivery, two off-site book/DVD vending machines, sewing machines, a Gaming Center and a Children's Art MakerSpace and a drive-thru window for easy pick-up/drop off!

But perhaps what sets PHL separate from many other libraries is its art-centric approach. It strongly promotes and supports the visual and performing arts. This has been accomplished in such ways as the establishment of an art exhibit area, an outside sculpture, an art book club, a children's art storytime, a partnership with the Leepa-Rattner Museum of Art, musical and acting shows, a writing program, loanable musical instruments and in 2023, an arrangement has been made with the Florida Orchestra for five performances.

Community Need*

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

As part of the library's recent biennial public survey where over 500 responses were received, there appeared for the first time a significant tilt towards a much younger community. Children have always made up a large part of our library users and that was telling with this past Summer Reading Program's attendance of 993 children!

Over the past few years, area schools have cut back on their arts programs. As important as the sciences and math are, it is the library's belief that the arts help's make a child a more well-rounded individual. The library has attempted to fill this void with the Children's Art MakerSpace, loanable musical instruments, art storytimes and STEAM kits which includes an art component. Presently the library has issued 4,741 library cards to children.

The proposed "Music Garden" collection would further expand the library's commitment in providing access to the arts. These permanently installed outdoor musical instruments were developed for music parks, playgrounds and libraries – creating hands-on music making experiences not just for families but also for anyone who enjoys music. Quoting the vendor Percussion Play, "It is important to begin teaching children diversity throughout their early childhood, to promote socialization, tolerance, respect, care, and openness. Music, as an essential element of culture, is an excellent place to begin early discussions about diversity and inclusion."

This project would certainly further enhance the quality of life in north Pinellas county.

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.

From approximately March 2020 thru March 2021, a significant amount of operating expenditures normally earmarked for the library's book/DVD/audio-visual collection and services were instead diverted to Covid-related purchases. They include:

- On-site security personnel to handle aggressive behavior regarding the mask mandate at a cost of \$6,972
- Installation of protective shields throughout the 26,000 square foot facility at a cost of \$1,957
- The purchase of sanitizing supplies for staff (28), library volunteers (50+) and for an average monthly public foot traffic of 10,000+ at a cost of \$2,300
- Additional daily cleaning requirement at a cost of \$10,250
- An increase of overtime to staff to cover those staff members who were affected either physically or mentally by the Covid virus.

Total estimated expenditure that would have supported normal library operations was \$21,479

These unanticipated expenses delayed further growth of the library's cultural endeavors, decreased the purchasing of new material and for-stalled the hiring of new employees.

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?

The "Music Garden" is a further attempt to expand the library's art-centric philosophy to promote and support the visual and performing arts especially for children. Covid had delayed this project which was part of an overall strategic effort to make the arts more accessible for the community. ARPA funding would undoubtedly revitalize this goal.

These permanently installed instruments (with at least a five-year life span) would be located along the front yard of the library's property. They would include the following (with individual costs listed):

Major Posy (3 flowers) - \$2,200

Rainbow Bongos - \$1,375
 Talk Tubes - \$4,317
 Sunflower Petal Drum - \$2,563
 Bell Lyre - \$4,637
 Cavatina - \$3,944
 Music Book (8 songs) - \$2,860
 All adding up to \$21,896

Complete information may be found at <https://www.percussionplay.com/>.

Also, these instruments help resolve another lingering Covid issue which is the reluctance for some families to still enter an enclosed environment. Since these instruments are outside, they are more easily accessible while lessening the fear of contacting the virus.

Some testimonials:

Larry P. Neal, Library Director Clinton Macomb Public Library, North Branch, Macomb County, Michigan
 "Our outdoor musical instruments were an instant hit with library patrons of all ages once they were installed in the grounds of our new building. From spontaneous 'concerts' to a simple tap of delight on a drum, these have brought a wonderful sense of joy to the community."

Christy Schink - Associate Director of Youth and Outreach Services Librarian, Scenic Library, Missouri
 "We have Soprano Quartet instruments at 5 of our 9 library branches and are hoping to add them to all of our branches. We were looking for something to pull people out onto our outdoor patios in our new buildings, and these have been perfect. The company is great to work with and their products are exceptionally high quality."

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?

Considering these musical instruments are located outside on library property where anyone would have access to them without any type of restriction and that access points for the disabled will be built (such as small ramps and wider entrances), the entire community will benefit from this added-value service.

Number Served*

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

120000

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Duplicated

Other (Explanation Required)

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

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

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

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

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.

Enter an Address, city, state or tract Florida

Map Options : Clear | Reset | Full Screen

QCT Legend: — Tract Outline ■ LIHTC Project ■ 2022 Qualified Census Tracts

SADDA Legend: — FMR Boundary ■ 2022 Small DDA ■ Non Metro DDA

Hide the overview

The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial designation methodology is explained in the federal Register notice published September 9, 2021

Map Options

10 Current Zoom Level

Show Difficult Development Areas (Zoom 7+)

Color QCT Qualified Tracts (Zoom 7+) ←

Show Tracts Outline (Zoom 11+)

Show FMR Outlines (Zoom 4+)

Show LIHTC Projects (Zoom 11+)

[Click here for full screen map](#)

Select Year

2022

2021

Map Satellite

Keyboard shortcuts Map data ©2022 Google, INEGI Terms of Use

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/>
2330 Nebraska Ave., Palm Harbor, FL 34683

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).

All the installed musical instruments will be located on the library's front lawn. Map will be sent as an attachment.

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.

Palm Harbor Library resources are available to any member of the community free of charge. If you wish to borrow any item, access on-site computers or online services, all you need is a free library card. Its main purpose is to provide educational and recreational services to the 59,000+ residents who support the library through a dedicated tax. Part of this endeavor is achieved through various partnerships including the Leepa-Rattner Museum of Art, the Palm Harbor Chamber of Commerce, the Palm Harbor Historical Museum, the Palm Harbor Parks & Recreation Dept., the YMCA and the local food bank, FEAST. Some outreach activities include working with the local Assistant Living Facilities, Meals-on-Wheels, home bound delivery service, participating on area school committees, the Chamber Foundation, the local synagogue and an active member of a former Palm Harbor based non-profit organization.

Leadership Demographics - Board Membership*

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

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

None of the above

Leadership Demographics - Executive Level Leadership Team*

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

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

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

BIPOC

Leadership Demographics - CEO/Executive Director*

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

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

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

None of the above

Parent Not-for-Profit

Subsidiaries Applying*

Please list **IN ORDER OF PRIORITY** the name of the subsidiaries applying and a brief descriptor of the proposed purchase.

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Below, the organization would prioritize the requests and briefly describe what each is applying for. **On both applications, copy and paste the same answer or reach out to PCF for assistance in doing so.**

N/A

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.

Palm Harbor Library - Combined Bid.pdf

Sole Source*

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

This is a sole source product. As mentioned above, please see below individual products and costs:

Major Posy (3 flowers) - \$2,200

Rainbow Bongos - \$1,375

Talk Tubes - \$4,317

Sunflower Petal Drum - \$2,563

Bell Lyre - \$4,637

Cavatina - \$3,944

Music Book (8 songs) - \$2,860

All adding up to \$21,896

The vendor is "Percussion Play" <https://www.percussionplay.com/>, an outdoor musical instrument manufacturer. Their full catalog may be found at <https://802e7167a71abdbf4caa-a1a633b0f7016d9b7651e68f62782419.ssl.cf3.rackcdn.com/PP2001-02%20Standard%20Brochure%20Landscape%20WEB.pdf>.

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 below."

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.

Copy of Budget-Template-Small-Capital-Purchases-1.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.

None.

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.
- If this project increases ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
 - Monies will be taken from either the library's operational or capital account
- If this project decreases ongoing operating costs, how will it do so?
 - No decrease is expected.
- If this project does not affect operating costs, please note so below.
 - There will be some operating costs including cleaning maintenance, grounds maintenance, accessibility pathways and marketing.

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.

PHL 2021-2022 Budget Comparisons.xls

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

PHCSA BOARD 2021-2022.doc

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.

990 Info.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.

PHCSA Audit 2021.pdf

The audit reflects collectively all four entities of the Palm Harbor Community Services Agency including Palm Harbor Library. It does not separate out each entity's finances. Only available financial statement for PHL is in an Excel spreadsheet. It will be sent as an attachment.

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.

Insurance information is only available as a Word doc. It will be sent as an attachment.

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.

Palm Harbor Library - ARPA Uploads.pdf

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?

Although the merits of this project may stand on its own, it should be noted that it has already been successfully implemented at other public libraries with the assistance of ARPA funds. At the Bethlehem Public

Library in N.H., these musical instruments were installed in “direct response to pandemic restrictions and anxieties”. North Mankato Library (Minn.) as well as Mesa Verde Library (CA.) used other funds but for similar reasons; to learn, play, discover and serve as a “gathering place”. A full article about this initiative will be sent as an attachment along with a map of the "Music Garden".

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- Palm Harbor Library - Combined Bid.pdf
- Copy of Budget-Template-Small-Capital-Purchases-1.xlsx
- PHL 2021-2022 Budget Comparisons.xls
- PHCSA BOARD 2021-2022.doc
- 990 Info.pdf
- PHCSA Audit 2021.pdf
- Palm Harbor Library - ARPA Uploads.pdf

“Percussion Play”

This is a sole source product. As mentioned above, please see below individual products and costs:

Major Posy (3 flowers) - \$2,200

Rainbow Bongos - \$1,375

Talk Tubes - \$4,317

Sunflower Petal Drum - \$2,563

Bell Lyre - \$4,637

Cavatina - \$3,944

Music Book (8 songs) - \$2,860

All adding up to \$21,896

The vendor is “Percussion Play” <https://www.percussionplay.com/>, an outdoor musical instrument manufacturer. Their full catalog may be found at <https://802e7167a71abdbf4caa-a1a633b0f7016d9b7651e68f62782419.ssl.cf3.rackcdn.com/PP2001-02%20Standard%20Brochure%20Landscape%20WEB.pdf>.

MUSIC MADE FOR THE GREAT OUTDOORS[®]

Percussion Play USD MSRP Price List

Prices valid from April 1st 2022 to September 30th 2022



Prices are in US Dollars. Excluding TAX.

Freight/Incoterm FOB, Petersfield UK.

For Freight DDP to 48 Contiguous United States add 10% of MSRP. (Except where indicated *)

Percussion Play Ltd standard Terms and Conditions of sale apply. E and OE.

Key: G Ground Fix S Surface Fix* W Wall Fix C Custom Feature E Extended Footers

*Price also applies to deep bury extended footers for EWF surfacing except where stated.

HD Resonated Instruments - Assembly Upgrade to HDPE/Anodized Aluminum - Black Only

Drums

Rainbow Sambas (Set 5):

- G** \$3,105
 - S** \$3,105
 - E** \$2,770
 - C** \$330 Custom Color Charge
- 


Babel Drum Large:

- G** \$3,010
 - S** \$3,510
- 

Cajon:

- G** \$1,860
 - S** \$1,860
 - E** \$1,865
 - C** \$350 Deluxe Upgrade
- 

Congas (Pair):

- G** \$1,065
 - S** \$1,260
 - C** \$110 Custom Color Charge
- 

Babel Drum Small:

- G** \$2,330
 - S** \$2,805
- 

Cajon Drum Circle (Set 3):

- G** \$5,475
 - S** \$5,475
 - E** \$5,125
- 

Congas (Trio):

- G** \$2,990
 - S** \$3,645
 - C** \$330 Custom Color Charge
- 

Djembes (Set 3):


- G** \$6,195
 - S** \$6,810
- 

Tumbadoras (Pair):


- G** \$4,115
 - S** \$4,325
- 

Aerophones

Tempos Pentatonic:

- G** \$6,910
 - S** \$7,325
- 

Tempos Diatonic:

- G** \$8,975
 - S** \$9,400
- 

Tempos Blues:

- G** \$8,680
 - S** \$9,085
- 

Handpipes:

- G** \$2,850
 - S** \$3,325
- 

Chimes and Bells

Tubular Bells (Set 7):

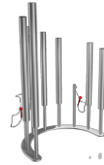
G \$4,660

S \$6,930



Tubular Bells c/w Horseshoe Base:

S \$6,930



Tubular Bells (Each):

G \$725

S \$960



Emperor Chimes (Set 6):

G \$6,810

S \$8,065



Emperor Chimes (Set 3):

G \$3,510

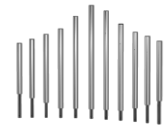
S \$4,105



Colossus Chimes (Set 11):

G \$7,760

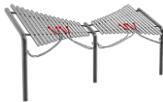
S \$10,600



Papilio:

G \$4,795

S \$5,575



Harmony:

G \$3,190

S \$3,630



Tutti:

G \$7,225

S \$7,845



Cherub:

G \$2,990/HD \$3,390

S \$3,450/HD \$3,825

W \$2,670/HD \$3,050



Sonora:

G \$5,670/HD \$6,530

S \$6,085/HD \$6,960

W \$5,370/HD \$6,195



Bell Lyre:

G \$4,215

S \$4,430



MyTunes (Per Note):

G \$95

S \$95



MyTunes Legs (1+1 per 25 Notes):

G \$215

S \$415

Chimes and Bells (Freechimes)

Diatonic Symphony c/w SS Legs:

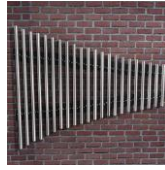
G \$5,065

S \$5,740



Diatonic Symphony c/w Backboards:

W \$4,335



Diatonic Symphony (Notes Only):

W \$3,585



Pentatonic Symphony c/w SS Legs:

G \$3,870

S \$4,515



Pentatonic Symphony c/w Backboards:

W \$3,120



Pentatonic Symphony (Notes Only):

W \$2,670



Alto Diatonic c/w SS Legs:

G \$1,930

S \$2,365



Alto Diatonic c/w Backboards:

