

Application Form

Introduction

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

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

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

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

Priority Funding Areas*

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

Food

Reimbursement*

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

Will your organization be applying for this cost reimbursement?

Yes

Future Programming*

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

Yes

Project Name*

Pantry and Community Kitchen Assistance

EIN*

59-3070882

DUNS Number*

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

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

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

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

089342677

Mission Statement*

The Tarpon Springs Shepherd Center provides compassion, support and assistance to those in need. We focus on the homeless, veterans, families and elderly, all those in need find assistance within our doors. We feed the hungry, clothe the poor, and empower the disenfranchised. From our establishment in 1974 to the present, we strive to address the underserved needs in north Pinellas County.

Total Operating Expenditure*

What are your total annual operating expenses?

\$750,000.00

Amount Requested*

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

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

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

\$161,632.00

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

Priority Populations*

Please select the priority populations your programming will serve:

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

- Communities of color
- Children and/or the elderly
- People experiencing homelessness
- Residents with language barriers
- Persons with disabilities
- Low-income families

Guiding Principles*

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

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

Our weekly food pantry has been developed with ongoing input from our clients that includes all of the categories above. We began to do home bound pantry deliveries over 3 years based on feedback from our disabled clients and the Tarpon Springs Housing Authority. This organization specifically provides housing for the minority elderly population in our city. There were initially 12 of their residents that could not come to the pantry for food so we began home bound deliveries. That has now expanded to 33 elderly and disabled clients with over 20 more on a wait list that we would like to add with the support of this grant. Regarding our daily meal program, with the pandemic guidelines, all of the food is being distributed in "to go" containers. This has added additional costs along with providing a bottle of water with the meal. The input for this serving strategy has come from our volunteer cooking teams as well as the homeless and low-income families coming to pick up the meals.

Length of time operating program/project*

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

Both of these programs have been operating for over 20 years. We have been able to operate them non-stop since the beginning of this crisis. We have seen an average 12% increase in our weekly pantry clients and an average 10% increase in our meals.

Service Area*

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

North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)

Impact on Organization*

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

We have been able to provide food, but it is to a much larger client base than pre-COVID 19. We have a lack of volunteers in the pantry and desperately need part time staff to help create the over 500 boxes of food we are distributing 4 days a week. We also need more staff to support the daily meal distribution. While we have volunteers that are continuing to cook the meals, many of them are seniors and do not have a comfort level to be involved in the meal distribution. We also can use more funds for keeping gas in our trucks to pick up food throughout the Tampa Bay area. These vehicles are also driving to deliver the home bound pantry boxes and delivering boxes of food for our weekly food drops. These food drops are advertised and take place in a low income community further away from the Center's pantry so that those without transportation are able to acquire a box of food. We rotate the community locations throughout the month. With more funds for the trucks' operations, we could go further afield to other low income communities in Palm Harbor and Crystal Beach. As mentioned above, we are averaging over 12% more clients arriving on a weekly basis for boxes of food supplies. At times we are experiencing a daily increase of 35% or more, especially at the end of the month. These boxes hold both non-perishables as well as dairy, meats and fruits and vegetables. We verify household size on registration and boxes are distributed accordingly with up to 3 boxes per week for households with 6 or more in residence. With over 250 clients visiting us each pantry day, we can easily go through 500 boxes of food. In summary, we need some additional part time staffing to cover the lack of the 20 plus volunteers we have lost in our food mission programs. And we also need funds for the gas and maintenance of our refrigerated truck fleet of two.

Fiscal Accountability

Federal Fund Disclosure*

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

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

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

Audited Financial Statements*

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

Yes

Most Recently Filed IRS Form 990*

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

2018 Form 990.pdf

Board-Approved Budget*

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

PnL_Income-Expense 2020_Previous Year 2019.pdf

Audited Financial Statements

Most Recent Audited Financial Statements*

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

Financial Statements 12.31.18.pdf

Management Letter*

Please provide a management letter indicating any findings from your organization's most recent independent audit.

If there is no management letter, please explain why.

Management Letter included in Financial Statement

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

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

N/A

Reimbursement of COVID-19 Related Expenses

Your organization may seek reimbursement for COVID-19 related expenditures between March 1, 2020 and the time of submittal of this application. **This is NOT a replacement for the loss of revenue from canceled fundraising events or a decrease in private/public support. These are costs already incurred and paid from reserves or rainy day funds that were used to deliver services within this funding's focus areas, *specifically* in response to the COVID-19 pandemic. These are funds that were NOT budgeted for use in this fiscal year.**

Attestation*

I affirm that this funding was expended by my organization solely for program costs in relation to COVID-19, and is not being requested on a unit-of-service basis. None of these costs have been reimbursed by any other funding source.

Yes, I affirm the above is accurate and true.

Amount of Reimbursement Requested*

Please specify the total amount of reimbursement your organization is seeking.

\$161,632.00

Documentation of Expenses*

Please use this template to describe the expenses for which you are seeking reimbursement.

Upload records of expenses indicating the use of unbudgeted funds using some or all of the financial documents:

- Receipts documenting the purchase of unbudgeted items or service
- Credit Card Statements showing payment of items (with MOST account numbers REDACTED)
- Bank Statements showing payment of credit cards (with MOST account numbers REDACTED)
- Financial reports that were presented to a Board of Directors
- Board minutes that show authorization of withdrawal(s) from reserve funds
- Bank statements with redacted account numbers indicating usage of unbudgeted funds

If you have selected more than one Priority Funding Area in the introductory section, please ensure to include information that separates the expenses. If necessary, use the textbox below to indicate any clarifying information regarding uploaded documentation.

Tarpon Springs Shepherd Center.pdf
Receipts documenting the purchase of unbudgeted items or service

Number Served by Funding Area*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated.

Example

Food: 1250 people

Behavioral Health: 250 people

Food: 53,004 clients (Daily meals: 27,815 and Pantry: 25,189) 83% are households with less than \$20K

Funding and Usage

Client Service Delivery*

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

The services occur at 304 South Pinellas Avenue in Tarpon Springs. Food Drops and Home Bound deliveries are located at various locations throughout the zip code of 34689 and 34688. The majority of the target population arrives at the Center to receive both the pantry food boxes and the daily meals. They are distributed from different locations on the property. The daily meals are provided from 10:30 am to 11:30 am at the entrance to the HOPE Center every day of the week except Thursday when the meal is distributed from St. Timothy's Lutheran Church on Tarpon Avenue in Tarpon Springs. The food pantry operates from 10:00 am to 2:00 pm on Monday, Tuesday, Thursday and Friday. Every client household may arrive once a week for their pantry allocation. On Wednesday, the home bound deliveries are made throughout the day and the food drop boxes are distributed at the previously advertised location starting at 5 pm and ends when all boxes are gone. The zip codes of our client base include:

34689, 34688, 34682, 34683, 34684, 34685, 34681, 34677, 34695, 34697, 34698, 33755, 33763, 33767, and 34660.

Communication/Outreach and Community Engagement Efforts*

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

We market this information with flyers placed throughout the community as well as at various churches within our service communities. We also have provided all of this information to 211 so they can communicate it when inquiries are made to the important service. Our partnerships and collaborations also have been provided with this information so they can share with clients in need. We regularly post updates on our Facebook page and we encourage people in need to contact our outreach department for the most up to date schedules through our website.

Hurricane Preparedness*

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

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

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

TSC Disaster Preparedness Plan.pdf

Evidence of Insurance Coverage*

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

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

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

2020-21_Insurance Policies.pdf

Insurance Requirement*

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

Here is the information for your carrier:

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

Please check the box below to indicate that you understand and will be able to comply with this requirement.

Yes, I understand this requirement.

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

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

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

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

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

Budget Summary*

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

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

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

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary-Grant.pdf

***Comment:** Final Approved Budget Summary provided by the applicant has been attached administratively to replace outdated first draft. Original submission can be viewed in Organizational Documents Tab.*

Budget Narrative*

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

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

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

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

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

Please export as a PDF and upload it.

Budget Narrative.pdf

***Comment:** Final Approved Budget Narrative provided by the applicant has been attached administratively to replace outdated first draft. Original submission can be viewed in Organizational Documents Tab.*

Capital Requests

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

Please upload in PDF format.

Specs_Freezer-Cooler.pdf

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

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

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

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

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

LPOs.pdf

Role in Programming*

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

The following LPOs cook the meals to serve at the HOPE Center.

Church on the Bayou Presbyterian Church -Susan Conrad - full use of their Kitchen; Christ Church of Palm Harbor - Dominic Papaleo (cooks and servers); Lutheran Church of the Resurrection - Chef Joe (cook); Mt. Moriah A.M.E. - Brother Charles Driver; (cooks and servers); Salvation Army – Kevin Chinault-Mobile Meals, once a month they serve meals from their mobile truck, (since Covid on hiatus) and St. Timothy Lutheran Church – Pastor Curt (kitchen contact: Rosemary and Tom, servers and cooks)

Other organizations pick-up food to distribute to their communities.

Food

This grant will require weekly reporting on the following measures:

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

Affirmation of Reporting*

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

Yes

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

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

75994

September 2020 Projections - Food*

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

5700

October 2020 Projections - Food*

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

5700

November 2020 Projections - Food*

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

5795

December Projections - Food*

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

5795

Funder Involvement

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

Allegany Franciscan Ministries
Pinellas Community Foundation

Other Funding Sources

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

Walmart, Publix, EFSP - not Covid related, SAF, not funded.

Corrective Action*

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

No

Confirmation

Signature and Affirmation*

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

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

Ada Del Gais

File Attachment Summary

Applicant File Uploads

- 2018 Form 990.pdf
- PnL_Income-Expense 2020_Previous Year 2019.pdf
- Financial Statements 12.31.18.pdf
- Tarpon Springs Shepherd Center.pdf
- TSC Disaster Preparedness Plan.pdf
- 2020-21_Insurance Policies.pdf
- CARES-Partnership-Fund-Budget-Summary-Grant.pdf
- Budget Narrative.pdf
- Specs_Freezer-Cooler.pdf
- LPOs.pdf

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning **2018**, and ending **2018**, and ending **2018**

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

C Name of organization **Tarpon Springs Shepherd Center Inc**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
304 South Pinellas Avenue
 City or town, state or province, country, and ZIP or foreign postal code
Tarpon Springs, FL 34689

D Employer identification number
59-3070882

E Telephone number
(727) 939-1400

F Name and address of principal officer:
Ada Torres-Delgais, 304 S Pinellas Ave, Tarpon Springs, FL 34689

G Gross receipts \$ **3,392,812.**

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

H(c) Group exemption number ▶

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

J Website: ▶ **N/A**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1974** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To provide compassion, basic support, and hope to those on our community who need it most.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	1,813
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,799,303.	Current Year 2,968,895.
	9	Program service revenue (Part VIII, line 2g)	434,880.	391,201.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,034.	32,716.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,270,217.	3,392,812.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,629.		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,322,790.	3,009,694.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,322,790.	3,009,694.
	19	Revenue less expenses. Subtract line 18 from line 12	-52,573.	383,118.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,337,216.	End of Year 1,705,160.
	21	Total liabilities (Part X, line 26)	1,050,743.	1,035,569.
	22	Net assets or fund balances. Subtract line 21 from line 20	286,473.	669,591.

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: *Ada Torres-Delgais* Date: **11/04/2019**

Ada Torres-Delgais, Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Douglas Day** Preparer's signature: _____ Date: **12/04/2019** Check if self-employed PTIN: **P00282963**

Firm's name ▶ **DAY & DAY PA** Firm's EIN ▶ **59-3120387**

Firm's address ▶ **2801 SW COLLEGE RD # 13, OCALA, FL 34474** Phone no. **(352) 237-6161**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To provide compassion,
basic support, and hope to those on our community who need it most.

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

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

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

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

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

4a (Code: _____) (Expenses \$ 2,826,211. including grants of \$ 0.) (Revenue \$ 0.)

Food Mission - The Shepherd Center distributes bags of groceries on a
weekly basis to families in need and provides a soup kitchen seven days a week
for the community.

Project Thanks - The Shepherd Center distributes Thanksgiving and Christmas
meals to families in need of help with the holidays.

Outreach Services - The Shepherd Center provides overnight emergency
housing, utility assistance, bus passes, and other services to those in need.

Thrift Shop - The Organization operates a thrit shop eith donations
from the community.

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

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

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

4e Total program service expenses **▶ 2,826,211.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 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>	3	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>	4	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>	5	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>	6	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>	7	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>	8	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>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	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>	11a 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>	11b	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>	11c	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>	11d	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>	11e	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>	11f	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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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 (see instructions)</i>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21	X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 Ada Torres-Delgais, 304 South Pinellas Avenue, Tarpon Spings, FL 34689 (727)939-1400

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Beverly Graham Board President	5.00	X		X				0.	0.	0.
(2) Chris Palaidis Board VP	5.00	X		X				0.	0.	0.
(3) John Consolino Treasurer	5.00	X		X				0.	0.	0.
(4) Sheri Piscitelli Secretary	5.00	X		X				0.	0.	0.
(5) Annie Dabbs Director	5.00	X						0.	0.	0.
(6) Tom Henderson Director	5.00	X						0.	0.	0.
(7) Nyla Jo Hubbard Director	5.00	X						0.	0.	0.
(8) Rev. Melody Kidd Director	5.00	X						0.	0.	0.
(9) Robert Kinney Director	5.00	X						0.	0.	0.
(10) Richard Lehman Director	5.00	X						0.	0.	0.
(11) Dominick Papaleo Director	5.00	X						0.	0.	0.
(12) Jennifer Segur Director	5.00	X						0.	0.	0.
(13) Virlicia Wood Director	5.00	X						0.	0.	0.
(14) Ada Torres-Del Gais Executive Director	40.00		X					58,000.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							58,000.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							58,000.	0.	0.	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,968,895.			
	g Noncash contributions included in lines 1a-1f: \$		2,328,942.			
	h Total. Add lines 1a-1f		2,968,895.			
Program Service Revenue			Business Code			
	2a Thrift shop sales		453310	391,201.	391,201.	0.
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue .					
g Total. Add lines 2a-2f			391,201.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18	a	32,716.			
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events			32,716.	0.	32,716.
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a -----						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			3,392,812.	391,201.	0.	32,716.