W \$1,575



Alto Diatonic (Notes Only):

W \$1,325



Alto Pentatonic c/w SS Legs:

G \$1,575

S \$2,000



Alto Pentatonic c/w Backboards:

W \$1,200



Alto Pentatonic (Notes Only):

W \$1,035



Soprano Diatonic c/w SS Legs:

G \$1,750

S \$2,195



Soprano Diatonic c/w Backboards:

W \$1,325



Soprano Diatonic (Notes Only):

W \$1,155



Soprano Pentatonic c/w SS Legs:

G \$1,455

S \$1,880



Soprano Pentatonic c/w Backboards:

W \$1,080



Soprano Pentatonic (Notes Only):

W \$900



Xylophones and Metallophones

Duo:

- G \$4,550/HD \$5,150
- S \$4,945/HD \$5,575



Cadenza:

- G \$2,270/HD \$2,645
- S \$2,480/HD \$2,865
- W \$2,480/HD \$2,865



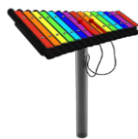
Sansa-Rimba:

- G \$2,850/HD \$3,255
- S \$3,070/HD \$3,470
- W \$3,070/HD \$3,470



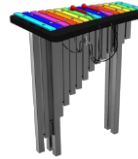
Cavatina:

- G \$3,170/HD \$3,585
- S \$3,390/HD \$3,825
- W \$3,390/HD \$3,825



Capella:

- G \$4,335
- S \$4,745



Rainbow Sansa-Rimba:

- G \$3,180/HD \$3,585
- S \$3,390/HD \$3,800
- W \$3,390/HD \$3,800



Wall Mounted Only

Mirror Chimes:

- W \$2,380



Wall Marimba:

- W \$2,270



Accessories

Music Book (2 Pages):

- G \$1,965
- S \$2,185
- W \$2,185



Music Book (4 Pages):

- G \$2,600
- S \$2,820
- W \$2,820



Music Book Page Options:

Page 1 - Jesu, Joy of Man's Desiring | Ode To Joy

Page 2 - Old MacDonald Had A Farm | Twinkle Twinkle

Page 3 - Oh! Susanna | She'll Be Comin' Round The Mountain

Page 4 - Frere Jacques | Row, Row, Row Your Boat

Page 5 - Amazing Grace | When The Saints Go Marching In

Page 6 - Swing Low, Sweet Chariot | Yankee Doodle

Page 7 - He's Got the Whole World | Kum Ba Yah

Page 8 - Itsy Bitsy Spider | It's Raining, It's Pouring

Page 9 - Skye Boat Song | My Bonnie Lies Over The Ocean

Enquire About Custom Pages

Marimbas

Akadinda:

- G** \$3,605
- S** \$3,605



Marimba:

- G** \$4,550
- S** \$5,320



Grand Marimba:

- G** \$6,195
- S** \$7,020



Rainbow Collection

Bongos:

- G** \$1,250
- S** \$1,455
- W** \$1,095



Metallophone:

- G** \$1,700
- S** \$1,885
- W** \$1,495



Chimes:

- G** \$1,640
- S** \$2,055
- W** \$1,285



Penta Post:

- G** \$1,155
- S** \$1,360



Calypto Chimes

Diatonic:

- G** \$3,595
- S** \$5,145



Pentatonic:

- G** \$2,705
- S** \$3,860



Quartet:

- G** \$1,800
- S** \$2,565



Quatro:

- G** \$1,045
- S** \$1,240



Calypto Chimes Solos

C4:

- G** \$485
- S** \$680

Red

D4:

- G** \$485
- S** \$680

Orange

E4:

- G** \$485
- S** \$680

Yellow

F4:

- G** \$485
- S** \$680

Green

G4:

- G** \$485
- S** \$680

Blue

A4:

- G** \$485
- S** \$680

Indigo

B4:

- G** \$485
- S** \$680

Violet

C5:

- G** \$485
- S** \$680

Red

Inspired by Nature

Harmony Bells

C Major C4 - C5:

(G) \$1,395

(S) \$1,600



F Major F4 - F5:

(G) \$1,395

(S) \$1,600



G Major G4 - G5:

(G) \$1,395

(S) \$1,600



D Minor D4 - D5:

(G) \$1,395

(S) \$1,600



E Minor E4 - E5:

(G) \$1,395

(S) \$1,600



A Minor A4 - A5:

(G) \$1,395

(S) \$1,600



Major Bunch:

(G) \$4,010

(S) \$4,490



Minor Bunch:

(G) \$4,010

(S) \$4,490



Harmony Flowers

C5:

(G) \$705

(S) \$900



D5:

(G) \$705

(S) \$900



E5:

(G) \$705

(S) \$900



F5:

(G) \$705

(S) \$900



G5:

(G) \$705

(S) \$900



A5:

(G) \$705

(S) \$900



Major Posy:

(G) \$2,000

(S) \$2,475



Minor Posy:

(G) \$2,000

(S) \$2,475



Inspired by Nature (Continued)

Petal Drums

Daisy:

(G) \$2,330

(S) \$2,535

(W) \$2,330



A-Minor

Forget-Me-Not:

(G) \$2,330

(S) \$2,535

(W) \$2,330



C-Major

Poppy:

(G) \$2,330

(S) \$2,535

(W) \$2,330



A-Akebono

Sunflower:

(G) \$2,330

(S) \$2,535

(W) \$2,330



C-Pygmy

Floor Pianos

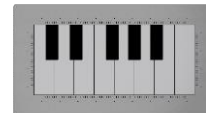
Grand Floor Piano:

(G) \$47,295



Baby Floor Piano:

(G) \$23,145



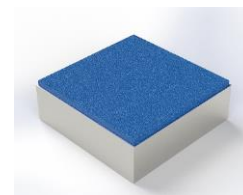
Stepping Stones

Stepping Stone (Each):

(G) \$2,320

Stepping Stone EPDM Pad (Each):

(G) \$155



Stepping Stones (Set 6):

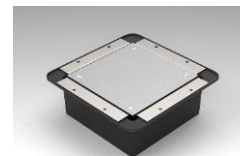
(G) \$12,980

Stepping Stones EPDM Pads (Set 6):

(G) \$895

Footnotes (Each):

(G) \$960



Options: C5, D5, E5, F5, G5, A5, B5, C6

Talk Tubes:

(G) \$3,925

3" Diameter Stainless Steel Talk Tubes (Pair)

Including 40ft underground connection kit.



Ensembles

Soprano Quartet Ensemble:

(G) \$6,810/HD \$7,225

(S) \$8,160/HD \$8,465



Trio Ensemble:

(G) \$10,215

(S) \$13,005



Alto Quartet Ensemble:

(G) \$12,385/HD \$13,005

(S) \$14,350/HD \$14,970



Quintet Ensemble:

(G) \$16,405/HD \$17,240

(S) \$19,200/HD \$20,035



Hexad Ensemble:

(G) \$19,310

(S) \$23,535



Septet Ensemble:

(G) \$29,115

(S) \$34,180



Street Quartet Ensemble:

(G) \$14,145

(S) \$16,310



Rainbow Trio Ensemble:

(G) \$4,350

(S) \$5,170

(W) \$3,640



Miscellaneous

Additional Beaters:

\$85 Large Loose (Each)*

\$120 Large Tethered (Each)*

\$50 Small Loose (Each)*

\$85 Small Tethered (Each)*



Additional Paddles:

\$70 Paddles Loose (Each)*

\$85 Paddles Tethered (Each)*



Spare Caps (Rainbow Sambas/Conga):

\$85 XS Cap (160MM/6 5/16" ID)*

\$135 S Cap (200MM/7 7/8" ID)*

\$145 M Cap (250MM/9 13/16" ID)*

\$215 L Cap (315MM/12 3/8" ID)*

\$280 XL Cap (400MM/15 3/4" ID)*

Other Drum Caps (Imperial Resonator Sizes):

\$85 XS Cap (156MM/6 1/8" ID)*

\$135 S Cap (207MM/8 1/8" ID)*

\$145 M Cap (259MM/10 3/16" ID)*

\$215 L Cap (311MM/12 1/4" ID)*

\$280 XL Cap (389MM/15 5/16" ID)*

Freechimes Solos (Each):

\$160 Alto C4-B4*

\$145 Soprano C5-C6*

Tubular Bells/Colossus Chimes Beater Post

c/w Large Beater (Each):

\$330 Ground Fix*

\$595 Surface Fix*



Babel/Petal Drum Beaters:

\$45 Loose (Each)*

\$70 Tethered (Each)*



Rainbow Sambas (Each):

\$470 XS Rainbow Samba*

\$545 S Rainbow Samba*

\$605 M Rainbow Samba*

\$695 L Rainbow Samba*

\$740 XL Rainbow Samba*

Mallet Minders:

\$35 Single*

\$50 Double*





**ANNUAL BUDGET
FISCAL YEAR 2021-2022
BUDGET COMPARISONS**

SOURCE OF FUNDS	FY19-20 BUDGET	FY20-21 BUDGET	FY21-22 BUDGET	Difference Between FY21 & 22
Ad Valorem	1,118,030	1,160,250	1,292,180	131,930
Friends of the Library	25,000	32,000	25,800	6,200
Facilities Rental Income	2,000	1,000	1,000	
Fines	40,000	10,000	5,000	5,000
Interest Income	200	200	1,500	1,300
Literacy Income	4,000	4,000	Deleted	4,000
Other Income	1,000	1,500	1,500	0
PPLC Funding	263,430	274,500	333,000	58,500
Printing Income	4,000	3,000	3,000	0
Public Donations		10,000	20,000	10,000
TOTAL FUNDS	1,457,660	1,496,450	1,682,980	186,530
OPERATING EXPENDITURES				
PERSONNEL				
Disability	6,000	7,000	8,600	1,600
Drug Screening	200	200	200	0

Employee Assistance	300	500	400	100
Health & Dental Insurance	98,500	101,500	95,200	6,300
Holiday Bonuses	4,800	5,500	5,800	300
Salaries & Wages	774,500	742,300	865,365	123,065
Retirement	14,000	17,000	16,300	700
Payroll Taxes	62,000	71,700	76,300	4,600
Worker's Compensation	6,500	4,600	4,700	100
TOTAL PERSONNEL	<u>966,800</u>	<u>950,300</u>	<u>1,072,865</u>	<u>122,565</u>

LIBRARY

Advertising	20,500	10,000	10,000	0
Audit	6,500	6,000	6,500	500
Automation: Licensing & Maint.	3,800	3,500	4,800	1,300
Bank Charges	800	800	1,000	200
Building & Grounds Maintenance	105,340	115,710	140,000	28,710
Cataloging	3,000	3,000	3,000	0
Collection Agency	2,000	2,000	2,000	0
Collection Development	56,600	49,000	60,605	11,605
Dues & Membership	1,000	1,100	1,000	100
Equipment/Furniture Maint/Rental	3,850	13,700	22,850	9,150
Freight & Postage	2,500	2,500	4,000	1,500
Friends	25,000	32,000	25,800	6,200
Insurance: Property & Liability	58,290	67,040	70,760	3,720
Literacy	4,000	4,000	Deleted	4,000
Miscellaneous Insurance	4,670	6,900	4,515	2,385
Online Services	36,100	42,000	49,000	7,000
Printing	4,000	3,000	3,000	0
Professional Fees	2,000	19,200	19,200	0
Programming	20,000	20,000	22,190	2,190
Renewal & Replacment- Capital	0	0	16,305	16,305
Supplies	21,500	30,500	30,000	500
Telecommunications	11,200	12,100	14,000	1,900
Trash Removal	2,700	2,600	2,750	150

Travel & Education	17,500	18,500	13,000	5,500
Utilities	40,000	43,000	43,000	0
TOTAL LIBRARY	452,850	508,150	569,275	66,625
AGENCY				
Accounting	4,000	4,000	4,000	0
Holiday Bonuses			100	100
HR Coordinator Benefits	2,665	2,800	2,400	400
HR Coordinator Payroll Taxes	1,520	2,200	2,300	100
HR Wages	20,525	17,700	18,700	1,000
Insurance: Officers & Directors	1,500	1,500	1,500	0
Legal	3,000	4,000	4,000	0
Online Service	3,000	3,700	3,700	0
Payroll Services	1,400	1,000	3,100	2,100
SIMPLE IRA		600	470	130
Storage	300	300	370	70
Worker's Comp	100	200	200	0
TOTAL AGENCY	<u>38,010</u>	<u>38,000</u>	<u>40,840</u>	<u>2,840</u>
TOTAL OPERATIONS	1,457,600	1,496,450	1,682,980	186,530

P H C S A

Palm Harbor Community Services Agency, Inc.

BOARD OF DIRECTORS 2021 - 2022

Phil Phillips, Chairman

1834 Melanie Way
Palm Harbor, FL 34683
727.638.1920

philphillips@phcsa.net

Appointed by CSA Palm Harbor Advisory Board
Term: 10.01.2020 – 09.30.2022 2 Terms Left

Jenny Goad

289 Sanctuary Drive
Crystal Beach, FL 34681
540.467.7517

jennygoad@phcsa.net

Appointed by Pinellas County BOCC.Justice
Term: 12.01.2021 - 11.30.2023 1st Term

Scott Papes, Secretary

4901 Quill Court
Palm Harbor, FL 34685
727.481.5070

scottpapes@phcsa.net

Appointed by ELYSA Advisory Board
Term: 10.01.2020 - 09.30.2022 2 Terms Left

Philip Wagner, Treasurer

1001 Tartan Drive, Unit 305
Palm Harbor, FL 34684
727/204.9240

philipwagner@phcsa.net

Appointed by Pinellas County BOCC.Long
Term: 12.01.2021 - 11.30.2023 2 Terms Left

Andrew Salzman, Esquire PHCSA Attorney

Unice & Salzman, P.A.
Patriot Bank Building, Second Floor
1815 Little Road
Trinity, Florida 34655
Work: 727-723-3772

asalzman@unicesalzman.com

Ron Schultz

4423 Fallbrook Blvd.
Palm Harbor, FL 34685
727.488.3030

ronschultz@phcsa.net

Appointed by Pinellas County BOCC.Eggers
Term: 12.01.2021 - 11.30.2023 2 Terms Left

Sandra Faulkner

1850 Stable Trail
Palm Harbor, FL 34685
727.410.7557 H 727.781.0626 W

sandyfaulkner@phcsa.net

Appointed by Pinellas County BOCC.Gerard
Term: 12.01.2021 - 11.30.2023 1 Term Left

Cecile Creely, Vice Chair

937 Belted Kingfisher Dr., S
Palm Harbor, FL 34683
727.455.6991

cecilecreely@phcsa.net

Appointed by Palm Harbor Library Advisory
Term: 10.01.2020 – 09.30.2022 2.5 Terms Left

Dan Wendol

5792 Stag Thicket Lane
Palm Harbor, FL 34685
201.655.9891

danwendol@phcsa.net

Appointed by ELCL Advisory Board
Term: 10.01.2020 – 09.30.22 3 Terms Left

2330 NEBRASKA AVENUE | PALM HARBOR | FLORIDA | 34683 | 727-784-3332

2330 NEBRASKA AVENUE | PALM HARBOR | FLORIDA | 34683 | 727-784-3332

"The Mission of the Palm Harbor Community Services Agency, Inc. is to develop, provide and promote educational and recreational activities that support and improve the quality of life for all residents of the greater Palm Harbor area." 12.17.2019 dlj

2330 NEBRASKA AVENUE | PALM HARBOR | FLORIDA | 34683 | 727-784-3332

"The Mission of the Palm Harbor Community Services Agency, Inc. is to develop, provide and promote educational and recreational activities that support and improve the quality of life for all residents of the greater Palm Harbor area." 12.17.2019 dlj

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2021

PREPARED FOR:

PALM HARBOR COMMUNITY SERVICES AGENCY,
INC.
2330 NEBRASKA AVE
PALM HARBOR, FL 34683

PREPARED BY:

CBIZ MHM, LLC
140 FOUNTAIN PKWY N, STE 410
ST. PETERSBURG, FL 33716

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 15, 2022.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

2020

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization or person subject to tax PALM HARBOR COMMUNITY SERVICES AGENCY, INC.	Taxpayer identification number 59-2720211
--	---

Name and title of officer or person subject to tax
**PHIL PHILLIPS
CHAIRPERSON**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>5,959,510.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CBIZ MHM, LLC to enter my PIN 20211
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____

Date ▶ _____

Part III Certification and Authentication

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

50465100222

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CBIZ MHM, LLC

Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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 **OCT 1, 2020** and ending **SEP 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PALM HARBOR COMMUNITY SERVICES AGENCY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2330 NEBRASKA AVE City or town, state or province, country, and ZIP or foreign postal code PALM HARBOR, FL 34683 F Name and address of principal officer: PHIL PHILLIPS SAME AS C ABOVE	D Employer identification number 59-2720211 E Telephone number (727) 784-3332 G Gross receipts \$ 6,126,736. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CSAPALMHARBOR.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986 M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PROVIDE LIBRARY AND RECREATION SERVICES TO RESIDENTS OF THE GREATER PALM HARBOR AREA		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	106
	6	Total number of volunteers (estimate if necessary)	6	80
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 4,336,399.
9		Program service revenue (Part VIII, line 2g)	420,841.	482,276.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-4,971.	2,322.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	216,079.	246,164.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,968,348.	5,959,510.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	2,538,579.	2,444,627.
	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)	2,242,328.	2,406,203.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,780,907.	4,850,830.
	19	Revenue less expenses. Subtract line 18 from line 12	187,441.	1,108,680.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 7,580,277.	End of Year 8,166,758.
	21	Total liabilities (Part X, line 26)	747,692.	225,493.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,832,585.	7,941,265.

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 PHIL PHILLIPS, CHAIRPERSON Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name PAUL DUNHAM	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00100222
	Firm's name ▶ CBIZ MHM, LLC Firm's address ▶ 140 FOUNTAIN PKWY N, STE 410 ST. PETERSBURG, FL 33716	Firm's EIN ▶ 27-3605969 Phone no. 727-572-1400

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 [X]

1 Briefly describe the organization's mission: TO DEVELOP, PROVIDE AND PROMOTE EDUCATIONAL AND RECREATIONAL ACTIVITIES THAT SUPPORT AND IMPROVE THE QUALITY OF LIFE FOR ALL RESIDENTS OF THE GREATER PALM HARBOR AREA.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,680,518. including grants of \$) (Revenue \$ 479,154.) PALM HARBOR PARKS AND RECREATION: THE AGENCY OPERATES PARKS AND RECREATION FACILITIES INCLUDING THE CENTRE, PALM FIELD, POP STANSELL PARK, PUTNAM PARK, SUNDERMAN COMPLEX, WHITE CHAPEL AND HARBOR HALL IN A SPECIAL TAX DISTRICT FOR PINELLAS COUNTY, FLORIDA. A WIDE VARIETY OF RECREATIONAL PROGRAMS IS AVAILABLE FOR PEOPLE OF ALL AGES.

4b (Code:) (Expenses \$ 1,502,877. including grants of \$) (Revenue \$ 37,638.) PALM HARBOR LIBRARY: THE AGENCY OPERATES THE PALM HARBOR LIBRARY IN A SPECIAL TAX DISTRICT FOR PINELLAS COUNTY, FLORIDA. A VARIETY OF CHILDREN AND ADULT EDUCATIONAL AND CREATIVE PROGRAMS ARE OFFERED. THE LIBRARY HAD A CIRCULATION TOTAL OF 409,837, HAD 659 PROGRAMS, PROGRAM ATTENDANCE OF 16,714, TOTAL MEMBER VISITS OF 111,323, AND TOTAL WEBPAGE HITS OF 153,452 DURING THE FISCAL YEAR.

4c (Code:) (Expenses \$ 1,053,995. including grants of \$) (Revenue \$ 13,937.) EAST LAKE COMMUNITY LIBRARY: THE AGENCY OPERATES THE EAST LAKE COMMUNITY LIBRARY IN A SPECIAL TAX DISTRICT FOR PINELLAS COUNTY, FLORIDA. CULTURAL AND RECREATIONAL OPPORTUNITIES ARE AVAILABLE FOR RESIDENTS OF ALL AGES. THE LIBRARY HAD A CIRCULATION TOTAL OF 127,479, HAD 511 PROGRAMS, PROGRAM ATTENDANCE OF 14,262, TOTAL MEMBER VISITS OF 57,325, AND TOTAL WEBPAGE HITS OF 1,211,234 DURING THE FISCAL YEAR. DECREASES ARE REFLECTIVE OF THE NEGATIVE IMPACT OF COVID-19 AND SUBSEQUENT REDUCED HOURS AND PROTECTIVE MEASURES THAT WERE TAKEN.

4d Other program services (Describe on Schedule O.) (Expenses \$ 484,567. including grants of \$) (Revenue \$ 1,139.)

4e Total program service expenses 4,721,957.

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> ?	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>		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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	92
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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		106
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	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	N/A	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	N/A	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? Note: See the instructions for additional information the organization must report on Schedule O.		N/A
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
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.
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

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 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) GENE COPPOLA DIRECTOR-PALM HARBOR LIBRARY	40.00			X			98,041.	0.	14,040.	
(2) ERICA LYNFORD DIRECTOR-PALM HARBOR PARKS	40.00			X			90,698.	0.	11,419.	
(3) LOIS EANNEL DIRECTOR-EAST LAKE LIBRARY	40.00			X			81,364.	0.	11,629.	
(4) MARK SANDERS DIRECTOR-EAST LAKE RECREATION	40.00			X			56,459.	0.	29,293.	
(5) PHIL PHILLIPS CHAIR	1.00	X		X			0.	0.	0.	
(6) KELLI SNOW VICE CHAIR	1.00	X					0.	0.	0.	
(7) SCOTT PAPES SECRETARY	1.00	X					0.	0.	0.	
(8) PHILIP WAGNER TREASURER	1.00	X					0.	0.	0.	
(9) RON SCHULTZ BOARD MEMBER	1.00	X					0.	0.	0.	
(10) SANDRA FAULKNER BOARD MEMBER	1.00	X					0.	0.	0.	
(11) CECILE CREELEY BOARD MEMBER	1.00	X					0.	0.	0.	
(12) DAN WENDOL BOARD MEMBER	1.00	X					0.	0.	0.	

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 line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(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			
1b Subtotal							326,562.	0.	66,381.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							326,562.	0.	66,381.	

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>	3		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>	4		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>	5		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
LAND CARE SOLUTIONS, LLC 2565 BLACKBURN ST, CLEARWATER, FL 33763	TURF CARE / MOWING	192,403.

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 1

**PALM HARBOR COMMUNITY SERVICES AGENCY,
INC.**

Form 990 (2020)

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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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,405,579.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	823,169.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 167,226.				
	h Total. Add lines 1a-1f		5,228,748.				
Program Service Revenue	2 a <u>PARKS AND RECREATION</u>	Business Code	924120	430,747.	430,747.		
	b <u>LIBRARY FEES AND FINES</u>		519120	51,529.	51,529.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		482,276.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,322.			2,322.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 195,572.				
		6b	(ii) Personal 0.				
		6c	195,572.				
	d Net rental income or (loss)		195,572.			195,572.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other 167,226.			
		7b		167,226.			
		7c		0.			
		d Net gain or (loss)		0.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	9b						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a						
	10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a <u>OTHER INCOME-PARKS</u>	Business Code	924120	49,546.	49,546.		
	b <u>ADVERTISING INCOME</u>		541800	1,000.		1,000.	
	c <u>OTHER INCOME-LIBRARIES</u>		519120	46.	46.		
	d All other revenue						
	e Total. Add lines 11a-11d		50,592.				
12 Total revenue. See instructions		5,959,510.	531,868.	0.	198,894.		

**PALM HARBOR COMMUNITY SERVICES AGENCY,
INC.**

Form 990 (2020)

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	385,361.	324,355.	61,006.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,663,252.	1,663,252.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,325.	21,325.		
9 Other employee benefits	220,220.	220,220.		
10 Payroll taxes	154,469.	154,469.		
11 Fees for services (nonemployees):				
a Management				
b Legal	17,915.		17,915.	
c Accounting	40,988.		40,988.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	20,680.	19,889.	791.	
12 Advertising and promotion	28,807.	28,807.		
13 Office expenses	199,404.	197,451.	1,953.	
14 Information technology	91,792.	91,792.		
15 Royalties				
16 Occupancy	957,529.	957,529.		
17 Travel	7,450.	7,053.	397.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	421,056.	421,056.		
23 Insurance	143,543.	141,982.	1,561.	
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 PROGRAMS AND EVENTS	344,855.	344,855.		
b COLLECTION DEVELOPMENT	119,334.	119,334.		
c _____				
d _____				
e All other expenses _____	12,850.	8,588.	4,262.	
25 Total functional expenses. Add lines 1 through 24e	4,850,830.	4,721,957.	128,873.	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 if following SOP 98-2 (ASC 958-720)

**PALM HARBOR COMMUNITY SERVICES AGENCY,
INC.**

Form 990 (2020)

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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	1,319,632.	1	1,269,936.	
	2 Savings and temporary cash investments	1,018,186.	2	1,501,027.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	53,311.	4	77,393.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	150,247.	9	150,119.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,258,027.			
	b Less: accumulated depreciation	10b 7,427,254.	4,767,497.	10c	4,830,773.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	271,404.	15	337,510.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,580,277.	16	8,166,758.		
Liabilities	17 Accounts payable and accrued expenses	262,133.	17	191,976.	
	18 Grants payable		18		
	19 Deferred revenue	45,674.	19	33,517.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	439,885.	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		25		
	26 Total liabilities. Add lines 17 through 25	747,692.	26	225,493.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	6,734,078.	27	7,837,091.	
	28 Net assets with donor restrictions	98,507.	28	104,174.	
	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		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	6,832,585.	32	7,941,265.	
	33 Total liabilities and net assets/fund balances	7,580,277.	33	8,166,758.	

Form **990** (2020)

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	5,959,510.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,850,830.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,108,680.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,832,585.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,941,265.

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 type="checkbox"/> Cash <input checked="" 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 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 checked="" 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.	X	
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 _____		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **PALM HARBOR COMMUNITY SERVICES AGENCY, INC.** Employer identification number **59-2720211**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	496,942.	626,476.	564,130.	593,368.	1263054.	3543970.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3470274.	3689171.	3583111.	3743031.	3965694.	18451281.
3 The value of services or facilities furnished by a governmental unit to the organization without charge					343,500.	343,500.
4 Total. Add lines 1 through 3	3967216.	4315647.	4147241.	4336399.	5572248.	22338751.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						22338751.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3967216.	4315647.	4147241.	4336399.	5572248.	22338751.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	212,370.	251,581.	219,215.	177,363.	197,894.	1058423.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	16,373.	25,709.	23,438.	5,220.	0.	70,740.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	35,445.					35,445.
11 Total support. Add lines 7 through 10						23503359.
12 Gross receipts from related activities, etc. (see instructions)					12	2,328,719.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	95.04 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	94.25 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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?		
b A family member of a person described in line 11a above?		
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>		

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>		
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>		

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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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>		
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>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

PALM HARBOR COMMUNITY SERVICES AGENCY,

Schedule A (Form 990 or 990-EZ) 2020 INC.