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				
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	825.	0.	825.	0.
c Accounting	5,200.	0.	5,200.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	25,048.	17,586.	7,462.	0.
12 Advertising and promotion				
13 Office expenses	5,053.	4,591.	462.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	57,243.	0.	57,243.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,761.	57,517.	6,244.	0.
23 Insurance	56,599.	50,939.	5,660.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----	2,795,965.	2,695,578.	58,758.	41,629.
25 Total functional expenses. Add lines 1 through 24e	3,009,694.	2,826,211.	141,854.	41,629.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	28,902.	1	460,491.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,524.	4	2,615.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,882.	9	5,907.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,495,949.		
	b Less: accumulated depreciation	10b 259,802.	1,299,908.	10c 1,236,147.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		1,337,216.	16	1,705,160.
Liabilities	17 Accounts payable and accrued expenses	55,252.	17	67,676.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	995,491.	23	967,893.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		1,050,743.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	278,683.	27	383,961.
	28 Temporarily restricted net assets	7,790.	28	285,630.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		286,473.	33	669,591.
34 Total liabilities and net assets/fund balances		1,337,216.	34	1,705,160.

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	3,392,812.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,009,694.
3	Revenue less expenses. Subtract line 2 from line 1	3	383,118.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	286,473.
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	669,591.

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 in 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 in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
-----------------------------------------------------------------------	-----------------------------------------------------

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)(vii)**. (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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	662,315.	1,344,268.	2,011,226.	2,270,217.	3,392,812.	9,680,838.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	662,315.	1,344,268.	2,011,226.	2,270,217.	3,392,812.	9,680,838.
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						9,680,838.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	662,315.	1,344,268.	2,011,226.	2,270,217.	3,392,812.	9,680,838.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	98.	874.	0.	0.	0.	972.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						9,681,810.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.99 %
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 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 (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? 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.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

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

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

Section D—Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2018

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

Name of the organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
-----------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
------------------------------------------------------------	----------------------------------------------

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	Estate of Myrlyn Allen 600 Bypass Drive, Suite 106 Clearwater FL 33764	\$ 77,133.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Haftek Estate 1111 Riverside Dr Tarpon Springs FL 34689	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Adventist Health System 92 Inspiration Ave Altamonte Springs FL 32714	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Sillicon Valley Community Foundation 2440 West El Camino Real, Suite 300 Mountain View CA 94040	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Sevasti Billiris Irrevocable Trust PO Box 17540 Clearwater FL 33762	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Vanguard Charitable PO Box 9509 Warwick RI 02889	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
------------------------------------------------------------	----------------------------------------------

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
7	AssetMark Inc 1655 Grant Street, 10th Floor Concord CA 94520	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Publix Super Markets Charities Inc PO Box 407 Lakeland FL 33802	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Ellmar Foundation PO Box 1291 Tarpon Springs FL 34688	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DR John V Pilitsis Charitable Fund 2098 North Pointe Alexis Drive Tarpon Springs FL 34689	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Trust for Rehabilitation & Nurturing Youth & Families Inc PO Box 1608 Tarpon Springs FL 34688	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Carl & Phyllis Dalton Family Foundation 6727 1st Ave South, Suite 104 Saint Petersburg FL 33707	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
-------------------------------------------------------------------	-----------------------------------------------------

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

Name of organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
-------------------------------------------------------------------	-----------------------------------------------------

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE 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

2018

Open to Public Inspection

Name of the organization: Tarpon Springs Shepherd Center Inc; Employer identification number: 59-3070882

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 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

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

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset amounts.

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 are a 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 programs
- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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** Temporarily restricted 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	0.		0.
b Buildings		1,380,892.	161,304.	1,219,588.
c Leasehold improvements				
d Equipment		25,407.	23,843.	1,564.
e Other		89,650.	74,655.	14,995.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,236,147.

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. (Column (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. (Column (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 FIN 48 (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	3,392,812.
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,392,812.
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	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,392,812.

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	3,009,694.
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		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,009,694.
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,009,694.

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.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

2018

Open to Public Inspection

Name of the organization

Tarpon Springs Shepherd Center Inc

Employer identification number

59-3070882

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 <u>Project Thanks</u> (event type)	(b) Event #2 <u>Prayer Breakfast</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	16,350.	11,400.		27,750.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	16,350.	11,400.		27,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				27,750.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**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 the latest information.**

Name of the organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
-----------------------------------------------------------------------	-----------------------------------------------------

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				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1164471	2,328,942.	FMV per lb (amount lbs)
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 IV, Donee Acknowledgement	29
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------

		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?	30a		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?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

(Area with horizontal dashed lines for supplemental information entry)

**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

2018

**Open to Public
Inspection**

Name of the organization

Tarpon Springs Shepherd Center Inc

Employer identification number

59-3070882

Pt VI, Line 6: Members are the governing body of the Shepherd Center, churches,
and other non-profits in our community. The members approve by-laws and elect
board members at the annual meeting of if called to order for special sessions.

Pt VI, Line 7a: Election of members is done at the annual meeting and are elected
by the members in good standing.

Pt VI, Line 7b: The members approve by-laws and elect board members at the annual
meeting.

Pt VI, Line 11b: A copy of the Form 990 is emailed to the Board of Directors
prior to filing.

Pt VI, Line 12c: The Board of Directors review the current signed disclosure
forms on an annual basis each February.

Pt VI, Line 15a: The executive committee meets and makes recommendations to
the Board of Directors for the Executive Director's salary based on comparable
data.

Pt VI, Line 19: Notice is posted on brochures and the organization's website
stating that the 990 and other documents are available upon request during normal
business hours. The Form 990 is also posted to the organization's website stating
with the 2012 form year.

Pt IX, Line 24e:

Description: Leased employee costs

Total: \$335,693

Program services: \$249,048

Management and general: \$47,891

Fundraising: \$38,754

Description: Donated food

Name of the organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
-----------------------------------------------------------------------	-----------------------------------------------------

Total: \$2,328,942

Program services: \$2,328,942

Management and general: \$0

Fundraising: \$0

Description: Other center and program expenses

Total: \$30,037

Program services: \$30,037

Management and general: \$0

Fundraising: \$0

Description: Telephone and internet

Total: \$8,937

Program services: \$8,148

Management and general: \$789

Fundraising: \$0

Description: Repairs and maintenance

Total: \$7,801

Program services: \$7,041

Management and general: \$760

Fundraising: \$0

Description: Utilities

Total: \$36,426

Program services: \$34,455

Management and general: \$1,971

Fundraising: \$0

Description: Truck expenses

Total: \$17,049

Program services: \$17,049

Name of the organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
-----------------------------------------------------------------------	-----------------------------------------------------

Management and general: \$0

Fundraising: \$0

Description: Credit card fees

Total: \$9,707

Program services: \$9,707

Management and general: \$0

Fundraising: \$0

Description: Payroll processing

Total: \$8,237

Program services: \$6,040

Management and general: \$2,197

Fundraising: \$0

Description: Marketing and promotional

Total: \$2,462

Program services: \$2,462

Management and general: \$0

Fundraising: \$0

Description: Meeting expenses

Total: \$59

Program services: \$59

Management and general: \$0

Fundraising: \$0

Description: Taxes

Total: \$992

Program services: \$0

Management and general: \$992

Fundraising: \$0

Name of the organization

Employer identification number

Tarpon Springs Shepherd Center Inc

59-3070882

Description: Other miscellaneous

Total: \$9,623

Program services: \$2,590

Management and general: \$4,158

Fundraising: \$2,875

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20_____

Department of the Treasury
Internal Revenue Service

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

2018

Name of exempt organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
--------------------------------------------------------------------------	-----------------------------------------------------

Name and title of officer
Ada Torres-Delgais, Executive Director

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,392,812.</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 _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DAY & DAY PA to enter my PIN

7	0	8	8	2
---	---	---	---	---

 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 11/04/2019

Part III Certification and Authentication

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

5	9	7	9	5	6	2	8	0	1	1
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 12/04/2019

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

Name Tarpon Springs Shepherd Center Inc	Employer Identification No. 59-3070882
--------------------------------------------	-------------------------------------------

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Leased employee costs	335,693.	249,048.	47,891.	38,754.
Donated food	2,328,942.	2,328,942.	0.	0.
Other center and program expenses	30,037.	30,037.	0.	0.
Telephone and internet	8,937.	8,148.	789.	0.
Repairs and maintenance	7,801.	7,041.	760.	0.
Utilities	36,426.	34,455.	1,971.	0.
Truck expenses	17,049.	17,049.	0.	0.
Credit card fees	9,707.	9,707.	0.	0.
Payroll processing	8,237.	6,040.	2,197.	0.
Marketing and promotional	2,462.	2,462.	0.	0.
Meeting expenses	59.	59.	0.	0.
Taxes	992.	0.	992.	0.
Other miscellaneous	9,623.	2,590.	4,158.	2,875.
Total to Form 990, Part IX, line 24e	2,795,965.	2,695,578.	58,758.	41,629.

Tarpon Springs Shepherd Center
Statement of Financial Income & Expense Prev Year Comparison
 March through August 2020

	Mar - Aug 20	Mar - Aug 19	\$ Change	% Change
Ordinary Income/Expense				
Income				
Operating Revenue				
4000 · Donations				
4000-01 · Primary Member Dues	1,050.00	4,450.00	(3,400.00)	(76.4)%
4000-03 · Bequest	54,366.22	40,000.00	14,366.22	35.9%
4000-04 · In Memory of	50.00	1,595.00	(1,545.00)	(96.9)%
4000-06 · Flea Market Donations	4,905.00	7,042.75	(2,137.75)	(30.4)%
4000-07 · Food Pantry	4,325.00	350.00	3,975.00	1,135.7%
4000 · Donations - Other	16,315.06	9,893.22	6,421.84	64.9%
Total 4000 · Donations	81,011.28	63,330.97	17,680.31	27.9%
4100 · Fundraiser Income				
4100-06 · COVID-19	69,098.10	0.00	69,098.10	100.0%
4100-08 · Project Thanks	0.00	20.00	(20.00)	(100.0)%
4100-12 · Food Pantry	200.00	50.00	150.00	300.0%
4100-13 · Food Mission	660.00	100.00	560.00	560.0%
4100-18 · Outreach	489.00	415.00	74.00	17.8%
4100-26 · Impact Hub	0.00	96.80	(96.80)	(100.0)%
4100-31 · Special Events	1,000.00	0.00	1,000.00	100.0%
4100-32 · Hope Center - Restricted	1,912.50	2,070.00	(157.50)	(7.6)%
4100-40 · Roof Donations - Restricted	50.00	90,000.00	(89,950.00)	(99.9)%
4100-41 · Walk-In Freezer - Restricted	109.00	0.00	109.00	100.0%
Total 4100 · Fundraiser Income	73,518.60	92,751.80	(19,233.20)	(20.7)%
4135 · Pledge Income	825.00	1,150.00	(325.00)	(28.3)%
4200 · Thrift Store				
4200-10 · Thrift Store Donation Box	2,936.00	934.00	2,002.00	214.4%
4200-11 · Cash Over (Short)	27.38	157.12	(129.74)	(82.6)%
4200-25 · Exempt Sales	558.25	3,269.54	(2,711.29)	(82.9)%
4200-36 · Recycling	2,135.72	4,065.81	(1,930.09)	(47.5)%
4240 · Thrift Store Sales				
4240-13 · E-Bay Sales	1,604.94	1,353.80	251.14	18.6%
4240-40 · Sales Tax Discount	121.68	180.00	(58.32)	(32.4)%
4240 · Thrift Store Sales - Other	99,986.69	164,761.03	(64,774.34)	(39.3)%
Total 4240 · Thrift Store Sales	101,713.31	166,294.83	(64,581.52)	(38.8)%
Total 4200 · Thrift Store	107,370.66	174,721.30	(67,350.64)	(38.6)%
4500 · All Grants-Program Income				
4500-01 · Allegany Grant	30,000.00	40,000.00	(10,000.00)	(25.0)%
4500-04 · E.F.S.P/United Way	10,134.00	0.00	10,134.00	100.0%
4500-05 · Pinellas Community Fund Grant	13,500.00	0.00	13,500.00	100.0%
4500-10 · Grants - Others	1,600.00	0.00	1,600.00	100.0%
Total 4500 · All Grants-Program Income	55,234.00	40,000.00	15,234.00	38.1%
4600 · Miscellaneous Income	28.83	0.00	28.83	100.0%
Total Operating Revenue	317,988.37	371,954.07	(53,965.70)	(14.5)%
4305 · Food Contributions	2,236,038.00	1,761,528.00	474,510.00	26.9%
4315 · Vouchers Program Income	9,963.63	5,106.43	4,857.20	95.1%

Tarpon Springs Shepherd Center
Statement of Financial Income & Expense Prev Year Comparison
March through August 2020