59-2720211 Page 7

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

**PALM HARBOR COMMUNITY SERVICES AGENCY,
INC.**

Employer identification number

59-2720211

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization PALM HARBOR COMMUNITY SERVICES AGENCY, INC.	Employer identification number 59-2720211
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,965,694.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>492,580.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>439,885.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>167,226.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PALM HARBOR COMMUNITY SERVICES AGENCY, INC.	Employer identification number 59-2720211
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	REAL PROPERTY LOCATED AT 2194 NIMITZ DR #2194, DUNEDIN, FL 34698	\$ <u>167,226.</u>	<u>05/17/21</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization PALM HARBOR COMMUNITY SERVICES AGENCY, INC.	Employer identification number 59-2720211
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE 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 PALM HARBOR COMMUNITY SERVICES AGENCY, INC. Employer identification number 59-2720211

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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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					
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					

- 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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				
b Buildings		9,588,471.	5,186,439.	4,402,032.
c Leasehold improvements				
d Equipment		1,855,145.	1,515,970.	339,175.
e Other		814,411.	724,845.	89,566.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,830,773.

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		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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.) ▶	

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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	6,423,220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	463,710.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	463,710.
3	Subtract line 2e from line 1	3	5,959,510.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,959,510.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,314,540.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	463,710.
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	463,710.
3	Subtract line 2e from line 1	3	4,850,830.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,850,830.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

PHCSA HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. INCOME EARNED IN FURTHERANCE OF PHCSA'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE AGENCY'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. PHCSA IS TREATED AS A PUBLICLY SUPPORTED ORGANIZATION, AND NOT AS A PRIVATE FOUNDATION. PHCSA HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES, AND DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS. THE AGENCY'S INCOME TAX FILINGS FOR PERIODS AFTER THE FISCAL YEAR ENDED SEPTEMBER 30, 2017 REMAIN SUBJECT TO EXAMINATION.

Part XIII Supplemental Information (continued)

Blank lined area for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **PALM HARBOR COMMUNITY SERVICES AGENCY, INC.** Employer identification number **59-2720211**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	167,226.	NET SALE PROCEEDS
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

**PALM HARBOR COMMUNITY SERVICES AGENCY,
INC.**

Employer identification number
59-2720211

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

**EAST LAKE RECREATION: THE AGENCY OPERATES RECREATION SERVICES AND
FACILITIES IN A SPECIAL TAX DISTRICT FOR PINELLAS COUNTY, FLORIDA. THE
MUNICIPAL SERVICES TAXING UNIT WAS CREATED TO SUPPORT THE EAST LAKE
YOUTH SPORTS ASSOCIATION WHICH HAS THREE PRIMARY SPORTS ORGANIZATIONS:
EAST LAKE LITTLE LEAGUE BASEBALL, EAST LAKE YOUTH FOOTBALL AND
CHEERLEADING, AND THE WEST FLORIDA FLAMES SOCCER CLUB. THE SITE HAD
2,200 YOUTH SPORTS PARTICIPANTS AND 222,000 VISITORS THIS YEAR.
EXPENSES \$ 484,567. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,139.**

FORM 990, PART VI, SECTION B, LINE 11B:

**A REPRESENTATIVE FROM THE ACCOUNTING FIRM PREPARING THE TAX RETURN WILL
PRESENT THE FORM 990 TO THE PHCSA BOARD. BOARD MEMBERS RECEIVE A COPY OF
FORM 990 FOR REVIEW AND COMMENT PRIOR TO FILING.**

FORM 990, PART VI, SECTION B, LINE 12C:

**DIRECTORS ARE REQUIRED TO DISCLOSE ACTUAL AND POTENTIAL CONFLICTS OF
INTEREST. ALL IDENTIFIED CONFLICTS ARE REVIEWED BY THE AGENCY'S ATTORNEY.**

FORM 990, PART VI, SECTION B, LINE 15:

**THE ADVISORY BOARD EVALUATES THE PERFORMANCE OF THE ENTITY DIRECTORS AND
RECOMMENDS COMPENSATION.**

FORM 990, PART VI, SECTION C, LINE 19:

**THE AGENCY OPERATES UNDER THE FLORIDA SUNSHINE LAWS AND MAKES AVAILABLE ALL
BOARD MEETING MINUTES, POLICY DOCUMENTS, FINANCIAL STATEMENTS, AND FORMS**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization PALM HARBOR COMMUNITY SERVICES AGENCY, INC.	Employer identification number 59-2720211
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990 UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT REVIEWS THE FINANCIAL STATEMENTS AND RECOMMENDS THE INDEPENDENT ACCOUNTANT TO BE USED FOR THE COMING YEAR. THE BOARD MAKES THE ULTIMATE DECISION REGARDING THE SELECTION OF THE INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



Palm Harbor Community Services Agency, Inc.

AUDIT RESULTS
FOR YEAR ENDING SEPTEMBER 30, 2021

MARCH 16, 2022

Presented by Craig Gilman, Shareholder



Audit Results

Matter	Conclusion
<ul style="list-style-type: none">Opinion on Financial Statements	<ul style="list-style-type: none">Fairly stated in all material respectsConsidered a “clean” or “unmodified” report
<ul style="list-style-type: none">Reporting on Supplemental Information	<ul style="list-style-type: none">Fairly stated in all material respects in relation to the Organization’s financial statementsSubjected to the procedures applied in the Organization’s financial statement auditCompared and reconciled information directly to underlying accounting records
<ul style="list-style-type: none">Revenue Recognition	<ul style="list-style-type: none">Footnote 1 contains a summary of revenue recognition policies associated with the activities of the OrganizationMatters relating to revenue recognition are the most common errors in financial reporting and thus subjected to added assessment and testingWe perform tests over the propriety of revenue recognition as part of the overall audit of the financial statementsAdoption of new revenue recognition standard (ASC Topic 606) in fiscal 2021
<ul style="list-style-type: none">Other Matters	<ul style="list-style-type: none">No instances of fraud or illegal acts notedNo material uncertainties noted; disclosure relating to COVID-19 and related risks and uncertaintiesNo significant changes to our planned scope or approach were required during year end fieldwork

Required Communications

Adoption of ASC Topic 606;
no other changes in
accounting policies were
noted

No significant or unusual
transactions were noted

Favorable Audit
Conclusions

No alternative accounting
policies were discussed
with management

All significant transactions
were recorded in the proper
period.

Summary Statements of Financial Position

September 30, 2021 and 2020

Assets	2021	2020
Current assets:		
Cash and cash equivalents	\$ 1,269,936	1,319,632
Funds held in custody of Pinellas County	336,230	270,124
Other receivables	77,393	53,311
Certificates of deposit	103,485	-
Prepaid expenses	150,119	150,247
Total current assets	1,937,163	1,793,314
Cash designated for long-term purposes	1,346,800	1,018,186
Certificates of deposit, non current	50,742	-
Property and equipment, net	4,830,773	4,767,497
Other assets	1,280	1,280
	<u>\$ 8,166,758</u>	<u>7,580,277</u>

Summary Statements of Financial Position - *Continued*

September 30, 2021 and 2020

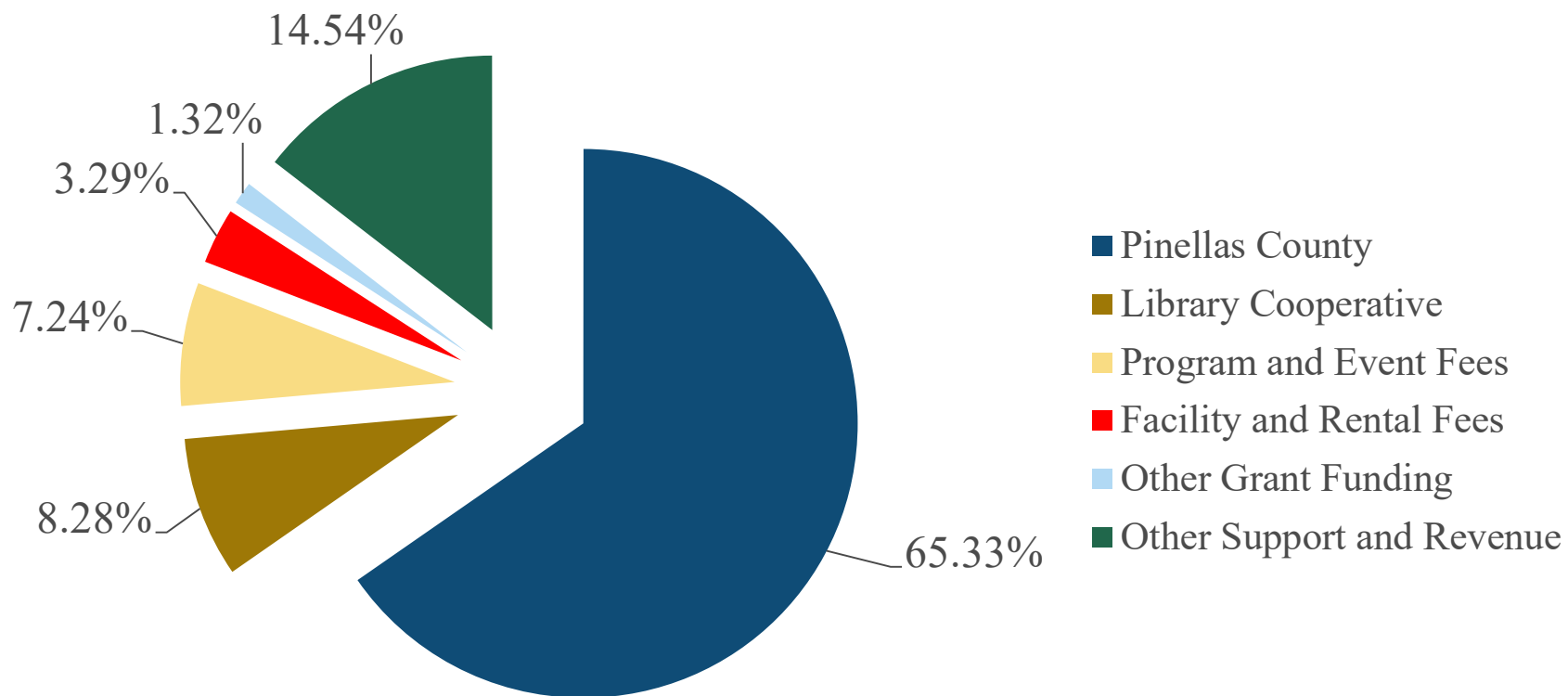
Liabilities and Net Assets	2021	2020
Current liabilities:		
Accounts payable and accrued expenses	\$ 191,976	262,133
Current installments of long-term debt	-	198,571
Deferred revenue - deposits	33,517	45,674
	<hr/>	<hr/>
Total current liabilities	225,493	506,378
Long-term debt, excluding current installments	-	241,314
	<hr/>	<hr/>
Total liabilities	225,493	747,692
Net assets:		
Without donor restrictions:		
Undesignated	1,659,518	948,395
Board designated for long-term purposes	1,346,800	1,018,186
Net investment in property and equipment	4,830,773	4,767,497
	<hr/>	<hr/>
	7,837,091	6,734,078
With donor restrictions	104,174	98,507
	<hr/>	<hr/>
Total net assets	7,941,265	6,832,585
	<hr/>	<hr/>
	\$ 8,166,758	7,580,277
	<hr/> <hr/>	<hr/> <hr/>

Summary Statements of Activities

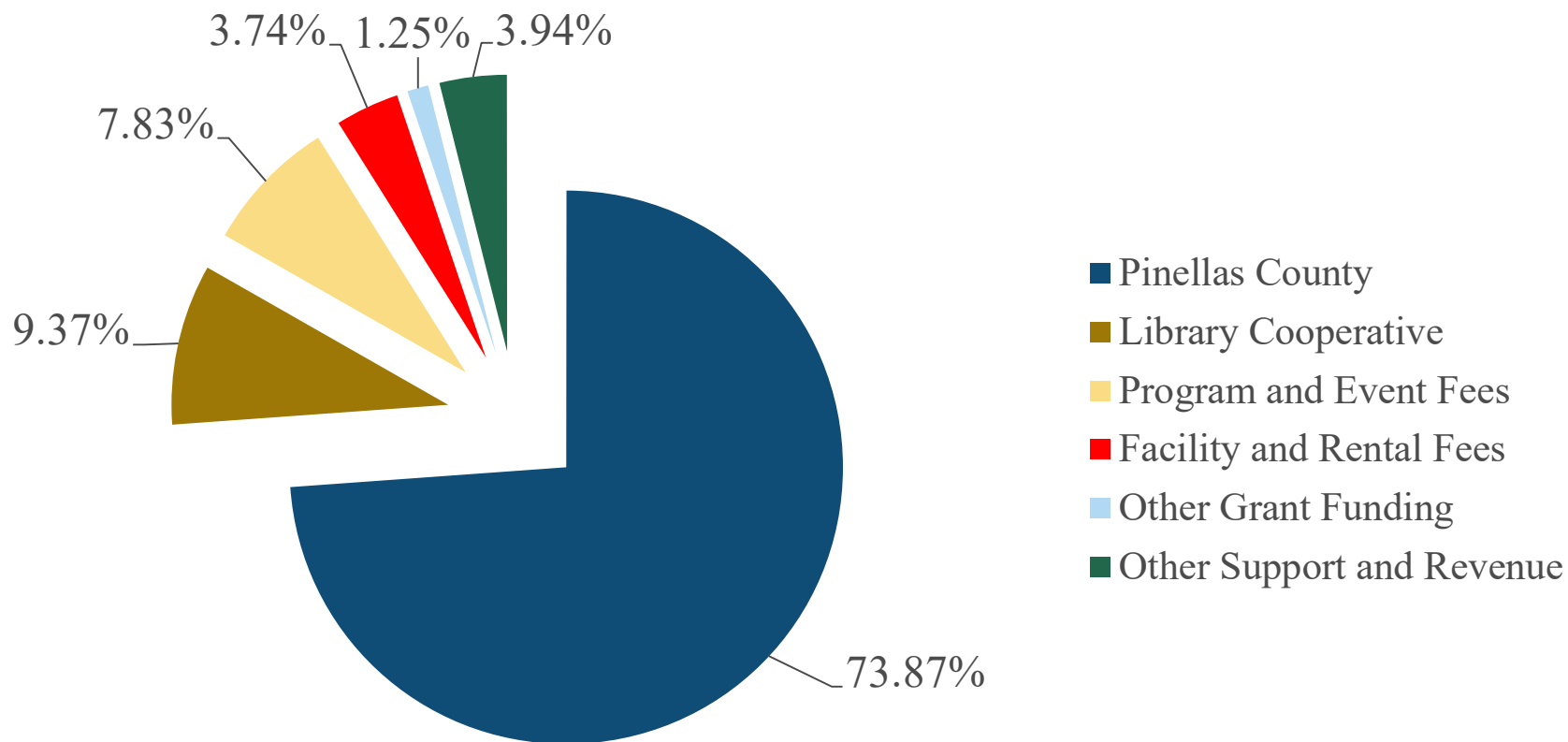
Years ended September 30, 2021 and 2020

	Net Assets		Total	
	Without donor Restrictions	With donor Restrictions	2021	2020
Support and revenue:				
Pinellas County	\$ 3,886,964	-	3,886,964	3,680,657
Pinellas Public Library Cooperative	492,580	-	492,580	466,764
Other grant funding	78,730	-	78,730	62,374
Program and event fees	430,747	-	430,747	390,251
Facility rental fees	195,572	-	195,572	186,419
Contributions	311,135	13,326	324,461	129,155
Gain on debt forgiveness	439,885	-	439,885	-
Other	574,281	-	574,281	530,816
Net assets released from restrictions	<u>7,659</u>	<u>(7,659)</u>	<u>-</u>	<u>-</u>
Total support and revenue	6,417,553	5,667	6,423,220	5,446,436
Expenses:				
Program services	5,185,667	-	5,185,667	5,131,339
Supporting services	<u>128,873</u>	<u>-</u>	<u>128,873</u>	<u>127,656</u>
Total expenses	<u>5,314,540</u>	<u>-</u>	<u>5,314,540</u>	<u>5,258,995</u>
Increase in net assets	<u>\$ 1,103,013</u>	<u>5,667</u>	<u>1,108,680</u>	<u>187,441</u>

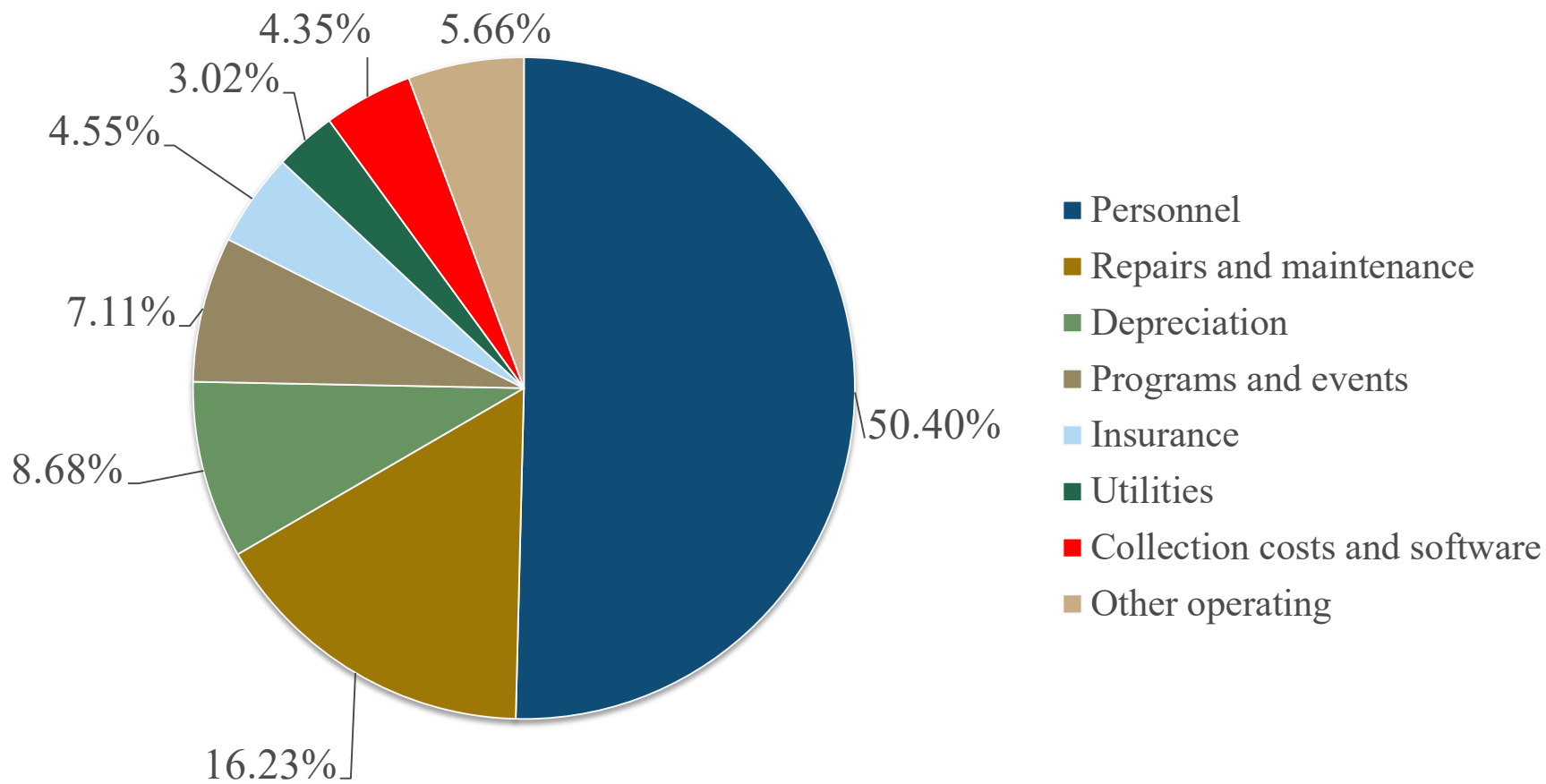
2021 Support and Revenue Composition



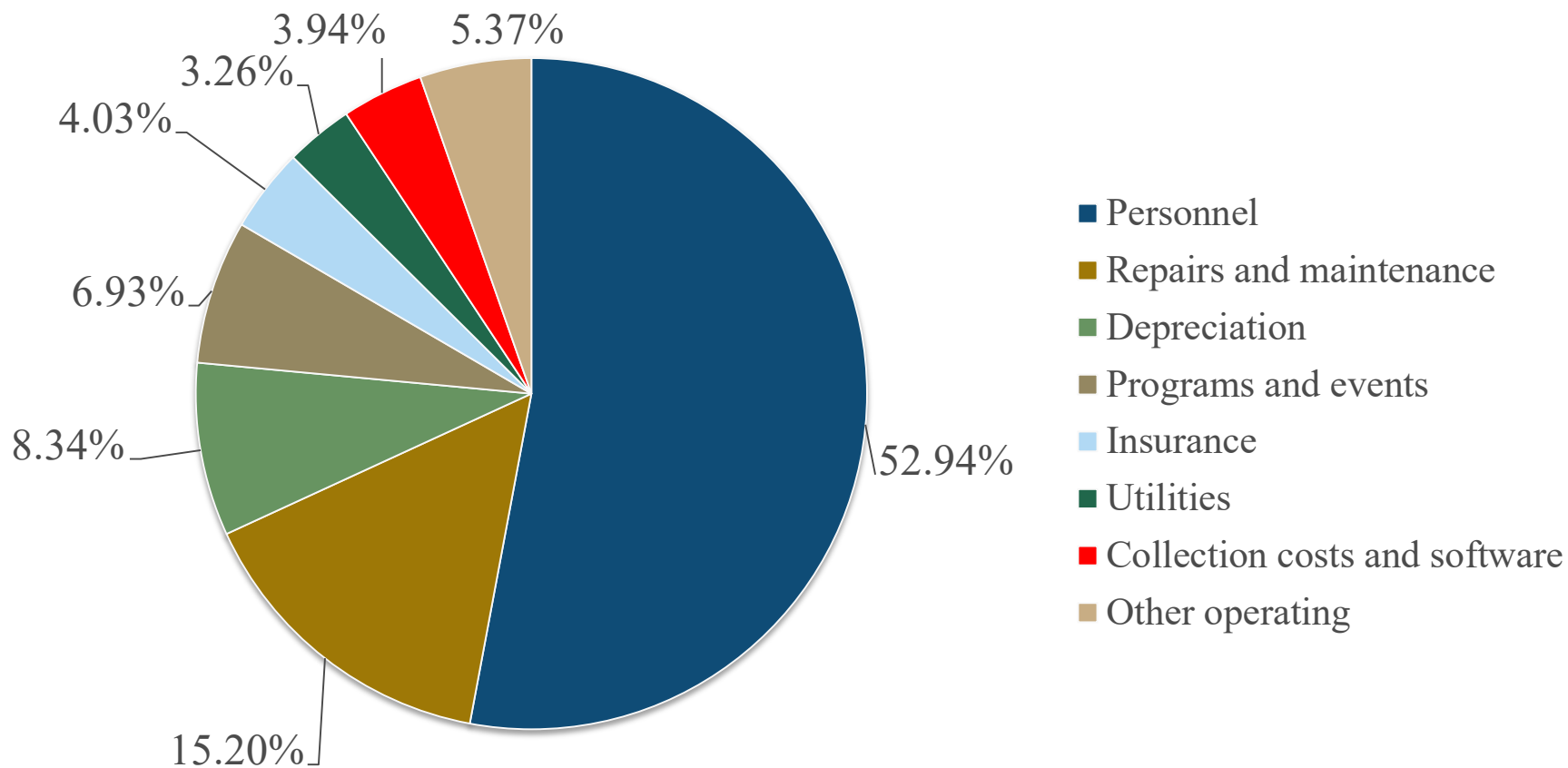
2020 Support and Revenue Composition



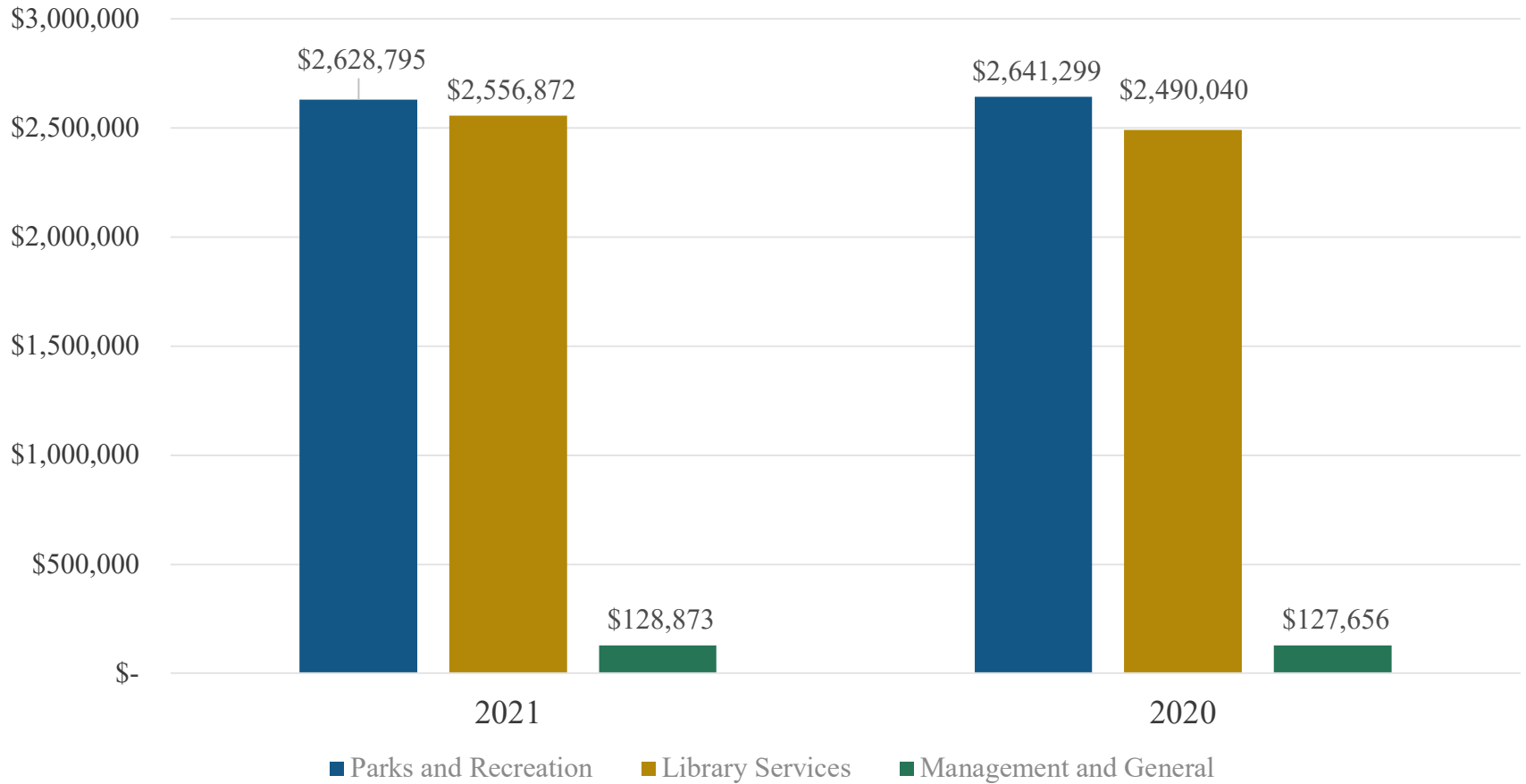
2021 Expense Composition



2020 Expense Composition



Expense Analysis by Function



Questions?