	<u>Mar - Aug 20</u>	<u>Mar - Aug 19</u>	<u>\$ Change</u>	<u>% Change</u>
Total Income	2,563,990.00	2,138,588.50	425,401.50	19.9%
Gross Profit	2,563,990.00	2,138,588.50	425,401.50	19.9%
Expense				
4400 · Office Expense				
4400-01 · Telephone	5,353.38	2,622.95	2,730.43	104.1%
4400-03 · Office Supplies	713.79	1,190.46	(476.67)	(40.0)%
4400-04 · Copying Expense	1,216.19	1,029.51	186.68	18.1%
4400-05 · Postage and Delivery	343.90	0.00	343.90	100.0%
4400-06 · Internet	1,320.69	886.78	433.91	48.9%
4400-09 · Meeting Expenses	64.23	73.32	(9.09)	(12.4)%
4400-10 · Equipment Lease/Rental	1,341.96	708.72	633.24	89.4%
4400-11 · Membership Dues &Subscriptio...	250.00	436.00	(186.00)	(42.7)%
4400-12 · Licenses and Permits	350.00	350.00	0.00	0.0%
4400-15 · Computer/Software/Applications	1,060.86	694.88	365.98	52.7%
4400-18 · Security Services	539.70	594.65	(54.95)	(9.2)%
4400-21 · Thrift Store Expenses	444.58	340.31	104.27	30.6%
4400 · Office Expense - Other	1,462.14	285.94	1,176.20	411.4%
Total 4400 · Office Expense	14,461.42	9,213.52	5,247.90	57.0%
5200 · Bank Service Charges	16,089.00	631.35	15,457.65	2,448.4%
5300 · Credit Card Fees	598.86	833.63	(234.77)	(28.2)%
5301 · Merchant Account Fees	2,625.62	3,697.05	(1,071.43)	(29.0)%
5400 · Penalties and Fees	0.00	9.87	(9.87)	(100.0)%
5500 · Payroll Expenses				
5200-10 · Payroll Service Charges	3,508.91	4,190.08	(681.17)	(16.3)%
5500-01 · Salaries and Wages	126,950.05	151,499.83	(24,549.78)	(16.2)%
5500-02 · Federal Unemployment Taxes	421.00	521.25	(100.25)	(19.2)%
5500-03 · State Unemployment Taxes	1,391.38	1,737.60	(346.22)	(19.9)%
5500-04 · Workers Compensation	4,163.43	4,766.78	(603.35)	(12.7)%
5500-05 · Payroll Taxes	9,711.73	11,589.87	(1,878.14)	(16.2)%
Total 5500 · Payroll Expenses	146,146.50	174,305.41	(28,158.91)	(16.2)%
5700 · Hope Center Payroll Expenses				
5700-01 · Salaries and Wages	43,598.66	2,705.76	40,892.90	1,511.3%
5700-02 · Payroll Taxes - FICA	3,381.20	206.99	3,174.21	1,533.5%
5700-04 · Workers Compensation	1,120.91	111.47	1,009.44	905.6%
5700-06 · Payroll Service Charges	939.31	70.74	868.57	1,227.8%
Total 5700 · Hope Center Payroll Expenses	49,040.08	3,094.96	45,945.12	1,484.5%
6145 · Fundraiser Exp				
02 · Special Event Expense	158.19	1,158.20	(1,000.01)	(86.3)%
Total 6145 · Fundraiser Exp	158.19	1,158.20	(1,000.01)	(86.3)%
6200 · Retail Operations				
6200-20 · Display Supplies	0.00	124.54	(124.54)	(100.0)%
6200 · Retail Operations - Other	0.00	900.34	(900.34)	(100.0)%
Total 6200 · Retail Operations	0.00	1,024.88	(1,024.88)	(100.0)%
6300 · Program Expense				
6300-12 · Hope Center	3,510.03	0.00	3,510.03	100.0%
6300-13 · Community Kitchen	73.48	33.28	40.20	120.8%

Tarpon Springs Shepherd Center
Statement of Financial Income & Expense Prev Year Comparison
March through August 2020

	Mar - Aug 20	Mar - Aug 19	\$ Change	% Change
6300-14 · Outreach Emergency Services	15.00	99.00	(84.00)	(84.9)%
6300-15 · Emergency Shelter Assistance	55.00	204.00	(149.00)	(73.0)%
6300-16 · Center Program Services	0.00	25.00	(25.00)	(100.0)%
6300-17 · Emergency Utilities Assistance	0.00	305.26	(305.26)	(100.0)%
6300-21 · Pantry	5,585.28	3,295.54	2,289.74	69.5%
6300-31 · Voucher Program	9,963.63	5,105.68	4,857.95	95.2%
6300-32 · Outreach Expense	56.99	0.00	56.99	100.0%
6300-50 · Volunteer Labor	0.00	150.00	(150.00)	(100.0)%
6300-55 · Miscellaneous to Partnering Org	0.00	50.00	(50.00)	(100.0)%
6300-57 · Workshop / Meeting Expense	0.00	20.27	(20.27)	(100.0)%
Total 6300 · Program Expense	19,259.41	9,288.03	9,971.38	107.4%
6324 · Donated Food Distribution	2,236,038.00	1,761,528.00	474,510.00	26.9%
6400 · Advertising/Marketing				
6400-03 · Advertisement	0.00	4,532.40	(4,532.40)	(100.0)%
6400 · Advertising/Marketing - Other	150.00	0.00	150.00	100.0%
Total 6400 · Advertising/Marketing	150.00	4,532.40	(4,382.40)	(96.7)%
6600 · Prof. Fees & Contract Svcs				
6600-10 · Accounting Fees	2,800.00	2,637.50	162.50	6.2%
6600-20 · Consulting	0.00	0.00	0.00	0.0%
6600-28 · Background Checks	0.00	140.00	(140.00)	(100.0)%
6600-30 · Legal Fees	50.00	50.00	0.00	0.0%
6600 · Prof. Fees & Contract Svcs - Other	26,561.55	16,777.24	9,784.31	58.3%
Total 6600 · Prof. Fees & Contract Svcs	29,411.55	19,604.74	9,806.81	50.0%
6650 · Insurance				
6600-53 · Liability Insurance	4,038.54	9,312.99	(5,274.45)	(56.6)%
6600-54 · Property & Flood Insurance	14,554.74	15,099.30	(544.56)	(3.6)%
6600-55 · Auto Insurance	6,188.28	7,132.11	(943.83)	(13.2)%
Total 6650 · Insurance	24,781.56	31,544.40	(6,762.84)	(21.4)%
6700 · Automobile Expense				
6700-11 · Truck Gas	4,231.77	5,296.56	(1,064.79)	(20.1)%
6700-12 · Truck Repairs	5,718.59	5,853.65	(135.06)	(2.3)%
6700-13 · Truck Expenses	0.00	1,153.05	(1,153.05)	(100.0)%
6700-15 · Truck Registration	61.90	0.00	61.90	100.0%
6700-18 · Dollies, and same	25.34	0.00	25.34	100.0%
Total 6700 · Automobile Expense	10,037.60	12,303.26	(2,265.66)	(18.4)%
6750 · Building Repairs				
6700-51 · Maintenance	393.01	850.66	(457.65)	(53.8)%
6700-52 · Pest Control	587.00	0.00	587.00	100.0%
6700-55 · Building Repairs	1,363.55	1,893.36	(529.81)	(28.0)%
6750 · Building Repairs - Other	602.78	76.23	526.55	690.7%
Total 6750 · Building Repairs	2,946.34	2,820.25	126.09	4.5%
6800 · Utilities				
6800-10 · Dumpster Removal	72.40	684.88	(612.48)	(89.4)%
6800-11 · Cardboard Recycling	1,020.00	275.00	745.00	270.9%
6800-15 · Gas and Electric	17,631.99	16,345.66	1,286.33	7.9%
6800-17 · Water	5,461.85	5,147.41	314.44	6.1%

Tarpon Springs Shepherd Center
Statement of Financial Income & Expense Prev Year Comparison
March through August 2020

	<u>Mar - Aug 20</u>	<u>Mar - Aug 19</u>	<u>\$ Change</u>	<u>% Change</u>
Total 6800 · Utilities	24,186.24	22,452.95	1,733.29	7.7%
6860 · Mileage Reimbursement & Travel	95.56	59.82	35.74	59.8%
6895 · Miscellaneous	102.50	0.00	102.50	100.0%
Total Expense	<u>2,576,128.43</u>	<u>2,058,102.72</u>	<u>518,025.71</u>	<u>25.2%</u>
Net Ordinary Income	(12,138.43)	80,485.78	(92,624.21)	(115.1)%
Other Income/Expense				
Other Income				
7011 · Bank Interest				
7011-01 · Interest Income from Money Mkt	82.36	516.54	(434.18)	(84.1)%
7011-02 · Interest on Hope Center Account	228.55	660.28	(431.73)	(65.4)%
7011-03 · Other Bank Income	89.92	124.68	(34.76)	(27.9)%
Total 7011 · Bank Interest	<u>400.83</u>	<u>1,301.50</u>	<u>(900.67)</u>	<u>(69.2)%</u>
Total Other Income	400.83	1,301.50	(900.67)	(69.2)%
Other Expense				
6730 · Depreciation	33,135.18	38,657.51	(5,522.33)	(14.3)%
7012 · Interest Expense	24,485.92	28,005.31	(3,519.39)	(12.6)%
Total Other Expense	<u>57,621.10</u>	<u>66,662.82</u>	<u>(9,041.72)</u>	<u>(13.6)%</u>
Net Other Income	<u>(57,220.27)</u>	<u>(65,361.32)</u>	<u>8,141.05</u>	<u>12.5%</u>
Net Income	<u>(69,358.70)</u>	<u>15,124.46</u>	<u>(84,483.16)</u>	<u>(558.6)%</u>

TARPON SPRINGS SHEPHERD CENTER, INC.

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2018

	<u>Page</u>
Independent Auditors' Report	1
Statement of Financial Position	2
Statement of Activities	3
Statement of Functional Expenses	4
Statement of Cash Flows	5
Notes to Financial Statements	6-10

DAY & DAY, P.A.

Certified Public Accountants

Member

American Institute of Certified Public Accountants

Florida Institute of Certified Public Accountants

2801 S.W. COLLEGE ROAD

SUITE #13

OCALA, FLORIDA 34474

(352) 237-6161

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Tarpon Springs Shepherd Center, Inc.

We have audited the accompanying financial statements of the Tarpon Springs Shepherd Center, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2018, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Tarpon Springs Shepherd Center, Inc. as of December 31, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.



Day & Day, PA
October 28, 2019

TARPON SPRINGS SHEPHERD CENTER, INC.
STATEMENT OF FINANCIAL POSITION
December 31, 2018

Assets

Current Assets

Cash and cash equivalents	\$	460,491
Credit card receivable		2,615
Prepaid expenses		5,907

Total Current Assets 469,013

Fixed Assets

Property and equipment, net of accumulated depreciation		1,236,147
---------------------------------------------------------	--	-----------

Total Fixed Assets 1,236,147

TOTAL ASSETS \$ 1,705,160

Liabilities and Net Assets

Current Liabilities

Accounts payable and accrued expenses	\$	39,683
Current portion of mortgage payable		27,993

Total Current Liabilities 67,676

Long-Term Liabilities

Loan payable		16,902
Mortgage payable		950,991

Total Long-Term Liabilities 967,893

Total Liabilities 1,035,569

Net Assets

Without donor restrictions		
Net investment in property and equipment		1,236,147
Undesignated		-852,186
Total without donor restrictions		383,961
With donor restrictions		285,630

Total Net Assets 669,591

TOTAL LIABILITIES AND NET ASSETS \$ 1,705,160

Read accompanying notes

TARPON SPRINGS SHEPHERD CENTER, INC.
STATEMENT OF ACTIVITIES
For the year ended December 31, 2018

SUPPORT AND REVENUES	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Thrift shop sales	\$ 391,201	\$ -	\$ 391,201
In-kind donations - food	2,328,942	-	2,328,942
Contributions	329,036	277,840	606,876
Grant revenue	32,582	-	32,582
Fundraiser events	32,716	-	32,716
Other income	495	-	495
Net assets released from restriction	-	-	-
Total Support and Revenues	<u>3,114,972</u>	<u>277,840</u>	<u>3,392,812</u>
 EXPENSES			
Program services:			
Community programs	2,634,822	-	2,634,822
Retail	191,389	-	191,389
Total program services	<u>2,826,211</u>	<u>-</u>	<u>2,826,211</u>
Supporting services:			
Management & general	141,854	-	141,854
Fundraising	41,629	-	41,629
Total supporting services	<u>183,483</u>	<u>-</u>	<u>183,483</u>
Total Expenses	<u>3,009,694</u>	<u>-</u>	<u>3,009,694</u>
 Change in Net Assets	 105,278	 277,840	 383,118
Net Assets, Beginning of Year	<u>278,683</u>	<u>7,790</u>	<u>286,473</u>
 Net Assets, End of Year	 <u>\$ 383,961</u>	 <u>\$ 285,630</u>	 <u>\$ 669,591</u>

Read accompanying notes

TARPON SPRINGS SHEPHERD CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
For the year ended December 31, 2018

	Program Services		Supporting Services		Total
	Community Programs	Retail	Management and general	Fundraising	
Salaries	\$ 107,969	\$ 112,487	\$ 43,776	\$ 36,000	\$ 300,232
Payroll taxes	9,786	10,229	3,184	2,754	25,953
Employee insurance	3,785	4,792	931	-	9,508
Total salaries and related expenses	121,540	127,508	47,891	38,754	335,693
Donated Food	2,328,942	-	-	-	2,328,942
Other program expenses	30,037	-	-	-	30,037
Professional fees/contract labor	14,708	2,878	13,487	-	31,073
Telephone and internet	7,100	1,048	789	-	8,937
Insurance	50,939	-	5,660	-	56,599
Interest	-	-	57,243	-	57,243
Repairs & maintenance	6,840	201	760	-	7,801
Utilities	17,741	16,714	1,971	-	36,426
Truck expense	13,271	3,778	-	-	17,049
Credit card fees	9,707	-	-	-	9,707
Office supplies and expenses	4,161	430	462	-	5,053
Payroll processing	2,792	3,248	2,197	-	8,237
Marketing and promotional	300	2,162	-	-	2,462
Meeting expenses	59	-	-	-	59
Taxes	-	-	992	-	992
Other miscellaneous expenses	704	1,886	4,158	2,875	9,623
Total expenses before depreciation	2,608,841	159,853	135,610	41,629	2,945,933
Depreciation	25,981	31,536	6,244	-	63,761
Total Expenses	\$ 2,634,822	\$ 191,389	\$ 141,854	\$ 41,629	\$ 3,009,694

Read accompanying notes

TARPON SPRINGS SHEPHERD CENTER, INC.
STATEMENT OF CASH FLOWS
For the year ended December 31, 2018

CASH FLOWS FROM OPERATING ACTIVITIES	
Increase in net assets	\$ 383,118
Adjustments to reconcile change in net assets to cash provided by operating activities:	
Depreciation	63,761
(Increase) decrease in operating assets	
Credit card receivable	1,909
Prepaid expenses	(2,025)
Increase (decrease) in operating liabilities	
Accounts payable	8,888
Real estate taxes payable	<u>(24,457)</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	431,194
CASH FLOWS FROM INVESTING ACTIVITIES	
	-
CASH FLOWS FROM FINANCING ACTIVITIES	
Proceeds from loan	24,850
Payment of long-term debt	<u>(24,455)</u>
NET CASH PROVIDED BY INVESTING ACTIVITIES	<u>395</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	431,589
BEGINNING CASH AND CASH EQUIVALENTS	<u>28,902</u>
ENDING CASH AND CASH EQUIVALENTS	<u><u>\$ 460,491</u></u>

Read accompanying notes

NOTES TO FINANCIAL STATEMENTS
TARPON SPRINGS SHEPHERD CENTER, INC.
For year ended December 31, 2018

Note 1 - Summary of Significant Accounting Policies

Reporting Entity

The Tarpon Springs Shepherd Center, Inc. (the Center or Organization) was established as a Florida Non-Profit Corporation in 1974 in Tarpon Springs, Florida. The Center began with the love grounded in Christian fellowship and has continued to be committed to the belief in the inalienable rights and value of all human beings. The Center has adopted a broad interfaith perspective and extends basic love and material assistance to all members of the community and its visitors. Basic to the Organization's strategy is the concept that everyone can give and receive according to their talents, interests and needs. The Organization's programs include:

- A thrift store
- A soup kitchen
- A pantry
- A clothes tree
- Social services
- Project Thanks: Annual distribution of baskets of food at Thanksgiving and Christmas
- Adopt-a-Family

Financial Statement Presentation

The financial statements of the organization have been prepared on the accrual basis of accounting in conformity with generally accepted accounting principles. In accordance with Accounting Standards Codification 958.205.05, the net assets of the organization and changes therein are classified and reported as follows:

- Net assets without donor restrictions - Net assets that are not subject to donor-imposed restrictions and may be expenses for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Tarpon Springs Shepherd Center, Inc.'s management and Board of Directors.
- Net assets with donor restrictions - Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions on the Organization or by passage of time. Other restrictions are perpetual by nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Recognition of Donor Restricted Contributions

Unconditional contributions are recognized as revenue when pledged and recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Conditional promises to give are recognized when the conditions on which they depend are substantially met. Gifts of cash and other assets are reported with donor restricted support if they are received with donor stipulations that limit the use of the donated assets. When a restriction expires, that is, when a stipulated time restriction or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported on the statement of activities as net assets released from restrictions.

NOTES TO FINANCIAL STATEMENTS
TARPON SPRINGS SHEPHERD CENTER, INC.
For year ended December 31, 2018

Cash and Cash Equivalents

The Organization considers cash in banks, cash on hand, and other highly liquid investments with an original maturity of three months or less to be cash and cash equivalents. All accounts are unprotected beyond the FDIC and SIPC limitations.

Property and Equipment

Property and equipment are recorded at cost, or in the case of donated items, at the fair market value on the date received. Depreciation is recorded using the straight line method over the anticipated useful lives of the assets, ranging from five to thirty years.

Expense Allocation

Expenses are allocated to each program or activity based on direct expenditures incurred. Any expenditure not directly chargeable is allocated based on management's decision on a basis consistent with prior years. The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of Allocation</u>
Telephone and internet	Time and effort
Utilities	Time and effort

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and from state income taxes under similar provisions of the Florida laws. The Organization has been classified as an organization that is not a private foundation under Section 509(a)(2) of the Internal Revenue Code and donors may deduct contributions as provided in Section 170 of the Code.

It is the policy of management to evaluate its tax positions on an ongoing basis and to disclose any such positions it believes would have a material impact on the financial statements and related notes. Management believes that no such required disclosures exist.

The Organization is no longer subject to U.S. federal or state income tax examinations by tax authorities for years before 2015. The Organization would recognize interest accrued related to unrecognized tax benefits in interest expense and penalties, if any, in operating expenses.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principals requires estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Donated Services and Materials

A substantial amount of services are contributed to the organization to help carry out its activities. The value of services donated by volunteers in the form of labor hours is not recorded in the accompanying financial statements since they do not meet the requirements for recognition. The value of food and other personal items that are donated and distributed is estimated by the Center using the weight of goods received multiplied by an estimated value per pound to arrive at a total value. The amount included in the financial statements for donated items is \$2,328,942 for 2018.

NOTES TO FINANCIAL STATEMENTS
TARPON SPRINGS SHEPHERD CENTER, INC.
For year ended December 31, 2018

Subsequent Events

The Organization has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 28, 2019, the date the financial statements were available to be issued.

Adoption of New Accounting Standard

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources and the lack of consistency in the type of information provided about expenses and investment return. Tarpon Springs Shepherd Center, Inc. has adjusted the presentation of these statements accordingly.

Note 2 – Property and Equipment

Property and equipment consists of the following at December 31, 2018:

Furniture and equipment	\$	22,870
Computer equipment		2,537
Vehicles		89,650
Building, land and improvements		1,380,892
		<u>1,495,949</u>
Less: accumulated depreciation		<u>(259,802)</u>
Property and equipment, net	\$	<u><u>1,236,147</u></u>

Note 3 – Long-term Debt

The long-term debt consists of the following as of December 31, 2018:

Mortgage payable to bank, payable in monthly installments of \$6,343 including interest at 5.5% per annum with a ballon payment on February 25, 2021. It is secured by the building.	\$	974,346
Loan payable to bank, payable in monthly installments of \$472, including interest at 5.5% per annum through February 2023. Secured by organization assets.		21,540
		<u>995,886</u>
Less: Current Portion		<u>(27,993)</u>
Mortgage payable, long term	\$	<u><u>967,893</u></u>

Interest expense for the year ended December 31, 2018 associated with the mortgage was \$54,976 and \$971 for the loan payable.

NOTES TO FINANCIAL STATEMENTS
TARPON SPRINGS SHEPHERD CENTER, INC.
For year ended December 31, 2018

Note 3 – Long-term Debt (continued)

The long-term debt payments mortgage for the years subsequent to December 31, 2018 are scheduled to mature as follows:

2019	\$	27,993
2020		29,573
2021		931,494
2022		5,468
2023		<u>1,358</u>
	\$	<u>995,886</u>

Note 4 – Restrictions on Assets

All net assets with donor restriction are the result of contributions with donor restricted uses. The assets with donor restrictions, as of December 31, 2018, are as follows:

Donor restricted for services	\$	7,790
Hope Center Expansion		218,720
Hope Center - You Caring		198
Cold Night Shelter		3,822
New Roof on Building		<u>55,100</u>
Total net assets with donor restrictions	\$	<u>285,630</u>

Note 5 – Liquidity and Availability of Resources

The Organization has \$183,383 of financial assets available within one year of the statement of financial position date to meet cash needs for general expenditures. As part of the Tarpon Springs Shepherd Center, Inc.'s liquidity management, it structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due. The financial assets consist of:

Cash and cash equivalents	\$	460,491
Credit card receivable		2,615
Prepaid expenses		<u>5,907</u>
Financial assets, at year end		469,013
Donor-imposed purpose restrictions		<u>(285,630)</u>
Financial assets available to meet cash cash needs for general expenditures within one year	\$	<u>183,383</u>

NOTES TO FINANCIAL STATEMENTS
TARPON SPRINGS SHEPHERD CENTER, INC.
For year ended December 31, 2018

Note 6 – Concentration of Credit Risk

The Organization conducts its operations in Pinellas County, Florida and is solely dependent on the region's economy for its revenue. The Tarpon Springs Shepherd Center, Inc. maintains its deposit accounts at financial institutions. The balance, at times, may exceed the federally insured limits which are \$250,000 for each financial institution. At December 31, 2018 these limits were exceeded by \$208,584.

Note 7 - Supplemental Cash Flow Information

Interest	\$ <u>57,243</u>
Income Taxes	\$ <u>-</u>

Tarpon Springs Shepherd Center
Transaction Detail By Account
March through August 2020
Vouchers

6300 · Program Expense
6300-31 · Voucher Program

Type	Date	Memo	Class	Clr	Amount
General Journal	03/02/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		149.99
General Journal	03/02/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		100.85
General Journal	03/03/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		39.99
General Journal	03/03/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		36.28
General Journal	03/04/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/04/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/05/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		14.99
General Journal	03/05/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/06/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/06/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		47.96
General Journal	03/07/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/07/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/09/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/09/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		51.94
General Journal	03/10/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/10/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		11.95
General Journal	03/11/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/11/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		11.95
General Journal	03/12/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		14.96
General Journal	03/12/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/13/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/13/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		17.95
General Journal	03/14/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/16/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/16/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		5.00
General Journal	03/17/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/17/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/18/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/18/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		491.86
General Journal	03/19/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/19/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/20/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/20/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/21/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/21/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/23/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/23/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		69.99
General Journal	03/24/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		206.98
General Journal	03/24/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		69.99
General Journal	03/25/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/26/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		29.93
General Journal	03/26/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		

Type	Date	Memo	Class	Clr	Amount
General Journal	03/27/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		13.96
General Journal	03/28/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	03/30/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		43.92
General Journal	03/31/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		76.83
General Journal	04/01/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		17.96
General Journal	04/02/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		7.98
General Journal	04/03/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	04/07/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		13.97
General Journal	04/09/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		100.74
General Journal	04/10/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		40.87
General Journal	04/13/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		17.95
General Journal	04/14/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		28.93
General Journal	04/15/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		70.77
General Journal	04/16/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		31.93
General Journal	04/17/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		53.85
General Journal	04/20/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		16.97
General Journal	04/21/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		85.73
General Journal	04/22/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		16.06
General Journal	04/23/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		11.98
General Journal	04/24/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		26.91
General Journal	04/27/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		48.83
General Journal	04/29/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		46.89
General Journal	04/30/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		634.37
General Journal	05/01/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		82.80
General Journal	05/05/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		20.94
General Journal	05/06/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		34.91
General Journal	05/07/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		21.95
General Journal	05/08/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		15.47
General Journal	05/11/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		6.97
General Journal	05/12/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		95.76
General Journal	05/13/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		10.96
General Journal	05/14/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		11.96
General Journal	05/15/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		22.94
General Journal	05/18/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		30.93
General Journal	05/19/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		269.95
General Journal	05/20/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		51.88
General Journal	05/21/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		66.34
General Journal	05/22/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		56.16
General Journal	05/25/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		30.85
General Journal	05/26/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		62.84
General Journal	05/28/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		40.86
General Journal	05/29/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		5.27
General Journal	06/01/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		26.92
General Journal	06/02/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		143.70
General Journal	06/03/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		70.34
General Journal	06/04/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		6.99
General Journal	06/04/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/05/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		15.98

Type	Date	Memo	Class	Clr	Amount
General Journal	06/06/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		16.98
General Journal	06/08/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/08/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		28.44
General Journal	06/09/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		86.80
General Journal	06/10/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		107.63
General Journal	06/11/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		53.84
General Journal	06/11/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/12/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/12/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		51.36
General Journal	06/13/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/15/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		45.97
General Journal	06/16/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/16/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		19.97
General Journal	06/17/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		44.93
General Journal	06/18/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		28.94
General Journal	06/19/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		83.34
General Journal	06/19/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/20/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/22/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		59.74
General Journal	06/23/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		19.95
General Journal	06/23/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		126.65
General Journal	06/24/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/25/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		47.91
General Journal	06/26/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		23.96
General Journal	06/26/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		55.35
General Journal	06/27/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	06/29/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		211.98
General Journal	06/30/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		448.69
General Journal	07/01/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/02/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		68.82
General Journal	07/03/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/03/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/03/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/04/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/06/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/07/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/07/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		177.63
General Journal	07/08/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		68.89
General Journal	07/09/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		34.91
General Journal	07/10/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		35.93
General Journal	07/10/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/11/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/13/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		34.95
General Journal	07/14/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		50.90
General Journal	07/14/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/15/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		45.88
General Journal	07/16/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		71.87
General Journal	07/17/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		26.94

Type	Date	Memo	Class	Clr	Amount
General Journal	07/17/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/18/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/20/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		122.63
General Journal	07/21/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		120.74
General Journal	07/22/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		28.91
General Journal	07/22/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/23/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		35.91
General Journal	07/24/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		32.91
General Journal	07/25/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/27/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		186.58
General Journal	07/28/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		173.65
General Journal	07/28/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	07/29/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		92.73
General Journal	07/30/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		287.85
General Journal	07/31/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		54.90
General Journal	08/01/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/01/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/03/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		786.02
General Journal	08/04/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		74.79
General Journal	08/04/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/05/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		93.62
General Journal	08/06/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		74.75
General Journal	08/07/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		71.86
General Journal	08/08/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/08/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/09/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/10/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		153.68
General Journal	08/11/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		50.92
General Journal	08/12/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		133.58
General Journal	08/13/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		68.89
General Journal	08/13/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/14/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/15/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/15/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/17/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		74.81
General Journal	08/18/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		162.75
General Journal	08/18/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/19/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		118.82
General Journal	08/20/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		94.83
General Journal	08/20/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/21/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		163.32
General Journal	08/22/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/22/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/24/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		29.93
General Journal	08/25/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		63.88
General Journal	08/26/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		79.79
General Journal	08/27/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		67.91
General Journal	08/27/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		

Type	Date	Memo	Class	Clr	Amount
General Journal	08/28/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		257.95
General Journal	08/29/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/29/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		
General Journal	08/31/2020	Debit for Voucher Expense	Comm Prog:Crisis Assistance		41.94
Total 6300-31 · Voucher Program					<u>9,963.63</u>
Total 6300 · Program Expense					<u>9,963.63</u>
TOTAL					<u><u>9,963.63</u></u>