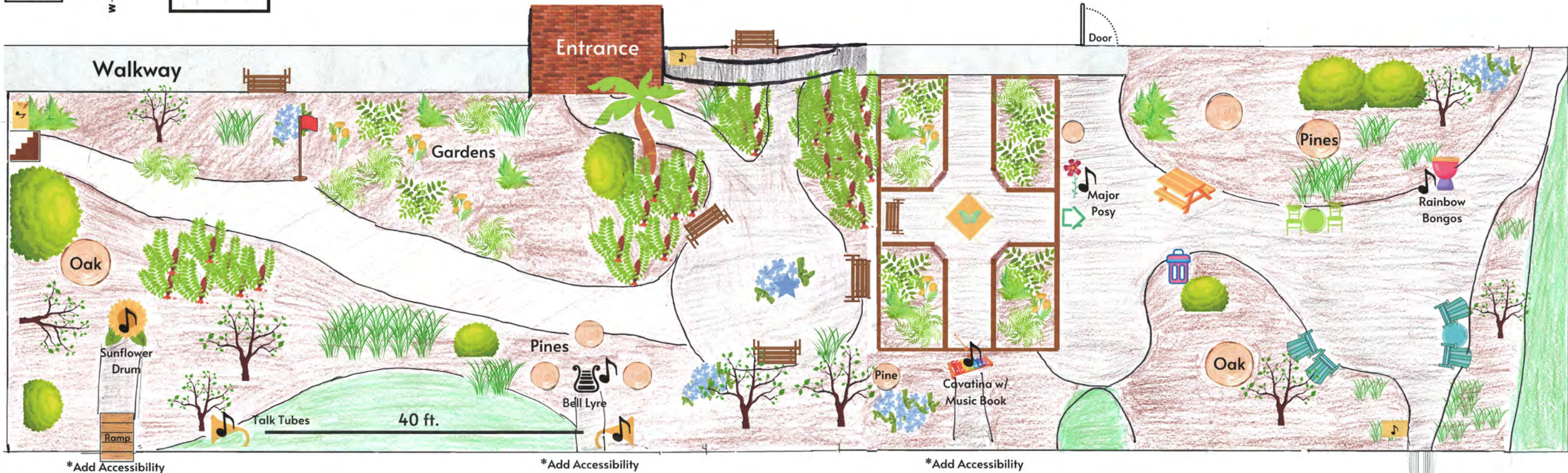


Scale
5 ft.



Key
Instrument
Signage

Palm Harbor Library Gardens



*Add Accessibility

*Add Accessibility

*Add Accessibility

american libraries

June 2022

THE MAGAZINE OF THE AMERICAN LIBRARY ASSOCIATION

100 YEARS
OF THE
**NEWBERY
MEDAL**

p. 28

**The Great
Resignation**

p. 38

**5 Library Jobs
on the Rise**

p. 42

Washington, D.C.

ANNUAL CONFERENCE PREVIEW

p. 48

PLUS:

Art Spiegelman,
Music Gardens,
Mapping Murals

TRENDS



Young patrons play in the music garden at Pickerington (Ohio) Public Library. The garden was installed in November 2019, and continues to see regular use during the pandemic.

The Beat Goes On

Music gardens anchor communities through pandemic

BY Bailey Brewer

As Tony Howard explored the exhibit hall at the American Library Association's (ALA) 2019 Annual Conference and Exhibition in Washington, D.C., his head was still in his home state of Ohio. Howard, director of Pickerington (Ohio) Public Library (PPL), was wrestling with how to make use of a neglected outdoor area on his library's property. That's when he came across a display for a company that manufactures and installs musical instruments in outdoor spaces at schools, libraries, and city parks, creating music gardens. The vendor, UK-based Percussion Play, had actual instruments—drums, chimes, bells—that individuals could test out, Howard recalls. "And I was like, 'This is it! This is what we're putting in that space!'"

The concept of music gardens isn't new, but it has gained traction since early 2020 as libraries shifted

programming and services online and sought ways to safely engage patrons outdoors and spark joy during the pandemic's darkest days. Library green space outfitted with full-size, playable instruments allowed for both sensory engagement and social distancing. Percussion Play reported a 200% increase in sales to libraries from 2019 to 2020. A year later, between 2020 and 2021, the company saw a 122% jump.

In 2021, Bethlehem (N.H.) Public Library (BPL) incorporated an outdoor StoryWalk and a music garden in direct response to pandemic restrictions and anxieties, says BPL Director Laura Clerkin (read our coverage of StoryWalks at bit.ly/AL-StoryWalks). "Many people were hesitant to enter the building even with masks," she says, "so we were looking for ways to make use of our backyard and have a space to read

and enjoy music." These projects involved support from the library's Friends group and funding through the American Rescue Plan Act.

Howard didn't foresee the pandemic when PPL's musical garden was completed in November 2019, but the timing was serendipitous. Patrons who were rightly fearful of crowds and indoor spaces made quick use of the garden. "We thought, if people are coming to play in the music garden but not necessarily coming into the library, how do we serve them where they want to be?" Howard says. "They want to be outside."

Rain or shine

After this epiphany, Howard and his team fed off the initial momentum from the garden's popularity and introduced more outdoor activities. During the region's hottest months, the city provided permits for temporary tents where patrons could seek shade on the library's lawn and enjoy live music, magicians, food trucks, and a petting zoo—more than 400 people turned out for a big, end-of-summer event in 2021. Recognizing the ongoing appeal of outdoor engagement, PPL has budgeted to install a permanent open-air pavilion on its property later this year.

"We had more people coming to outdoor programming than we ever had coming to our indoor programming," Howard says. Attendance to early literacy classes tripled, which he attributes to the appeal of the children's music garden during

“Everyone feels that they can engage with [a music garden], without an invitation.”

KATIE HEINTZ, director of North Mankato (Minn.) Taylor Library

the pandemic. “[It] gave us a lot of potential and helped us change the way we’re serving the community.”

North Mankato (Minn.) Taylor Library (NMTL) already had plans for a music garden before the pandemic; it was installed in June 2020, with some municipal funding and a grant from the state’s Arts and Cultural Heritage Fund.

Since then, neither the pandemic nor bitterly cold weather has deterred residents from visiting the colorful drums and xylophone keys that are part of the library’s music garden, says NMTL Director Katie Heintz.

“It really promotes the fun that we have here,” Heintz says. “It’s a fun addition to all the things the library community provides. Everyone feels that they can engage with it, without an invitation.”

When the library placed protective tarps over the instruments for winter, patrons requested they be removed so that the show could go on. Later, during outdoor events like storytime, Heintz says, it became common to see children interact with instruments before or after such programming.

Meditative moments

Mesa Verde (Calif.) Library in Costa Mesa, part of Orange County

Public Libraries (OCPL), installed a music garden in October 2019. The instruments, supplied by Chattanooga, Tennessee-based Freenotes Harmony Park, have helped draw people into the library, says David Lopez, OCPL marketing and communications librarian. “The greatest use of the music garden since the various stages of reopening has been for unplanned free play,” Lopez says. “Patrons enjoy taking a pause and playing the instruments on their way in or out of the branch.”

Adult patrons were invited to roll out their yoga mats and enjoy a meditation and sound bath that incorporated the garden’s instruments. For younger patrons, Mesa Verde staffers have read music-themed books near the garden and have hosted a workshop where kids could upcycle empty cans to make their own drums. And as pandemic restrictions ease up, the branch is planning summer programming around the music garden, including musical storytimes, music performances, and a summer reading challenge. The project sponsors, Costa Mesa Friends of the Library, have purchased a second set of instruments for OCPL’s Donald Dungan Library.

“Instead of being a place where children are told to be quiet, our library offers outdoor activities where sound, discovery, and creativity are encouraged,” Lopez says. “The music garden has given the Costa Mesa community a gathering place to simply stop what they are doing, take a moment to produce some meditative notes, and hopefully enjoy the healing powers of music.” 

BAILEY BREWER is a freelance writer based in Los Angeles.

BY THE NUMBERS

Audiobook Appreciation Month

1998

Year the Audio Publishers Association—which represents the audiobook industry—established June as Audiobook Appreciation Month.

71,000

Number of audiobooks published in the United States in 2020.

1975

Year that the company Books on Tape was founded by Duvall Hecht, an Olympic gold medalist in rowing and a former Marine Corps pilot. Hecht was a pioneer in harnessing the then-new technology of cassette tapes to create

audiobooks, later selling his business to Penguin Random House.

1,300+

Number of audiobooks to which actor George Guidall has lent his voice. Named the “heavyweight champion” of narration by *The Guardian*, he has read such classics as *Crime and Punishment*, *Frankenstein*, and *Don Quixote*.

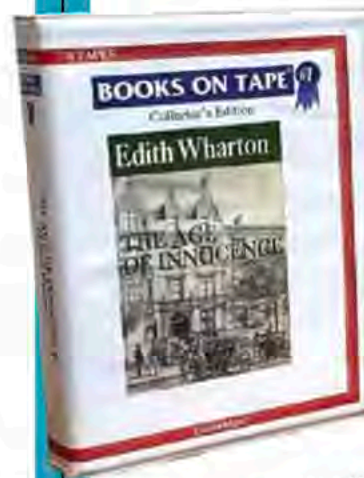


4

Average hours per day people spend listening to audio, including one hour per day dedicated to spoken word audio, according to the Spoken Word Audio Report from 2019.

57%

Percentage of people who listen to audiobooks who say that they help them finish more books. ●



Palm Harbor Library**Balance Sheet**

As of September 30, 2021

	Total
ASSETS	
Current Assets	
Bank Accounts	
1089 CD - Cadence (Goldhammer)	2,000.91
1090 Greenstreet#3 - CD	50,741.88
1091 Greenstreet#2 - CD	50,741.88
1093 Greenstreet #1 - CD	50,741.88
1094 Cadence - Fundraising	56,986.42
1095 Cadence - Capital	182,281.57
1096 Cadence - Operating	539,682.53
Total Bank Accounts	\$ 933,177.07
Accounts Receivable	
1200 Accounts Receivable	17,215.26
Total Accounts Receivable	\$ 17,215.26
Other Current Assets	
1126 Prepaid Insurance	26,046.85
1127 Prepaid Expenses	13,357.44
Total Other Current Assets	\$ 39,404.29
Total Current Assets	\$ 989,796.62
Fixed Assets	
1145 Buildings	2,742,299.00
1145.1 Building Additions	221,444.94
Total 1145 Buildings	\$ 2,963,743.94
1147 Parking Lot	351,968.00
1148 Equipment	710,594.00
1148.1 Equipment Additions	15,579.11
Total 1148 Equipment	\$ 726,173.11
1149 Office Equipment	10,471.00
1150 Furniture & Fixtures	651,729.36
1160 Vehicles	36,990.50
1170 Accumulated Depreciation	-3,454,533.64
Total Fixed Assets	\$ 1,286,542.27
Other Assets	
1111 Funds Held by Pinellas County	77,017.40
Total Other Assets	\$ 77,017.40
TOTAL ASSETS	\$ 2,353,356.29
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
1287 IRA Match Payable	10,753.92
Total Accounts Payable	\$ 10,753.92
Credit Cards	

Office Depot Credit Card		889.84
VISA BB&T		3,354.80
Total Credit Cards	\$	4,244.64
Other Current Liabilities		
1230 Wages Payable		40,396.82
1261 Deferred Revenue		148,237.60
1286 Deferred Compensation.		28,103.73
1289 Sales tax payable		-9.87
1290 IRA Payments		14,328.67
Total Other Current Liabilities	\$	231,056.95
Total Current Liabilities	\$	246,055.51
Total Liabilities	\$	246,055.51
Equity		
3100 Unrestricted Net Assets		1,789,306.74
3800 Temp Restricted Net Assets		63,124.06
3900 Retained Earnings		0.00
Net Income		254,869.98
Total Equity	\$	2,107,300.78
TOTAL LIABILITIES AND EQUITY	\$	2,353,356.29

Palm Harbor Library (DRAFT)
Budget vs. Actuals: FY 2021 Budget - FY21 P&L
October 2020 - September 2021