Requesting Reimbursement \$4857.00

Tarpon Springs Shepherd Center
Account Quick Report-Covid Supplies
March-August 2020

	Type	Date	Num	Name	Memo	Amount
2110 - First Bankcard 8078						
	Credit Card Charge	04/09/2020	9927	Amazon	Medical Face Masks - Cotton 300pc	30.98
	Credit Card Charge	04/09/2020	9887	Amazon	Disposable Mask Gasket, Non-wover	27.98
	Credit Card Charge	04/10/2020	2277	Amazon	Disposable Non-Woven Face Masks	48.63
	Credit Card Charge	04/14/2020	5087	Amazon	Non-Contact Forehead Thermometer	91.78
	Credit Card Credit	04/29/2020	4460		Online Payment	(750.00)
	Check	04/30/2020	EFT	First Bankcard		(750.00)
	Credit Card Charge	05/26/2020	8599	Amazon	Reusable Cotton Face Masks (50), S	170.95
	Credit Card Credit	05/28/2020	8176		Online Payment	(1,000.00)
	Check	05/29/2020	EFT	First Bankcard		(1,000.00)
	Check	05/29/2020	EFT	First Bankcard	Credit Card Payment	(500.00)
	Credit Card Charge	06/08/2020	7583	Amazon	Disposable Face Masks 10 boxes	149.80
	Credit Card Charge	06/08/2020	9134	Amazon	Disposable Face Masks 10 boxes	125.91
	Credit Card Credit	06/15/2020	1835	Flagship Bank	Online payment	(2,000.00)
	Credit Card Credit	06/15/2020	1884	Flagship Bank	Online payment	(684.90)
	Check	06/16/2020	EFT	First Bankcard		(2,000.00)
	Check	06/16/2020	EFT	First Bankcard		(684.90)
	Credit Card Credit	06/29/2020	9147	Flagship Bank	Online payment	(367.00)
	Check	06/30/2020	EFT	First Bankcard		(367.00)
	Check	06/30/2020	EFT	First Bankcard		(1,648.92)
	Credit Card Credit	07/14/2020	1164	Hancock Bank	Online Payment	(500.00)
	Credit Card Credit	07/14/2020	5565	Flagship Bank	Online payment	(500.00)
	Check	07/15/2020	EFT	First Bankcard		(500.00)
	Credit Card Credit	07/17/2020	2456	Flagship Bank	Online payment	(250.00)
	Credit Card Credit	07/17/2020	2472	Hancock Bank	Online Payment	(250.00)
	Check	07/20/2020	EFT	First Bankcard		(250.00)
	Credit Card Credit	07/20/2020	2564	Hancock Bank	Online Payment	(300.00)
	Credit Card Charge	07/20/2020	4713	Amazon	10 of: pack of 50 face masks	139.90
	Check	09/04/2020	EFT	First Bankcard		(500.00)
Total 2110 - First Bankcard 8078						
TOTAL						785.93

Requesting \$786.00



First National Bank
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BUSINESS



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ATA FOXTEL DEL GAIS
TS SHEPHERD CENTER

VISA



Final Details for Order #112-5390562-6197057

[Print this page for your records.](#)

Order Placed: April 5, 2020
Amazon.com order number: 112-5390562-6197057
Order Total: \$30.98

Shipped on April 8, 2020

Items Ordered

1 of: *300PC Medical Face Masks with Breathing – 100% Cotton, Washable, Reusable Cloth Medical Masks – Protection from Dust, Medical Sanitary Surgical Mask Pollen, Pet Dander, Other Airborne Irritants*
Sold by: TinSmart-US ([seller profile](#))

Price
\$21.99

Condition: New

Shipping Address:

Ada Del Gais
451 BAYOU VILLAGE DR
TARPON SPRINGS, FL 34689-3607
United States

Shipping Speed:

Expedited Shipping

Payment information

Payment Method:

Visa | Last digits: 8078

Item(s) Subtotal: \$21.99
Shipping & Handling: \$8.99

Billing address

Ada Del Gais
304 S PINELLAS AVE
TARPON SPRINGS, FL 34689-3636
United States

Total before tax: \$30.98
Estimated tax to be collected: \$0.00

Grand Total: \$30.98

Credit Card transactions

Visa ending in 8078: April 8, 2020: \$30.98

To view the status of your order, return to [Order Summary](#).

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Final Details for Order #112-4912826-5208242

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Order Placed: April 8, 2020
Amazon.com order number: 112-4912826-5208242
Order Total: \$27.98
Supporting: Tarpon Springs Shepherd Center Inc

Shipped on April 8, 2020

Items Ordered	Price
2 of: <i>BIHIKI 100 PCS Disposable Mask Gasket, Non-Woven Fabrics Mask Replacement Pads, 4"x6"</i>	\$13.99
Sold by: BIHIKI (seller profile)	
Condition: New	

Shipping Address:

Ada Del Gais
 451 BAYOU VILLAGE DR
 TARPON SPRINGS, FL 34689-3607
 United States

Shipping Speed:

Standard Shipping

Payment information

Payment Method:

Visa | Last digits: 8078

Item(s) Subtotal: \$27.98
 Shipping & Handling: \$0.00

Billing address

Ada Del Gais
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34689-3636
 United States

Total before tax: \$27.98
 Estimated tax to be collected: \$0.00

Grand Total: \$27.98

Credit Card transactions

Visa ending in 8078: April 8, 2020: \$27.98

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Final Details for Order #112-1820001-0643400
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Order Placed: April 8, 2020
Amazon.com order number: 112-1820001-0643400
Order Total: \$48.63

Shipped on April 9, 2020

Items Ordered

Price

2 of: *50Pcs Disposable Non-Woven Face Cover*
Sold by: Lorch886 ([seller profile](#))

\$15.83

Condition: New

Shipping Address:

Ada Del Gais
451 BAYOU VILLAGE DR
TARPON SPRINGS, FL 34689-3607
United States

Shipping Speed:

Expedited Shipping

Payment information

Payment Method:

Visa | Last digits: 8078

Item(s) Subtotal: \$31.66
Shipping & Handling: \$16.97

Billing address

Ada Del Gais
304 S PINELLAS AVE
TARPON SPRINGS, FL 34689-3636
United States

Total before tax: \$48.63
Estimated tax to be collected: \$0.00

Grand Total: \$48.63

Credit Card transactions

Visa ending in 8078: April 9, 2020: \$48.63

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Final Details for Order #111-5801186-1696208

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Order Placed: April 10, 2020
Amazon.com order number: 111-5801186-1696208
Order Total: \$91.78
Supporting: Tarpon Springs Shepherd Center Inc

Shipped on April 13, 2020

Items Ordered	Price
2 of: <i>Non-Contact Forehead Thermometer Medical Infrared Thermometer for Baby Kids and Adults - Instant Accurate Instant Readings Ear Thermometer</i>	\$45.89
Sold by: Propartsstore (seller profile)	
Condition: New	

Shipping Address:

Ada Del Gais
 451 BAYOU VILLAGE DR
 TARPON SPRINGS, FL 34689-3607
 United States

Shipping Speed:

Standard Shipping

Payment information

Payment Method:

Visa | Last digits: 8078

Item(s) Subtotal: \$91.78
 Shipping & Handling: \$0.00

Billing address

Ada Del Gais
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34689-3636
 United States

 Total before tax: \$91.78
 Estimated tax to be collected: \$0.00

Grand Total: \$91.78

Credit Card transactions

Visa ending in 8078: April 13, 2020: \$91.78

To view the status of your order, return to [Order Summary](#).

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Final Details for Order #111-1104876-2501819

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Order Placed: May 19, 2020
Amazon.com order number: 111-1104876-2501819
Order Total: \$170.95
Supporting: Tarpon Springs Shepherd Center Inc

Shipped on May 25, 2020

Items Ordered

1 of: *Reusable Cotton Face Mask (Pack of 50)*

Sold by: Amazon.com Services LLC

Condition: New

Price

\$30.99

Shipping Address:

Ada Del Gais
 451 BAYOU VILLAGE DR
 TARPON SPRINGS, FL 34689-3607
 United States

Shipping Speed:

One-Day Shipping

Shipped on May 19, 2020

Items Ordered

4 of: *Single Use Pullout Comfort Earloop Disposable Face Mask (Pack of 50), Blue - Latex* \$34.99

Free

Sold by: Amazon.com Services LLC

Condition: New

Price

Shipping Address:

Ada Del Gais
 451 BAYOU VILLAGE DR
 TARPON SPRINGS, FL 34689-3607
 United States

Shipping Speed:

One-Day Shipping

Payment information

Payment Method:

Visa | Last digits: 8078

Item(s) Subtotal: \$170.95
 Shipping & Handling: \$0.00

Billing address

Ada Del Gais
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34689-3636
 United States

Total before tax: \$170.95
 Estimated tax to be collected: \$0.00

Grand Total: \$170.95



Final Details for Order #113-1454519-4494619

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Order Placed: June 4, 2020
Amazon.com order number: 113-1454519-4494619
Seller's order number: 22835757
Order Total: \$149.80
Supporting: Tarpon Springs Shepherd Center Inc

Shipped on June 5, 2020

Items Ordered	Price
10 of: <i>Face Mask Professional Disposable Earloop Medical Face Masks For Dust, Germ Protection, And Personal Health (50 Masks, Blue)</i>	\$14.98
Sold by: Tableclothsfactory (seller profile)	
Condition: New	

Shipping Address:

Ada Del Gais
 451 BAYOU VILLAGE DR
 TARPON SPRINGS, FL 34689-3607
 United States

Shipping Speed:

Standard Shipping

Payment information

Payment Method:

Visa | Last digits: 8078

Item(s) Subtotal: \$149.80
 Shipping & Handling: \$0.00

Billing address

Ada Del Gais
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34689-3636
 United States

Total before tax: \$149.80
 Estimated tax to be collected: \$0.00

Grand Total: \$149.80

Credit Card transactions

Visa ending in 8078: June 5, 2020: \$149.80

To view the status of your order, return to [Order Summary](#).

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Final Details for Order #113-4653438-7573820

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Order Placed: June 4, 2020
Amazon.com order number: 113-4653438-7573820
Order Total: \$125.91
Supporting: Tarpon Springs Shepherd Center Inc

Shipped on June 5, 2020

Items Ordered

10 of: *Disposable Face Masks - 50 PCS - For Home & Office - 3-Ply Breathable & Comfortable Filter Safety Mask*

Sold by: Huazi2(10-15 Days Deliver) ([seller profile](#))

Condition: New

Price

\$10.88

Shipping Address:

Ada Del Gais
 451 BAYOU VILLAGE DR
 TARPON SPRINGS, FL 34689-3607
 United States

Shipping Speed:

Expedited Shipping

Payment information

Payment Method:

Visa | Last digits: 8078

Item(s) Subtotal: \$108.80

Shipping & Handling: \$27.99

Promotion Applied: -\$10.88

Billing address

Ada Del Gais
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34689-3636
 United States

Total before tax: \$125.91

Estimated tax to be collected: \$0.00

Grand Total: \$125.91

Credit Card transactions

Visa ending in 8078: June 5, 2020: \$125.91

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Final Details for Order #112-2130056-2261032

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Order Placed: July 16, 2020

Amazon.com order number: 112-2130056-2261032

Order Total: \$139.90

Supporting: Tarpon Springs Shepherd Center Inc

Shipped on July 19, 2020

Items Ordered

10 of: *Pack of 50, Face Masks, FBA Delivery, Comfortable to wear*
Sold by: Lamy-US ([seller profile](#))

Price

\$13.99

Condition: New

Shipping Address:

Ada Del Gais
304 S PINELLAS AVE
TARPON SPRINGS, FL 34689-3636
United States

Shipping Speed:

Amazon Day Delivery

Payment information

Payment Method:

Visa | Last digits: 8078

Item(s) Subtotal: \$139.90

Shipping & Handling: \$0.00

Billing address

Ada Del Gais
304 S PINELLAS AVE
TARPON SPRINGS, FL 34689-3636
United States

Total before tax: \$139.90

Estimated tax to be collected: \$0.00

Grand Total: \$139.90

Credit Card transactions

Visa ending in 8078: July 19, 2020: \$139.90

To view the status of your order, return to [Order Summary](#).

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Tarpon Springs Shepherd Center
All Transactions for Bar Supply
March-August 2020

Type	Num	Date	Account	Amount
Bill Pmt -Check	5147	09/07/2020	1165 · Flagship Bank - Cking 6500	(1,293.12)
Bill	14867	08/21/2020	2000 · Accounts Payable	(97.77)
Bill	14868	08/21/2020	2000 · Accounts Payable	(109.40)
Bill	14830	08/20/2020	2000 · Accounts Payable	(129.84)
Bill	14716	08/20/2020	2000 · Accounts Payable	(176.00)
Bill	14715	08/13/2020	2000 · Accounts Payable	(44.00)
Bill	14623	08/11/2020	2000 · Accounts Payable	(72.50)
Bill	14624	08/11/2020	2000 · Accounts Payable	(299.53)
Bill	14562	08/06/2020	2000 · Accounts Payable	(65.00)
Bill	14506	07/31/2020	2000 · Accounts Payable	(154.50)
Bill	14507	07/31/2020	2000 · Accounts Payable	(29.00)
Bill	14509	07/31/2020	2000 · Accounts Payable	(58.90)
Bill	14361	07/23/2020	2000 · Accounts Payable	(67.50)
Bill Pmt -Check	5106	07/23/2020	1165 · Flagship Bank - Cking 6500	(270.51)
Bill	14303	07/20/2020	2000 · Accounts Payable	(117.11)
Bill	14304	07/20/2020	2000 · Accounts Payable	(85.90)
Bill Pmt -Check	5093	07/13/2020	1165 · Flagship Bank - Cking 6500	(99.74)
Bill	14174	07/09/2020	2000 · Accounts Payable	(56.68)
Bill	14096	07/06/2020	2000 · Accounts Payable	(99.74)
Bill Pmt -Check	5079	06/26/2020	1165 · Flagship Bank - Cking 6500	(64.31)
Bill	13965	06/25/2020	2000 · Accounts Payable	(64.31)
Total				(1,998.19)

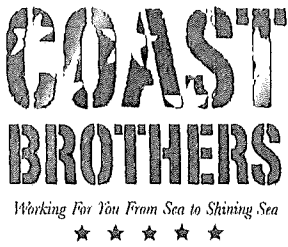
Tarpon Springs Shepherd Center
All Transactions for Coast Brothers
March through August 2020

Type	Num	Date	Account	Amount
Bill	235411	07/23/2020	2000 · Accou	(113.77)
Bill Pmt -Cher	5094	07/13/2020	1165 · Flagsh	(113.77)
Credit	OP5046	06/15/2020	2000 · Accou	0.05
Bill	236412	06/15/2020	2000 · Accou	(131.45)
Bill	236328-1	06/15/2020	2000 · Accou	(54.73)
Bill	236443	06/15/2020	2000 · Accou	(114.61)
Bill Pmt -Cher	5063	06/15/2020	1165 · Flagsh	(300.74)
Bill	236216	06/03/2020	2000 · Accou	(189.91)
Bill	236138-1	06/03/2020	2000 · Accou	(48.30)
Bill	236138-2	06/03/2020	2000 · Accou	(87.05)
Bill	236328	06/03/2020	2000 · Accou	(336.19)
Bill	236370	06/03/2020	2000 · Accou	(83.52)
Bill	236370-1	06/03/2020	2000 · Accou	(35.75)
Bill	236138-3	06/03/2020	2000 · Accou	(35.75)
Bill	236292	06/03/2020	2000 · Accou	(93.20)
Bill Pmt -Cher	5046	06/03/2020	1165 · Flagsh	(573.48)
Bill Pmt -Cher	5032	06/03/2020	1167 · Flagsh	(336.19)
Bill	236106	05/18/2020	2000 · Accou	(89.00)
Bill	236138	05/18/2020	2000 · Accou	(82.22)
Bill	236200	05/18/2020	2000 · Accou	(59.49)
Bill	236201	05/18/2020	2000 · Accou	(66.50)
Bill	235752	05/11/2020	2000 · Accou	(96.17)
Bill	235793	05/11/2020	2000 · Accou	(67.15)
Bill	235794	05/11/2020	2000 · Accou	(67.50)
Bill	235808	05/11/2020	2000 · Accou	(184.41)
Bill	235808-1	05/11/2020	2000 · Accou	(42.70)
Bill	235839	05/11/2020	2000 · Accou	(73.40)
Bill	235907	05/11/2020	2000 · Accou	(31.50)
Bill	235908	05/11/2020	2000 · Accou	(62.00)
Bill	235793-1	05/11/2020	2000 · Accou	(54.94)
Bill	235808-2	05/11/2020	2000 · Accou	(41.00)
Bill	235839-1	05/11/2020	2000 · Accou	(23.80)
Bill	235983	05/11/2020	2000 · Accou	(89.52)
Bill	236018	05/11/2020	2000 · Accou	(117.77)
Bill Pmt -Cher	5023	05/11/2020	1165 · Flagsh	(457.93)
Bill Pmt -Cher	5031	05/11/2020	1165 · Flagsh	(791.14)
Bill	235400-1	04/13/2020	2000 · Accou	(26.50)
Bill	235486	04/13/2020	2000 · Accou	(156.42)
Bill	235540	04/13/2020	2000 · Accou	(179.34)
Bill	235400-2	04/13/2020	2000 · Accou	(61.12)
Bill	235610	04/13/2020	2000 · Accou	(126.94)

Type	Num	Date	Account	Amount
Bill	235673	04/13/2020	2000 · Accou	(141.97)
Bill Pmt -Cher	11157	04/13/2020	1190 · Valley	(692.29)
Bill	235231	03/23/2020	2000 · Accou	(83.44)
Bill	235269	03/23/2020	2000 · Accou	(182.39)
Bill	235269-1	03/23/2020	2000 · Accou	(62.25)
Bill	235269-2	03/23/2020	2000 · Accou	(36.40)
Bill	235346	03/23/2020	2000 · Accou	(72.51)
Bill	235346-1	03/23/2020	2000 · Accou	(30.75)
Bill	235400	03/23/2020	2000 · Accou	(87.84)
Bill Pmt -Cher	11137	03/23/2020	1190 · Valley	(555.58)
Mar - Aug 20				(2,496.94)

Requesting

\$2232.00



Remit To:	Invoice 236443	Date 5-Jun-2020
Coast Brothers 6511 43rd Street North Unit 1807 Pinellas Park, FL 33781 727-525-3866 727-528-9659	PO Number COMMUNITY KITCHENS Order Date 4-Jun-2020 Ship Date 5-Jun-2020 Terms NET 30 Due Date 5-Jul-2020 Carrier Best Way	

Ordered in Excel

Bill To:	Ship To:
SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688	SHEPHERD CENTER 304 S PINELLAS AVE COMMUNITY KITCHENS TARPON SPRINGS FL 34688

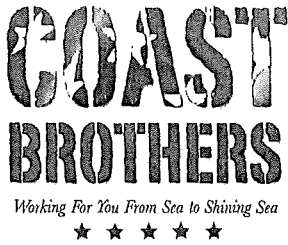
Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER ON FRIDAY						
HEAVY DUTY ALUM FOIL 18 X 500	BWK 7114	✓ 2	2	0	29.50 N	✓ \$59.00
COAST BROTHERS® FOIL						
FOAM PLATE ROUND 6" 10/100	DART 6PWCR	✓ 2	2	0	19.50 N	✓ \$39.00
DART® CONCORDE® NONLAMINATED						
FOOD BAG 6X3X15 .68 MIL 1M	IBS PB060315	✓ 1	1	0	16.61 N	✓ \$16.61
FDA-APPROVED 3.5-QT BAG CLEAR						
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						

A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts

Merch Total	\$114.61
Taxable Sales	\$0.00
7.0% Sales Tax	\$0.00
Freight	\$0.00
Fuel Surcharge	\$0.00
Ppd Deposit	\$0.00
Total Due	\$114.61

Salesman JC63
Cust Acct 37570

Visit our new sister company at www.buyitbythecase.com



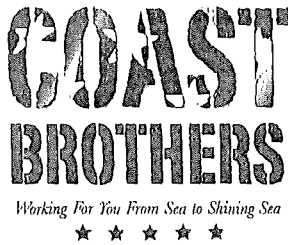
Remit To:	Invoice 236412	Date 3-Jun-2020
Coast Brothers 6511 43rd Street North Unit 1807 Pinellas Park, FL 33781 727-525-3866 727-528-9659	PO Number JOHN IN PANTRY Order Date 1-Jun-2020 Ship Date 3-Jun-2020 Terms NET 30 Due Date 3-Jul-2020 Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688	SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
THANK YOU T-SAC 19 X 21 900 MEDIUM SIZE OXFORD® 12.5 MIC BAG PLS THANKYOU 18X8X30 (500) EXTRA LARGE SIZE 30" LONG	OX-HDTHANK2 BPC 18830THYOU	3 1	3 1	0 0	11.90 N 30.75 N	\$35.70 \$30.75
CAN LINER 38 X 60 17 MIC 200 OX STRONG® INSTITUTIONAL	OX-RH60X	2	2	0	32.50 N	\$65.00
SALESMAN WILL DELIVER OUR MOTTO IS 'WE WORK FOR YOU'	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts					Merch Total	\$131.45
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$131.45

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Salesman JC63
Cust Acct 37570



Remit To:	Invoice 236370-1	Date 27-May-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 27-May-2020	
Unit 1807	Ship Date 27-May-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 26-Jun-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
THANK YOU T-SAC 19 X 21 900 MEDIUM SIZE OXFORD® 12.5 MIC	OX-HDTHANK2	3	3	0	11.90 N	\$35.70
SALESMAN WILL DELIVER OUR MOTTO IS 'WE WORK FOR YOU'	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts						
					Merch Total	\$35.70
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$35.70

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Cust Acct 37570



Remit To:	Invoice 236370	Date 26-May-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 22-May-2020	
Unit 1807	Ship Date 26-May-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 25-Jun-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688	SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
PLASTIC H/L CONTAINER MEDIUM	PAC YCI81120	1	1	0	52.77 N	\$52.77
SMARTLOCK® FOOD CONTAINERS 200						
THANK YOU T-SAC 19 X 21 900	OX-HDTHANK2	3	0	3	11.90 N	\$0.00
MEDIUM SIZE OXFORD® 12.5 MIC						
BAG PLS THANKYOU 18X8X30 (500)	BPC 18830THYOU	1	1	0	30.75 N	\$30.75
EXTRA LARGE SIZE 30" LONG						
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts						
					Merch Total	\$83.52
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$83.52

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Remit To:	Invoice 236292	Date 29-May-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 11-May-2020	
Unit 1807	Ship Date 29-May-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 28-Jun-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
SUGAR CANISTER 24/20 OZ DOMINO BRAND	DOM 65181A12	1	1	0	43.00 N	\$43.00
COFFEE-MATE POWDER CANISTER 12 NESTLE® ORIGINAL 12-11 OZ	CM 558827	2	2	0	25.10 N	\$50.20
SALESMAN WILL DELIVER OUR MOTTO IS 'WE WORK FOR YOU'	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts					Merch Total	\$93.20
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$93.20

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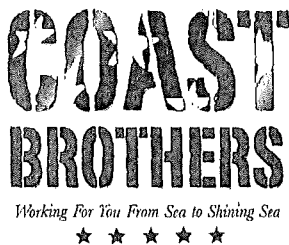
Salesman JC63
 Cust Acct 37570



Remit To:	Invoice 236138-2 Date 13-May-2020
Coast Brothers 6511 43rd Street North Unit 1807 Pinellas Park, FL 33781 727-525-3866 727-528-9659	PO Number JOHN IN PANTRY Order Date 10-Apr-2020 Ship Date 13-May-2020 Terms NET 30 Due Date 12-Jun-2020 Carrier Best Way

Bill To:	Ship To:
SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688	SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
THANK YOU T-SAC 19 X 21 900	OX-HDTHANK2	2	2	0	11.90 N	\$23.80
MEDIUM SIZE OXFORD® 12.5 MIC						
BAG PLS THANKYOU 18X8X30 (500)	BPC 18830THYOU	1	1	0	30.75 N	\$30.75
EXTRA LARGE SIZE 30" LONG						
CAN LINER 38 X 60 17 MIC 200	OX-RH60X	1	1	0	32.50 N	\$32.50
OX STRONG® INSTITUTIONAL						
NAPKIN LUNCH 11X13 1/4 FLD 6M	MOR 1250	1	0	1	35.75 N	\$0.00
COAST BROTHERS® NAPKINS						
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts					Merch Total	\$87.05
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Salesman JC63	\$0.00
					Cust Acct 37570	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$87.05
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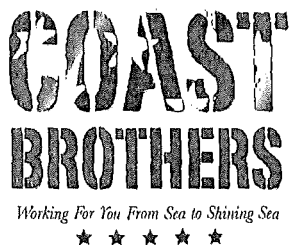


Remit To:	Invoice 236138-1 Date 5-May-2020
Coast Brothers 6511 43rd Street North Unit 1807 Pinellas Park, FL 33781 727-525-3866 727-528-9659	PO Number JOHN IN PANTRY Order Date 10-Apr-2020 Ship Date 5-May-2020 Terms NET 30 Due Date 4-Jun-2020 Carrier Best Way

Bill To:	Ship To:
SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688	SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
THANK YOU T-SAC 19 X 21 900	OX-HDTHANK2	4	2	2	11.90 N	\$23.80
MEDIUM SIZE OXFORD® 12.5 MIC BAG PLS THANKYOU 18X8X30 (500) EXTRA LARGE SIZE 30" LONG	BPC 18830THYOU	1	0	1	30.75 N	\$0.00
CAN LINER 38 X 60 14 MIC 200 OX STRONG® INSTITUTIONAL	OX-RH60H	1	1	0	24.50 N	\$24.50
SALESMAN WILL DELIVER OUR MOTTO IS 'WE WORK FOR YOU'	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts						Merch Total \$48.30
						Taxable Sales \$0.00
						7.0% Sales Tax \$0.00
						Salesman JC63 \$0.00
						Cust Acct 37570 \$0.00
						Fuel Surcharge \$0.00
						Ppd Deposit \$0.00
						Total Due \$48.30

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Remit To:	Invoice 236138-3	Date 27-May-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 10-Apr-2020	
Unit 1807	Ship Date 27-May-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 26-Jun-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
NAPKIN LUNCH 11X13 1/4 FLD 6M	MOR 1250	1	1	0	35.75 N	\$35.75
COAST BROTHERS® NAPKINS						
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts					Merch Total	\$35.75
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Salesman JC63	\$0.00
					Cust Acct 37570	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$35.75
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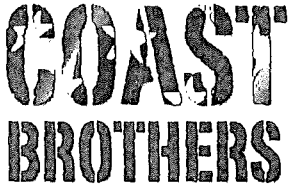
Remit To:	Invoice 236201	Date 27-Apr-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 24-Apr-2020	
Unit 1807	Ship Date 27-Apr-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 27-May-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount	
JOHNNY WILL DELIVER							
BAG PLS THANKYOU 18X8X30 (500) EXTRA LARGE SIZE 30" LONG	BPC 18830THYOU	1	1	0	30.75 N	\$30.75	
NAPKIN LUNCH 11X13 1/4 FLD 6M COAST BROTHERS® NAPKINS	MOR 1250	1	1	0	35.75 N	\$35.75	
SALESMAN WILL DELIVER OUR MOTTO IS 'WE WORK FOR YOU'	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00	
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts						Merch Total	\$66.50
						Taxable Sales	\$0.00
						7.0% Sales Tax	\$0.00
						Freight	\$0.00
						Fuel Surcharge	\$0.00
						Ppd Deposit	\$0.00
						Total Due	\$66.50