	Actual	Total Budget	over Budget	Budget	Notes
Income					
1301 Ad Valorem Tax	1,160,430.00	1,160,250.00	180.00	1,160,250.00	
1302 Interest Income	695.30	200.00	495.30	200.00	
1303 Library Cooperative	273,049.96	274,500.00	-1,450.04	274,500.00	
1304 Public Donations	274,935.47	10,000.00	264,935.47	10,000.00	
1306 Fines	21,222.88	10,000.00	11,222.88	10,000.00	
1307 Facilities - Lease/Rental		1,000.00	-1,000.00	1,000.00	
1309 Printing/Info Services	2,461.20	3,000.00	-538.80	3,000.00	
1311 Donations - Friends of Library	9,659.66	32,000.00	-22,340.34	32,000.00	
1312 Other Income		1,500.00	-1,500.00	1,500.00	
1312.1 Fax Income	373.00		373.00		
1312.3 Notary Public Services	559.76		559.76		
1312.9 Headphones	46.00		46.00		
Total 1312 Other Income	\$ 978.76	\$ 1,500.00	-\$ 521.24	\$ 1,500.00	
1315 Literacy Income		4,000.00	-4,000.00	4,000.00	
Total Income	\$ 1,743,433.23	\$ 1,496,450.00	\$ 246,983.23	\$ 1,496,450.00	
Gross Profit	\$ 1,743,433.23	\$ 1,496,450.00	\$ 246,983.23	\$ 1,496,450.00	
Expenses					
1412 Wages - Staff	732,454.22	742,300.00	-9,845.78	742,300.00	
1412.3 Holiday Bonuses	5,674.69	5,500.00	174.69	5,500.00	
Total 1412 Wages - Staff	\$ 738,128.91	\$ 747,800.00	-\$ 9,671.09	\$ 747,800.00	
1430 Payroll Taxes	53,661.32	71,700.00	-18,038.68	71,700.00	
1437 Health & Life Insurance	64,839.70	101,500.00	-36,660.30	101,500.00	
1437.5 Drug Screening	84.00	200.00	-116.00	200.00	
1437.6 Colonial Insurance	91.58		91.58		
1437.7 GO 365 Reimbursement	11,713.12		11,713.12		
1437.8 AFLAC	86.71		86.71		
Total 1437 Health & Life Insurance	\$ 76,815.11	\$ 101,700.00	-\$ 24,884.89	\$ 101,700.00	
1438 Disability	6,986.81	7,000.00	-13.19	7,000.00	
1439 Employee Assistance	375.72	500.00	-124.28	500.00	
1441 Workers' Compensation	4,486.80	4,600.00	-113.20	4,600.00	
1442 Retirement Expense	14,112.02	17,000.00	-2,887.98	17,000.00	
1450 Travel & Education	4,222.86	18,500.00	-14,277.14	18,500.00	
1475 Payroll Fees	2,217.61	1,000.00	1,217.61	1,000.00	
1501 Advertising	4,008.01	10,000.00	-5,991.99	10,000.00	
1502 Automation	3,185.17	3,500.00	-314.83	3,500.00	
1507 Bank Charges	2,853.27	800.00	2,053.27	800.00	
1509 Cataloging	2,851.27	3,000.00	-148.73	3,000.00	
1510 Collection Dev.			0.00		
1510.0 Books	27,483.28	37,000.00	-9,516.72	37,000.00	
1510.6 Audio Materials	3,953.04	4,000.00	-46.96	4,000.00	
1510.7 Video Materials	7,250.43	8,000.00	-749.57	8,000.00	
Total 1510 Collection Dev.	\$ 38,686.75	\$ 49,000.00	-\$ 10,313.25	\$ 49,000.00	
1515 On Line Services	55,420.79	42,000.00	13,420.79	42,000.00	Databases renewals
1520 Dues & Memberships	820.00	1,100.00	-280.00	1,100.00	
1522 Equipment Rental	688.32	2,800.00	-2,111.68	2,800.00	
1524 Freight & Postage	2,872.21	2,500.00	372.21	2,500.00	
1525 Grounds Care	21,824.42	22,000.00	-175.58	22,000.00	
1526 Storage	466.28	300.00	166.28	300.00	
1530 Insurance - General			0.00		
1530.1 Property Insurance	42,320.92	48,840.00	-6,519.08	48,840.00	
1530.2 Liability Insurance	21,234.19	18,200.00	3,034.19	18,200.00	
1530.3 Insurance - Miscellaneous	7,222.91	6,900.00	322.91	6,900.00	
Total 1530 Insurance - General	\$ 70,778.02	\$ 73,940.00	-\$ 3,161.98	\$ 73,940.00	
1537 Literacy Expense	569.80	4,000.00	-3,430.20	4,000.00	
1539 Fines-Collections	1,951.10	2,000.00	-48.90	2,000.00	
1540 Supplies	32,042.47	30,500.00	1,542.47	30,500.00	
1541 Programs	21,639.11	20,000.00	1,639.11	3,000.00	
1542 Printing	1,689.86	3,000.00	-1,310.14	18,200.00	
1543 Children Music Program	29.97		29.97		
1544 Professional Fees	9,854.75	19,200.00	-9,345.25	20,000.00	
1547 Building Maintenance	80,045.82	93,710.00	-13,664.18	93,710.00	
1548 Equip/Furniture - Maintenance	8,923.70	10,900.00	-1,976.30	10,900.00	
1550 Friends' Expenses	20,738.36	32,000.00	-11,261.64	32,000.00	
1582 Telecommunications	12,179.65	12,100.00	79.65	12,100.00	
1584 Trash Removal	3,150.99	2,600.00	550.99	2,600.00	
1586 Utilities - Electric	32,273.67	40,000.00	-7,726.33	40,000.00	
1588 Water & Sewer	1,911.97	3,000.00	-1,088.03	3,000.00	
1705 Legal	3,683.79	4,000.00	-316.21	4,000.00	
1710 Audit	7,050.00	6,000.00	1,050.00	6,000.00	
1715 Accounting	3,661.06	4,000.00	-338.94	4,000.00	
1717 D&O Insurance	1,588.55	1,500.00	88.55	1,500.00	
1720 Administrative Wages	13,331.91	17,700.00	-4,368.09	17,700.00	

1721 Staff Benefits			2,800.00		-2,800.00	2,800.00	
1725 Payroll Taxes			2,200.00		-2,200.00	2,200.00	
1765 Payroll Expenses			800.00		-800.00	800.00	
Total 1720 Administrative Wages	\$	13,331.91	\$ 23,500.00	-\$	10,168.09	\$ 23,500.00	
1755 Agency Online Service		3,613.64	3,700.00		-86.36	3,700.00	
1760 Miscellaneous		2,986.73			2,986.73		
1950 Replacement & Renewal		33,822.79			33,822.79		
1950.1 Renewal & Replacement - Capital		73,817.65			73,817.65		
Total Expenses	\$	1,475,999.21	\$ 1,496,450.00	-\$	20,450.79		
Net Operating Income	\$	267,434.02	\$ 0.00	\$	267,434.02		
Other Expenses							
1940.1 Non Capital Improvements		12,564.04			12,564.04		
Total Other Expenses	\$	12,564.04	\$ 0.00	\$	12,564.04		
Net Other Income	-\$	12,564.04	\$ 0.00	-\$	12,564.04		
Net Income	\$	254,869.98	\$ 0.00	\$	254,869.98		

Proposal Prepared For

**Palm Harbor
Community Services Agency, Inc.**

Presented By

**Richard V. Caligiuri - CIC
Vice President**

**Bouchard Insurance
Marsh & McLennan Agency LLC
Bouchard Region
12800 University Dr., Ste. 165
Fort Myers, FL 33907**

(239) 489-3232

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Risk Management Team

Client Service Team

		Phone Number	Email Address
Richard Caligiuri, CIC	Vice President	239-985-4501	richardcaligiuri@bouchardinsurance.com
Robert Swetland, AAI	Account Manager – Business Insurance	239-985-4536	robertswetland@bouchardinsurance.com
Jennifer Oakley	Customer Service Representative	941-556-1205	jenniferoakley@bouchardinsurance.com
Rachel Saunders	Account Manager – Employee Health & Benefits	727-373-2736	rachelsaunders@bouchardinsurance.com
Certificates	Certificate Specialists	Fax:239-985-4527	clcerts@bouchardinsurance.com
Bonnie Grant-Berry, AAI Mayra Hernandez Sainz	Commercial Claims Consultants	800-966-6481	PCClaims@bouchardinsurance.com
Mark Pichowski, CPA	Surety Specialist	727-373-2710	markpichowski@bouchardinsurance.com
Sally Howard	Surety Account Manager	727-451-3120	sallyhoward@bouchardinsurance.com

Value Added Service Team

		Phone Number	Email Address
Lori Evans	Workers' Compensation Claims Consultant	727-373-2824	lorievans@bouchardinsurance.com
Brandy Conklin	Workers' Compensation Statistical Coordinator	727-451-3154	brandyconklin@bouchardinsurance.com
Matt Mooney	Loss Control Consultant	727-451-3127	safety@bouchardinsurance.com

Marketing Summary

Company	Status
Florida Insurance Trust	See proposal for General Liability, Professional Liability, Excess Liability, Crime, Business Auto and Workers Compensation quotes.

Named Insured Schedule

Named Insured	FEIN
Palm Harbor Community Services Agency, Inc.	592720211

Locations

Loc #	Address	City	State
1	2330 Nebraska Avenue	Palm Harbor	FL
2	1631 9th Street	Palm Harbor	FL
3	Corner of 8th & Florida Avenue	Palm Harbor	FL
4	799 County Road 94 or 199 Revere Road	Palm Harbor	FL
5	Nebraska Avenue W next to Loc 1	Palm Harbor	FL
6	4125 East Lake Road	Palm Harbor	FL
7	1500 16th Street	Palm Harbor	FL
8	1190 Georgia Avenue	Palm Harbor	FL
9	3555 Old Keystone Road	Tarpon Springs	FL
10	Alternate 19 & Missouri Avenue	Palm Harbor	FL

Crime

Named Insured:	Palm Harbor Community Services Agency, Inc.
Company:	Florida Insurance Trust (Hiscox Insurance Company) AM Best Rating: N/A
Policy Term:	06/01/2021 to 06/01/2022

Coverage	Limit	Deductible
Aggregate Occurrence Limit	\$250,000	N/A
Employee Theft	\$250,000	\$2,500 Per Claim
Third Parties' Property	\$250,000	\$2,500 Per Claim
ERISA (Per Plan)	\$250,000	\$0 Per Claim
Forgery of Checks	\$250,000	\$2,500 Per Claim
Forgery of Payment Cards	\$250,000	\$2,500 Per Claim
Money Orders/Counterfeit Money	\$250,000	\$2,500 Per Claim
Theft/Robbery - Inside the Premises	\$250,000	\$2,500 Per Claim
Theft/Robbery - Outside Transit	\$250,000	\$2,500 Per Claim
Computer Fraud	\$250,000	\$2,500 Per Claim
Funds Transfer Fraud	\$250,000	\$2,500 Per Claim
Cyber Deception	\$1,000,000	\$2,500 Per Claim

Commercial Liability

Named Insured:	Palm Harbor Community Services Agency, Inc.
Company:	Florida Insurance Trust (Markel Global Re Insurance Company) AM Best Rating: N/A
Policy Term:	6/1/2021 to 6/1/2022
Coverage Type:	Occurrence

Coverage Detail

Description	Limits
Bodily Injury/Property Damage: Each Occurrence	\$1,000,000
Personal Injury & Advertising Injury: Each Occurrence	\$1,000,000
General Aggregate (Not Completed Operations)	\$3,000,000
Products/Completed Operations Aggregate	\$3,000,000
Fire Damage	\$1,000,000
Medical Expense	\$10,000
Deductible:	\$0

Additional Coverages

Description	Limit	Aggregate	Ded
Employee Benefits Liability Claims Trigger: Claims-Made Defense Outside the Limit Retro Date 10/01/15	\$1,000,000	\$1,000,000	\$0
Professional Liability Claims Trigger: Occurrence Defense Outside the Limit Retro Date: N/A	\$1,000,000	\$3,000,000	\$0
Abuse & Molestation Claims Trigger: Occurrence Defense Inside the Limit Retro Date: N/A	\$1,000,000	\$1,000,000	\$0
Fundraising Endorsement FIT-GL-19 (2016-12) is included.			
FIT Program includes: Additional Insured – Blanket (“per insured contract”) Waiver of Subrogation – Blanket (“per written contract”) Primary & Non-Contributory			

Commercial Liability (Continued)

- 25% Minimum Earned Premium applies. Fees are fully earned at inception.
- Policy is subject to Audit at expiration.

Exclusions include but are not limited to:

- Nuclear Liability.

Commercial Automobile

Named Insured:	Palm Harbor Community Services Agency, Inc.
Company:	Florida Insurance Trust (Markel Global Re Insurance Company) AM Best Rating: N/A
Policy Term:	6/1/2021 to 6/1/2022

Coverage Detail

Coverage	SYMBOLS COVERED	Limits of Liability	
Liability Insurance	1	\$1,000,000	Combined Single Limit
Medical Payments	2	\$5,000	Each Person
Uninsured Motorists Underinsured Motorists (Non-stacked)	2	\$100,000	Bodily Injury/Person Bodily Injury/Accident
Personal Injury Protection	5	\$10,000	Per Florida Statute
Physical Damage	See Vehicle Schedule	ACV unless stated otherwise	Comprehensive &/or Collision

Definition of Symbols:

1 = Any "Auto"	6 = Owned "Autos" Subject to a Compulsory UM Law
2 = Owned "Autos" Only	7 = Specifically Described "Autos"
3 = Owned Private Passenger "Autos" Only	8 = Hired "Autos" Only
4 = Owned "Autos" Other than Private Passenger "Autos" Only	9 = Non-Owned "Autos" Only
5 = Owned "Autos" Subject to No-fault	

Additional Coverages

Coverage	Limit	Deductible(s)
Hired Car Physical Damage	\$1,000,000	\$0
Hired Auto Physical Damage	Actual Cash Value	\$500 Comprehensive \$500 Collision
Towing & Labor	\$200	\$0
Rental Reimbursement	\$50 per day 30 days maximum	\$0
FIT Program includes: Additional Insured – Blanket Primary & Non-Contributory Enrollment in SafetyFirst Program free of charge		

Workers Compensation

Named Insured:	Palm Harbor Community Services Agency, Inc.
Company:	Florida Insurance Trust (Star Insurance Company) AM Best Rating: N/A
Policy Term:	6/1/2021 to 6/1/2022

Coverages

A Compensation Benefits	Statutory	
B Employers Liability	\$2,000,000	Each Accident
	\$2,000,000	Disease - Policy Limit
	\$2,000,000	Disease - Each Employee
C Other States	No	

STATE: FL

Loc	Code	Classification	Expiring Payroll	Expiring Composite Rates	Renewal Payroll	Renewal Composite Rates
ALL	8810	Clerical	\$1,800,000	0.6808	\$2,000,000	0.6364
ALL	9102	Park NOC EES & Drive	\$320,000	0.6808	\$350,000	0.6364

Manual Premium		\$14,956
Increase Limits		Included
Safety Credit		Included
Drug Free Workplace Credit		Included
Experience Modification	.86	Included
Standard Premium		\$14,956

Premium Discount		Included
Expense Constant		Included
Terrorism Charge		Included
Insurance Guaranty Association Surcharge		Included
Total Estimated Premium		\$14,956

The premium above is based on estimates provided by the insurance company and NCCI. Credits are subject to compliance with programs. FCCPAP and Experience Modification are determined by the NCCI and can be revised based on changes in data submitted.