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Remit To:	Invoice 236216	Date 30-Apr-2020
Coast Brothers	PO Number COMMUNITY KITCHENS	
6511 43rd Street North	Order Date 28-Apr-2020	
Unit 1807	Ship Date 30-Apr-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 30-May-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
	COMMUNITY KITCHENS
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

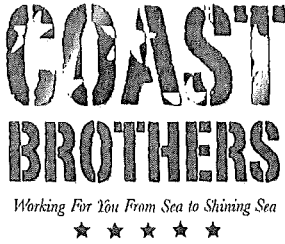
Description	Item Code	Ordered	Shipped	B/O	Price	Tax	Amount
JOHNNY WILL DELIVER							
NAPKIN LUNCH 11X13 1/4 FLD 6M	MOR 1250	1	1	0	35.75	N	\$35.75
COAST BROTHERS® NAPKINS							
HEAVY DUTY ALUM FOIL 18 X 500	BWK 7114	2	2	0	29.50	N	\$59.00
COAST BROTHERS® FOIL							
CAN LINER 38 X 60 14 MIC 200	OX-RH60H	2	2	0	24.50	N	\$49.00
OX STRONG® INSTITUTIONAL							
SQUAT FOAM FOOD CONTAINER 12OZ	DART 12SJ20	1	1	0	34.31	N	\$34.31
DART® FOOD CONTAINERS 20/25							
5 MIL LATEX POWDERED LARGE	SEM-INDPS104	0.3	0.3	0	39.50	N	\$11.85
SEMPERGUARD® NON-MEDICAL GRADE							
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00	N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'							

A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts

Merch Total	\$189.91
Taxable Sales	\$0.00
7.0% Sales Tax	\$0.00
Freight	\$0.00
Fuel Surcharge	\$0.00
Ppd Deposit	\$0.00
Total Due	\$189.91

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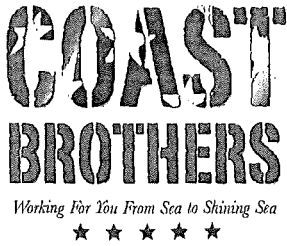
Remit To:	Invoice 236200	Date 27-Apr-2020
Coast Brothers	PO Number COMMUNITY KITCHENS	
6511 43rd Street North	Order Date 24-Apr-2020	
Unit 1807	Ship Date 27-Apr-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 27-May-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688	SHEPHERD CENTER 304 S PINELLAS AVE COMMUNITY KITCHENS TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
SQUAT FOAM FOOD CONTAINER 12OZ	DART 12SJ20	1	1	0	34.31 N	\$34.31
DART® FOOD CONTAINERS 20/25						
FOAM CUP LID VENTED F/20 OZ	DART 20JL	1	1	0	25.18 N	\$25.18
DART® PLASTIC LIDS						
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts						
					Merch Total	\$59.49
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$59.49

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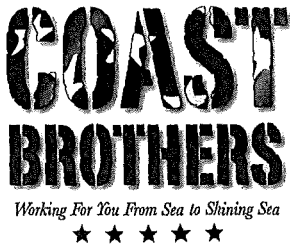


Remit To:	Invoice 236106	Date 10-Apr-2020
Coast Brothers	PO Number COMMUNITY KITCHENS	
6511 43rd Street North	Order Date 6-Apr-2020	
Unit 1807	Ship Date 10-Apr-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 10-May-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
	COMMUNITY KITCHENS
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
FOAM PLATE COMPARTMENT 10.25"	DART 10CPWCR	1	1	0	31.50 N	\$31.50
DART® CONCORDE® NON-LAMINATED						
FOAM PLATE ROUND 6" 10/100	DART 6PWCR	1	1	0	19.50 N	\$19.50
DART® CONCORDE® NONLAMINATED						
ZIPPIT ZPLOCK BG 2MIL 6X9 1M	MGP MGZ2P0609	1	0	1	28.50 N	\$0.00
HEAVY DUTY ALUM FOIL 18 X 500	BWK 7114	1	1	0	29.50 N	\$29.50
COAST BROTHERS® FOIL						
POLYPRO MED WT FORK WHI 1M	POLYPRO FORK	1	1	0	8.50 N	\$8.50
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts					Merch Total	\$89.00
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$89.00
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Cust Acct 37570



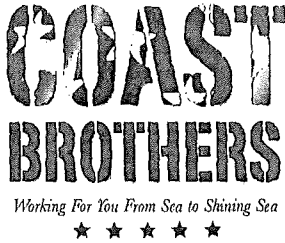
Remit To:	Invoice 235983	Date 27-Mar-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 23-Mar-2020	
Unit 1807	Ship Date 27-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 26-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
FOOD BAG 6X3X15 .68 MIL 1M	IBS PB060315	2	2	0	16.61 N	\$33.22
FDA APPROVED 3.5-QT BAG CLEAR						
THANK YOU T-SAC 19 X 21 900	OX-HDTHANK2	2	2	0	11.90 N	\$23.80
MEDIUM SIZE OXFORD® 12.5 MIC						
CAN LINER 38 X 60 17 MIC 200	OX-RH60X	1	1	0	32.50 N	\$32.50
OX STRONG® INSTITUTIONAL						
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts					Merch Total	\$89.52
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$89.52

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Remit To:	Invoice 235907	Date 18-Mar-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 18-Mar-2020	
Unit 1807	Ship Date 18-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 17-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
FOAM PLATE COMPARTMENT 10.25" DART® CONCORDE® NON-LAMINATED	DART 10CPWCR	1	1	0	31.50 N	\$31.50
SALESMAN WILL DELIVER OUR MOTTO IS 'WE WORK FOR YOU'	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts						
					Merch Total	\$31.50
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$31.50

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Salesman JC63
Cust Acct 37570



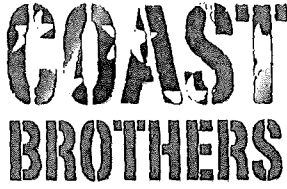
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Remit To:	Invoice 235839-1	Date 23-Mar-2020
Coast Brothers	PO Number JOHN IN PANTRY-MEALS	
6511 43rd Street North	Order Date 13-Mar-2020	
Unit 1807	Ship Date 23-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 22-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount	
THANK YOU T-SAC 19 X 21 900	OX-HDTHANK2	2	2	0	11.90 N	\$23.80	
MEDIUM SIZE OXFORD® 12.5 MIC							
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00	
OUR MOTTO IS 'WE WORK FOR YOU'							
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts							
						Merch Total	\$23.80
						Taxable Sales	\$0.00
						7.0% Sales Tax	\$0.00
						Salesman JC63	\$0.00
						Cust Acct 37570	\$0.00
						Fuel Surcharge	\$0.00
						Ppd Deposit	\$0.00
						Total Due	\$23.80

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Remit To:	Invoice 235839	Date 17-Mar-2020
Coast Brothers	PO Number JOHN IN PANTRY-MEALS	
6511 43rd Street North	Order Date 13-Mar-2020	
Unit 1807	Ship Date 17-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 16-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
THANK YOU T-SAC 19 X 21 900 MEDIUM SIZE OXFORD® 12.5 MIC	OX-HDTHANK2	2	1	1	11.90 N	\$11.90
BAG PLS THANKYOU 18X8X30 (500) EXTRA LARGE SIZE 30" LONG	BPC 18830THYOU	2	2	0	30.75 N	\$61.50
SALESMAN WILL DELIVER OUR MOTTO IS 'WE WORK FOR YOU'	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts						
					Merch Total	\$73.40
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$73.40

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Salesman JC63
 Cust Acct 37570



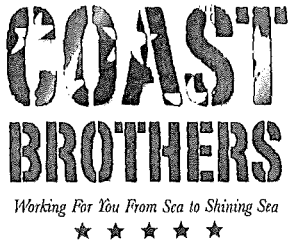
Remit To:	Invoice 235793-1	Date 23-Mar-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 11-Mar-2020	
Unit 1807	Ship Date 23-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 22-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount	
GROCERY BAG KRAFT 57 LB 500	BAG SK1657	1	1	0	54.94 N	\$54.94	
COAST BROTHERS® 1/6 BARREL							
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00	
OUR MOTTO IS 'WE WORK FOR YOU'							
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts							
						Merch Total	\$54.94
						Taxable Sales	\$0.00
						7.0% Sales Tax	\$0.00
						Fuel Surcharge	\$0.00
						Ppd Deposit	\$0.00
						Total Due	\$54.94

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Salesman JC63
Cust Acct 37570



Remit To:	Invoice 235808-1	Date 17-Mar-2020
Coast Brothers	PO Number COMMUNITY KITCHENS	
6511 43rd Street North	Order Date 12-Mar-2020	
Unit 1807	Ship Date 17-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 16-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
	FOR COMMUNITY KITCHENS
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688
	ADA / FRED

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
NAPKIN LUNCH 11x13 1/4 FLD 6M	MOR 1250	1	1	0	35.75 N	\$35.75
COAST BROTHERS® NAPKINS						
POLYPRO MED WT KNIFE WHI 1M	POLYPRO KNIFE	1	0	1	8.50 N	\$0.00
SALT IODIZED 3M POUCH FLATPACK	SALT PACKETS	1	1	0	6.95 N	\$6.95
CAN LINER 38 X 60 14 MIC 200	OX-RH60H	1	0	1	24.50 N	\$0.00
OX STRONG® INSTITUTIONAL						
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						

A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts	Merch Total	\$42.70
	Taxable Sales	\$0.00
	7.0% Sales Tax	\$0.00
	Salesman JC63	\$0.00
	Cust Acct 37570	\$0.00
	Fuel Surcharge	\$0.00
	Ppd Deposit	\$0.00
Visit our new sister company at www.buyitbythecase.com	Total Due	\$42.70



Remit To:	Invoice 235808	Date 16-Mar-2020
Coast Brothers 6511 43rd Street North Unit 1807 Pinellas Park, FL 33781 727-525-3866 727-528-9659	PO Number COMMUNITY KITCHENS Order Date 12-Mar-2020 Ship Date 16-Mar-2020 Terms NET 30 Due Date 15-Apr-2020 Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER 304 S PINELLAS AVE TARPON SPRINGS FL 34688	SHEPHERD CENTER 304 S PINELLAS AVE FOR COMMUNITY KITCHENS TARPON SPRINGS FL 34688 ADA / FRED

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
THESE ITEMS ALL FOR COMMUNITY KITCHENS USE - PLEASE MARK ALL CASES AS SUCH						
FOAM PLATE COMPARTMENT 10.25"	DART 10CPWCR	2	2	0	31.50 N	\$63.00
DART® CONCORDE® NON-LAMINATED FOAM BOWL 12 OZ 8/125	DART 12BWWCR	1	1	0	23.90 N	\$23.90
DART® CONCORDE® NONLAMINATED FOAM CUP 10 OZ WHITE 1M	DART 10J10	1	1	0	32.44 N	\$32.44
DART® DRINK FOAM CUPS NAPKIN LUNCH 11X13 1/4 FLD 6M COAST BROTHERS® NAPKINS	MOR 1250	1	0	1	35.75 N	\$0.00
POLYPRO MED WT KNIFE WHI 1M	POLYPRO KNIFE	1	0	1	8.50 N	\$0.00
POLYPRO MED WT FORK WHI 1M	POLYPRO FORK	1	1	0	8.50 N	\$8.50
POLYPRO MED WT TEASPOON WHI 1M	POLYPRO TEASPOON	1	1	0	8.50 N	\$8.50
SALT IODIZED 3M POUCH FLATPACK	SALT PACKETS	1	0	1	6.95 N	\$0.00
PEPPER FLAT PK BULK 3M	MKL 14462	1	1	0	18.57 N	\$18.57
CAN LINER 38 X 60 14 MIC 200 OX STRONG® INSTITUTIONAL HEAVY DUTY ALUM FOIL 18 X 500 COAST BROTHERS® FOIL	OX-RH60H BWK 7114	1 1	0 1	1 0	24.50 N 29.50 N	\$0.00 \$29.50

A service charge of 1.5%/month (18%/yr)
be charged on all past due accounts

	Merch Total	\$184.41
	Taxable Sales	\$0.00
	7.0% Sales Tax	\$0.00
	Freight	\$0.00
	Fuel Surcharge	\$0.00
	Ppd Deposit	\$0.00
	Total Due	\$184.41

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Salesman JC63
Cust Acct 37570



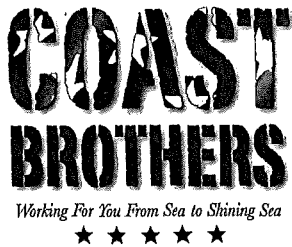
Remit To:	Invoice 235793	Date 16-Mar-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 11-Mar-2020	
Unit 1807	Ship Date 16-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 15-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
THANK YOU T-SAC 19 X 21 900	OX-HDTHANK2	1	1	0	11.90 N	\$11.90
MEDIUM SIZE OXFORD® 12.5 MIC						
BAG PLS THANKYOU 18X8X30 (500)	BPC 18830THYOU	1	1	0	30.75 N	\$30.75
EXTRA LARGE SIZE 30" LONG						
CAN LINER 38 X 60 14 MIC 200	OX-RH60H	1	1	0	24.50 N	\$24.50
OX STRONG® INSTITUTIONAL						
GROCERY BAG KRAFT 57 LB 500	BAG SK1657	1	0	1	54.94 N	\$0.00
COAST BROTHERS® 1/6 BARREL						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts					Merch Total	\$67.15
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$67.15

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Salesman JC63
Cust Acct 37570



Remit To:	Invoice 235808-2	Date 23-Mar-2020
Coast Brothers	PO Number COMMUNITY KITCHENS	
6511 43rd Street North	Order Date 12-Mar-2020	
Unit 1807	Ship Date 23-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 22-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
	FOR COMMUNITY KITCHENS
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688
	ADA / FRED