Workers Compensation (continued)

Coverage Terms

→ USL&H:	No Coverage
→ Voluntary Compensation:	No Coverage
→ Dividend Plan:	None
→ Monopolistic States	North Dakota, Ohio, Washington, and Wyoming <i>Coverage for Monopolistic States and Puerto Rico must be obtained through the State Insurance Funds and cannot be included under the Multi-State work comp policy.</i>

Remarks

<ul style="list-style-type: none"> → Expiring Experience Modification Factor: <u>.89</u> → Volunteers and Board Members are included under this policy. → Policy is subject to Audit at expiration. 	
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Excess Liability

Named Insured:	Palm Harbor Community Services Agency, Inc.
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Company:	Markel Global Reinsurance Company AM Best Rating: A XIV
Policy Term:	6/1/2021 to 6/1/2022

Coverage	Limits	
Limit of Liability	\$1,000,000 \$1,000,000	Each Occurrence Aggregate
Self-Insured Retention	\$0	

Underlying Insurance

Type of Insurance	Eff Date	Exp Date	Limit	
Automobile Liability	6/1/2021	6/1/2022	\$1,000,000	Combined Single Limit
General Liability	6/1/2021	6/1/2022	\$1,000,000 \$3,000,000 \$3,000,000 \$1,000,000	Each Occurrence General Aggregate Prod/Comp Ops Aggregate Personal & Advertising Injury
Employers Benefits Liability	6/1/2021	6/1/2022	\$1,000,000	Wrongful Act
Professional Liability	6/1/2021	6/1/2022	\$1,000,000 \$3,000,000	Each Occurrence Aggregate
Abuse & Molestation	6/1/2021	6/1/2022	\$1,000,000	Sub-Limit

Remarks

<ul style="list-style-type: none"> → Policy is not subject to Audit. → Abuse/Misconduct is sublimited to \$1,000,000 only.
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Exclusions include but are not limited to:
<ul style="list-style-type: none"> → Nuclear Liability; Foreign Liability; Care, Custody or Control.

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Premium Summary

Coverage Type	Expiring	Proposal
Crime	\$1,253.73	\$1,316.40
+Taxes and Fees	\$63.94	\$65.82
General Liability	\$62,582.35	\$73,221.34
Business Auto	\$9,865.07	\$13,305.24
Workers Compensation	\$14,434.00	\$14,956.00
Excess Liability	\$9,000.00	\$10,800.00
Grand Total	\$99,160.90	\$113,664.80

Please note:

- The following Agency billed policy Premium, Tax and Fees is due to Bouchard upon binding:

\$113,664.80 Total Due upon Binding

- Please refer to **Appendix 1 – Binding Instructions** for quote subjectivities and additional information required prior to binding coverage

Payment Options

Line of Coverage	Company	Direct/Agency Bill	Payment Options
Crime, General Liability, Business Auto, Workers Compensation & Excess Liability	Florida Insurance Trust	Agency Bill	Payment in Full or Premium Financed

IMPORTANT NOTICE:

A short rate earned premium penalty may be charged by the Company if YOU elect to cancel a policy prior to its normal expiration date.

Policies may also be subject to a non-refundable minimum earned premium. Please refer to your policy for the specific amount; or call us prior to canceling your policy to determine if a minimum charge applies

Appendices

Appendix #	Subject
1	Binding Instructions
2	Disclosure & Disclaimers / Compensation Disclosure
3	AM Best Financial Ratings
4	Insured Schedules
5	Drivers List

Appendix #1 – Binding Instructions

Line of Coverage	Company	Items Needed To Bind Coverage
Crime	Florida Insurance Trust (Hiscox Insurance Company)	<ul style="list-style-type: none"> Signed and completed Hiscox Application
Business Auto	Florida Insurance Trust (Markel Global Re Insurance Company)	<ul style="list-style-type: none"> Signed FIT Participation Agreement. Signed Uninsured/Underinsured Motorist Forms
General Liability & Professional Liability	Florida Insurance Trust (Markel Global Re Insurance Company)	<ul style="list-style-type: none"> Signed and completed FIT application. Copy of state/facility licenses Written Sexual Abuse/Molestation prevention procedures List of Physicians/ARNP's to schedule on policy.
Workers Compensation	Florida Insurance Trust (Star Insurance Company)	<ul style="list-style-type: none"> Signed WC Application
Excess Liability	Florida Insurance Trust (Markel Global Re Insurance Company)	<ul style="list-style-type: none"> Signed FIT Participation Agreement

Appendix #2 – Disclosure & Disclaimer

1. This proposal is based upon exposures to loss identified by information that you provided regarding your business and operations. If there are other business exposures that need to be evaluated prior to binding coverage, please bring these to our attention.
2. Should any of your exposures change after coverage is bound, such as new operations, property purchases, hiring employees in additional states, etc., please let us know so proper coverage(s) can be discussed.
3. The coverage valuation and limits provided were determined by you. We recommend a professional appraisal to ensure that such values and limits are adequate to protect your assets. Higher limits of liability may be available.

4. Estimated exposure basis (i.e. vehicles, sales, payroll, and area) were established by information you provided. If actual exposures for the policy term(s) are different than estimated, the final premium may be adjusted.
5. The entity(ies) designated as named insured is/are the only entity(ies) covered under this proposal. Please notify our office immediately if you should acquire or form any new organizations so we provide appropriate coverage.
6. The abbreviated outlines used throughout this proposal are not intended to express any legal opinion as to the nature of coverage. They are only intended as a brief summary of coverage. The insuring agreement, terms, and conditions of the actual policy form(s) purchased will govern the coverage being provided. Please read your policy for specific details.
7. For direct bill policies: Notices you receive from your insurer regarding past due premiums or cancellation due to non-payment of premium shall be considered notice from Marsh & McLennan Agency LLC (MMA). As a matter of general practice, MMA does not provide notice of a potential lapse of coverage due to non-payment of premium to clients where coverage is written on a direct bill basis.
8. This form is for illustration purposes only. Please read your policy for specific details.

Compensation Disclosure

Marsh & McLennan Agency LLC (“MMA”) prides itself on being an industry leader in the area of transparency and compensation disclosure. We believe you should understand how we are paid for the services we are providing to you. We are committed to compensation transparency and to disclosing to you information that will assist you in evaluating potential conflicts of interest.

As a professional insurance producer, MMA and its subsidiaries facilitate the placement of insurance coverage on behalf of our clients. As an independent insurance agent, MMA may have authority to obligate an insurance company on behalf of our clients and as a result, we may be required to act within the scope of the authority granted to us under our contract with the insurer. In accordance with industry custom, we are compensated either through commissions that are calculated as a percentage of the insurance premiums charged by insurers, or fees agreed to with our clients.

MMA engages with clients on behalf of itself and in some cases as agent on behalf of its non-US affiliates with respect to the services we may provide. For a list of our non-US affiliates, please visit: <http://global.marsh.com/about/>. In those instances, MMA will bill and collect on behalf of the non-US Affiliates amounts payable to them for placements made by them on your behalf and remit to them any such amounts collected on their behalf;

MMA receives compensation through one or a combination of the following methods:

- **Retail Commissions** – A retail commission is paid to MMA by the insurer (or wholesale broker) as a percentage of the premium charged to the insured for the policy. The amount of commission may vary depending on several factors, including the type of insurance product sold and the insurer selected by the client.
- **Client Fees** – Some clients may negotiate a fee for MMA's services in lieu of, or in addition to, retail commissions paid by insurance companies. Fee agreements are in writing, typically pursuant to a Client Service Agreement, which sets forth the services to be provided by MMA, the compensation to be paid to MMA, and the terms of MMA's engagement. The fee may be collected in whole, or in part, through the crediting of retail commissions collected by MMA for the client's placements.

- **Contingent Commissions** – Many insurers agree to pay contingent commissions to insurance producers who meet set goals for all or some of the policies the insurance producers place with the insurer during the current year. The set goals may include volume, profitability, retention and/or growth thresholds. Because the amount of contingent commission earned may vary depending on factors relating to an entire book of business over the course of a year, the amount of contingent commission attributable to any given policy typically will not be known at the time of placement.
- **Supplemental Commissions** – Certain insurers and wholesalers agree to pay supplemental commissions, which are based on an insurance producer's performance during the prior year. Supplemental commissions are paid as a percentage of premium that is set at the beginning of the calendar year. This percentage remains fixed for all eligible policies written by the insurer during the ensuing year. Unlike contingent commissions, the amount of supplemental commission is known at the time of insurance placement. Like contingent commissions, they may be based on volume, profitability, retention and/or growth.
- **Wholesale Broking Commissions** – Sometimes MMA acts as a wholesale insurance broker. In these placements, MMA is engaged by a retail agent that has the direct relationship with the insured. As the wholesaler, MMA may have specialized expertise, access to surplus lines markets, or access to specialized insurance facilities that the retail agent does not have. In these transactions, the insurer typically pays a commission that is divided between the retail and wholesale broker pursuant to arrangements made between them.
- **Other Compensation & Sponsorships** – From time to time, MMA may be compensated by insurers for providing administrative services to clients on behalf of those insurers. Such amounts are typically calculated as a percentage of premium or are based on the number of insureds. Additionally, insurers may sponsor MMA training programs and events.

We will be pleased to provide you additional information about our compensation and information about alternative quotes upon your request. For more detailed information about the forms of compensation we receive please refer to our Marsh & McLennan Agency Compensation Guide at <https://www.marshmma.com/resource/compensation-guide-for-client.pdf>

MMA's aggregate liability arising out of or relating to any services on your account shall not exceed ten million dollars (\$10,000,000), and in no event shall we be liable for any indirect, special, incidental, consequential or punitive damages or for any lost profits or other economic loss arising out of or relating to such services. In addition, you agree to waive your right to a jury trial in any action or legal proceeding arising out of or relating to such services. The foregoing limitation of liability and jury waiver shall apply to the fullest extent permitted by law.

Appendix #3 – AM Best Financial Rating

Insurance carriers are rated based on their financial stability and their ability to pay claims. The two most recognized rating firms are A.M. Best and Standard & Poor's.

A.M. Best rates a carrier based on its financial stability. Best's categories are A++ to C-. A rating of A++ is given to companies considered the most financially stable.

Standard & Poor's (S&P) rates carriers based on their ability to pay claims. S&P's ratings for companies considered secure are AAA, AA, A, and BBB, with AAA equating to "superior" and BBB equating to "adequate." S&P's ratings for vulnerable companies include BB, B, CCC, and R.

Carrier Ratings by Size

In order to help you evaluate and select appropriate insurance carriers, we have provided below the carrier ratings assigned by A.M. Best.

Best's Overall Company Size Ratings	
Class	Policyholder Surplus
Class V	\$10,000,000 - \$25,000,000
Class VI	\$25,000,000 - \$50,000,000
Class VII	\$50,000,000 - \$100,000,000
Class VIII	\$100,000,000 - \$250,000,000
Class IX	\$250,000,000 - \$500,000,000
Class X	\$500,000,000 - \$750,000,000
Class XI	\$750,000,000 - \$1,000,000,000
Class XII	\$1,000,000,000 - \$1,250,000,000
Class XIII	\$1,250,000,000 - \$1,500,000,000
Class XIV	\$1,500,000,000 - \$2,000,000,000
Class XV	\$2,000,000,000 or more

Appendix #4 – Vehicle Schedule

#	Year	Make	Model	Vin #	Comp Ded	Coll Ded	City	ST
1	2003	Chevrolet	Silverado	1GCHC24U13E321975	\$1,000	\$1,000	Palm Harbor	FL
2	2014	GMC	Sierra	1GTNITEC6EZ179624	\$1,000	\$1,000	Palm Harbor	FL
3	2014	Chevrolet	Sierra	1GTNITEC8EZ223008	\$1,000	\$1,000	Palm Harbor	FL
4	2019	Honda	Pilot EX-L	5FNYP5H5XKB018492	\$1,000	\$1,000	Palm Harbor	FL
5	2019	Ford	F250	1FT7W2BTXKEG08890	\$1,000	\$1,000	Palm Harbor	FL
6	2019	Flatbed	Trailer	5JW1U182XJ2234506	\$1,000	\$1,000	Palm Harbor	FL
7	2018	Triple Crown	Trailer	1XNSD7202G1071358	\$1,000	\$1,000	Palm Harbor	FL
8	2000	Lawn	Trailer	N/A	N/A	N/A	Palm Harbor	FL
9	2020	16' Foot Equipment	Trailer	1XNBU162XL1100463	\$1,000	\$1,000	Palm Harbor	FL

Appendix #5 – Drivers List

Name	State Licensed	Status
Gene Coppola	FL	D
Steven Lynford	FL	D
Jake Pullen	FL	D
Joseph Rossetti	FL	D
Catherine Koutsoumbaris	FL	D
Betzaida Harris	FL	D
Marisa Steuer	FL	D

Mary Jane Hyatt	FL	D
Doris Fewer	FL	D
Deborah Griswold	FL	D
Brittany Bishop	FL	D
Larry Cope	FL	D
Jodie Gilby	FL	D
Erica Lynford	FL	D
PATRICIA HARRISON	FL	D
LOUIS HITE	FL	D
EDWARD HOOKER	FL	D
KYLE HUERTA (excluded)	FL	E
JOANN JACOBSON	FL	D
BENJAMIN MASON (excluded)	FL	E
LISA MASSARELLI	FL	D
ELISABETH ROEN	FL	D
STEVEN SPARKS	FL	D
LUIS VAZQUEZ	FL	D
JAYME WILCOX	FL	D
Casey Brant	FL	D

Legend

Status:	D – Driver E – Excluded
DOC:	Drive Other Car Coverage

Please Note: Due to the Fair Credit Reporting Act, Bouchard Insurance cannot run an MVR to determine the employment eligibility even if the client has written authorization from their employee.