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
POLYPRO MED WT KNIFE WHI 1M	POLYPRO KNIFE	1	1	0	8.50 N	\$8.50
CAN LINER 38 X 60 17 MIC 200	OX-RH60X	1	1	0	32.50 N	\$32.50
OX STRONG® INSTITUTIONAL SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts						
					Merch Total	\$41.00
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Salesman JC63	\$0.00
					Cust Acct 37570	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$41.00

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Remit To:	Invoice 235752	Date 11-Mar-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 9-Mar-2020	
Unit 1807	Ship Date 11-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 10-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price Tax	Amount
JOHNNY WILL DELIVER						
FOAM PLATE ROUND 6" 10/100	DART 6PWCR	1	1	0	19.50 N	\$19.50
DART® CONCORDE® NONLAMINATED						
FOAM BOWL 12 OZ 8/125	DART 12BWWCR	1	1	0	23.90 N	\$23.90
DART® CONCORDE® NONLAMINATED						
PLASTIC H/L CONTAINER MEDIUM	PAC YCI81120	1	1	0	52.77 N	\$52.77
SMARTLOCK® FOOD CONTAINERS 200						
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00 N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'						
A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts					Merch Total	\$96.17
					Taxable Sales	\$0.00
					7.0% Sales Tax	\$0.00
					Freight	\$0.00
					Fuel Surcharge	\$0.00
					Ppd Deposit	\$0.00
					Total Due	\$96.17

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Salesman JC63
 Cust Acct 37570



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Remit To:	Invoice 235673	Date 4-Mar-2020
Coast Brothers	PO Number JOHN IN PANTRY	
6511 43rd Street North	Order Date 2-Mar-2020	
Unit 1807	Ship Date 4-Mar-2020	
Pinellas Park, FL 33781	Terms NET 30	
727-525-3866	Due Date 3-Apr-2020	
727-528-9659	Carrier Best Way	

Bill To:	Ship To:
SHEPHERD CENTER	SHEPHERD CENTER
304 S PINELLAS AVE	304 S PINELLAS AVE
TARPON SPRINGS FL 34688	TARPON SPRINGS FL 34688

Description	Item Code	Ordered	Shipped	B/O	Price	Tax	Amount
JOHNNY WILL DELIVER							
NAPKIN LUNCH 11X13 1/4 FLD 6M	MOR 1250	1	1	0	35.75	N	\$35.75
COAST BROTHERS® NAPKINS							
FOOD BAG 6X3X15 .68 MIL 1M	IBS PB060315	2	2	0	16.61	N	\$33.22
FDA APPROVED 3.5-QT BAG CLEAR							
CAN LINER 38 X 60 14 MIC 200	OX-RH60H	1	1	0	24.50	N	\$24.50
OX STRONG® INSTITUTIONAL							
POLYPRO MED WT FORK WHI 1M	POLYPRO FORK	1	1	0	8.50	N	\$8.50
POLYPRO MED WT TEASPOON WHI 1M	POLYPRO TEASPOON	1	1	0	8.50	N	\$8.50
FOAM PLATE COMPARTMENT 10.25"	DART 10CPWCR	1	1	0	31.50	N	\$31.50
DART® CONCORDE® NON-LAMINATED							
SALESMAN WILL DELIVER	SALESMAN DELIVER	1	1	0	0.00	N	\$0.00
OUR MOTTO IS 'WE WORK FOR YOU'							

A service charge of 1.5%/month (18%/yr)
will be charged on all past due accounts

Merch Total	\$141.97
Taxable Sales	\$0.00
7.0% Sales Tax	\$0.00
Freight	\$0.00
Fuel Surcharge	\$0.00
Ppd Deposit	\$0.00
Total Due	\$141.97

Salesman JC63
Cust Acct 37570

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Largo, FL 33771
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Invoice #	15484
P.O. #	PANTRY - JOHN
Date	9/21/2020
Due Date	10/21/2020
REP	EAE
DRIVER	
Total Acct. Bal.	\$749.82

INVOICE

BILL TO

SHEPHERD CENTER
304 S PINELLAS AVE
TARPON SPRINGS, FL 34688

SHIP TO

SHEPHERD CENTER
304 S PINELLAS AVE
TARPON SPRINGS, FL 34688

BOX-CODE	QTY	U/M	DESCRIPTION	RATE	AMOUNT
130060315	1	CS	6 X 3 X 15 / .6 Mil / Poly Food Bag (1,000/CS)	16.61	16.61
HD-THANK	1	CS	THANK YOU BAG / 1/6 SIZE / PLASTIC (900/CS)	14.50	14.50
BPC18830THYOU	1	CS	THANK YOU LONG / High-Density Shopping Bags, 18" x 30", White (500/CS)	29.90	29.90
TB-60X	1	CS	38 X 60 / 55 GAL. / HIGH DENSITY / 17 MIC	32.50	32.50

Signature: _____
CHECK # / CASH : _____

Subtotal	\$93.51
Sales Tax (7.0%)	\$0.00
Invoice Total	\$93.51

THANK YOU FOR YOUR BUSINESS!

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 Largo, FL 33771
 (855) 547-6770



Today's Date	9/30/2020
CURRENT	749.82
1-30 DAYS PAST DUE	0.00
31-60 DAYS PAST DUE	0.00
61-90 DAYS PAST DUE	0.00
90+ DAYS PAST DUE	0.00
TOTAL BALANCE	\$749.82

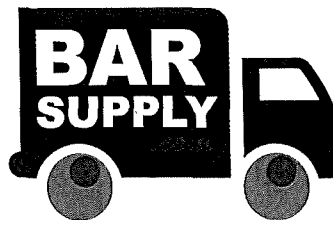
STATEMENT

**SHEPHERD CENTER
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34688**

DATE	TRANSACTION	AMOUNT
09/03/2020	INV #15099. Due 10/03/2020. Orig. Amount \$76.00. JOHNNY WILL DELIVER	76.00
09/08/2020	INV #15115. Due 10/08/2020. Orig. Amount \$16.61.	16.61
09/08/2020	INV #15116. Due 10/08/2020. Orig. Amount \$153.80.	153.80
09/10/2020	PMT #5147.	-22.00
09/17/2020	INV #15295. Due 10/17/2020. Orig. Amount \$91.40.	91.40
09/21/2020	INV #15373. Due 10/21/2020. Orig. Amount \$109.50. JOHNNY WILL DELIVER MONDAY	109.50
09/21/2020	INV #15484. Due 10/21/2020. Orig. Amount \$93.51.	93.51
09/23/2020	INV #15372. Due 10/23/2020. Orig. Amount \$231.00.	231.00
10/30/2020	Amount Due	749.82

WE APPRECIATE YOUR BUSINESS!

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Largo, FL 33771
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BAR | RESTAURANT | HOTEL

Invoice #	15373
P.O. #	COMMUNITY KITC...
Date	9/21/2020
Due Date	10/21/2020
REP	EAE
DRIVER	EAE
Total Acct. Bal.	\$749.82

INVOICE

BILL TO

SHEPHERD CENTER
304 S PINELLAS AVE
TARPON SPRINGS, FL 34688

SHIP TO

SHEPHERD CENTER
304 S PINELLAS AVE
TARPON SPRINGS, FL 34688

BOX-CODE	QTY	U/M	DESCRIPTION	RATE	AMOUNT
DCC90HTPF3R	2	CS	9 X 9 HINGED TRAY / FOAM / WHITE / 3 COMPARTMENT (200/CS)	22.00	44.00
GEN7114	1	EA	Standard Aluminum Foil Roll, 18" x 500 ft	21.50	21.50
GENHVYB6KIT250	2	CS	CUTLERY KIT / HEAVY WEIGHT / BLACK (F,K,S,S&P NAPKIN) (250/CS)	22.00	44.00

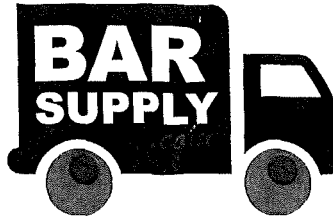
Signature: _____

CHECK # / CASH : _____

Subtotal	\$109.50
Sales Tax (7.0%)	\$0.00
Invoice Total	\$109.50

THANK YOU FOR YOUR BUSINESS!

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Largo, FL 33771
855.547.6770



BAR | RESTAURANT | HOTEL

Invoice #	15372
P.O. #	COMMUNITY KITC...
Date	9/23/2020
Due Date	10/23/2020
REP	EAE
DRIVER	
Total Acct. Bal.	\$656.31

INVOICE

BILL TO

SHEPHERD CENTER
304 S PINELLAS AVE
TARPON SPRINGS, FL 34688

SHIP TO

SHEPHERD CENTER
304 S PINELLAS AVE
TARPON SPRINGS, FL 34688

BOX-CODE	QTY	U/M	DESCRIPTION	RATE	AMOUNT
DCC90HTPF3R	✓ 8	CS	9 X 9 HINGED TRAY / FOAM / WHITE / 3 COMPARTMENT (200/CS)	22.00	176.00
GEN7134	✓ 2	CS	Heavy-Duty Aluminum Foil Roll, 18" x 500 ft	27.50	55.00

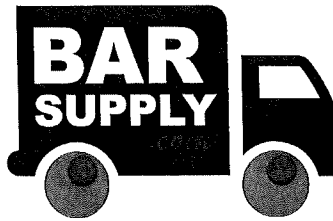
Signature: 

CHECK # / CASH : _____

Subtotal	\$231.00
Sales Tax (7.0%)	\$0.00
Invoice Total	\$231.00

THANK YOU FOR YOUR BUSINESS!

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 Largo, FL 33771
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BAR | RESTAURANT | HOTEL

Invoice #	15295
P.O. #	FOR PANTRY - JOHN
Date	9/17/2020
Due Date	10/17/2020
REP	EAE
DRIVER	
Total Acct. Bal.	\$315.81

INVOICE

BILL TO

SHEPHERD CENTER
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34688

SHIP TO

SHEPHERD CENTER
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34688

BOX-CODE	QTY	U/M	DESCRIPTION	RATE	AMOUNT
HD-THANK	2	CS	THANK YOU BAG / 1/6 SIZE / PLASTIC (900/CS)	14.50	29.00
BPC18830THYOU	1	CS	THANK YOU LONG / High-Density Shopping Bags, 18" x 30", White (500/CS)	29.90	29.90
TB-60X	1	CS	38 X 60 / 55 GAL. / HIGH DENSITY / 17 MIC	32.50	32.50
<p>OK A.N 9/17/20</p>					

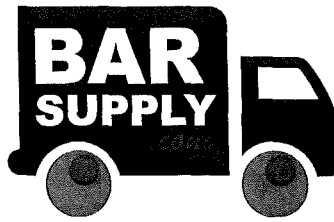
Signature: _____

CHECK # / CASH : _____

Subtotal	\$91.40
Sales Tax (7.0%)	\$0.00
Invoice Total	\$91.40

THANK YOU FOR YOUR BUSINESS!

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 Largo, FL 33771
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BAR | RESTAURANT | HOTEL

Invoice #	15116
P.O. #	PANTRY - JOHN
Date	9/8/2020
Due Date	10/8/2020
REP	EAE
DRIVER	
Total Acct. Bal.	\$1534.14

INVOICE

BILL TO

SHEPHERD CENTER
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34688

SHIP TO

SHEPHERD CENTER
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34688

BOX-CODE	QTY	U/M	DESCRIPTION	RATE	AMOUNT
HD-THANK	2 ✓	CS	THANK YOU BAG / 1/6 SIZE / PLASTIC (900/CS)	14.50	29.00
BPC18830THYOU	2 ✓	CS	THANK YOU LONG / High-Density Shopping Bags, 18" x 30", White (500/CS)	29.90007	59.80
TB-60X	2 ✓	CS	38 X 60 / 55 GAL. / HIGH DENSITY / 17 MIC	32.50005	65.00

Signature: _____

CHECK # / CASH : _____

Subtotal	\$153.80
Sales Tax (7.0%)	\$0.00
Invoice Total	\$153.80

THANK YOU FOR YOUR BUSINESS!

BarSupply.com
 1990 Lake Ave S.E.
 Largo, FL 33771
 855 . 547 . 6770



Invoice #	15115
P.O. #	COMMUNITY KITC...
Date	9/8/2020
Due Date	10/8/2020
REP	EAE
DRIVER	
Total Acct. Bal.	\$1534.14

INVOICE

BILL TO

SHEPHERD CENTER
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34688

SHIP TO

SHEPHERD CENTER
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34688

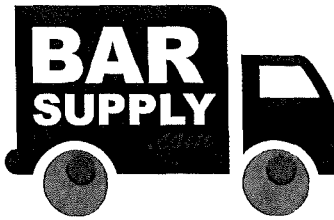
BOX-CODE	QTY	U/M	DESCRIPTION	RATE	AMOUNT
PB060312 IBS---	X 1	CS	6" X 3" X 12" .68 mil Poly Food Bag 1000 / cs	16.61003	16.61 16.61

Signature: _____
 CHECK # / CASH : _____

Subtotal	\$33.22
Sales Tax (7.0%)	\$0.00
Invoice Total	\$33.22

THANK YOU FOR YOUR BUSINESS!

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 Largo, FL 33771
 855.547.6770



BAR | RESTAURANT | HOTEL

Invoice #	15099
P.O. #	COMMUNITY KITC...
Date	9/3/2020
Due Date	10/3/2020
REP	EAE
DRIVER	EAE
Total Acct. Bal.	\$1347.12

INVOICE

BILL TO

SHEPHERD CENTER
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34688

SHIP TO

SHEPHERD CENTER
 304 S PINELLAS AVE
 TARPON SPRINGS, FL 34688

BOX-CODE	QTY	U/M	DESCRIPTION	RATE	AMOUNT
MGPMGZ2P0708	2	BOX	ZIP STORAGE BAG / QUART / 2 mil, 7" x 8", Clear (1,000/BOX)	38.00	76.00

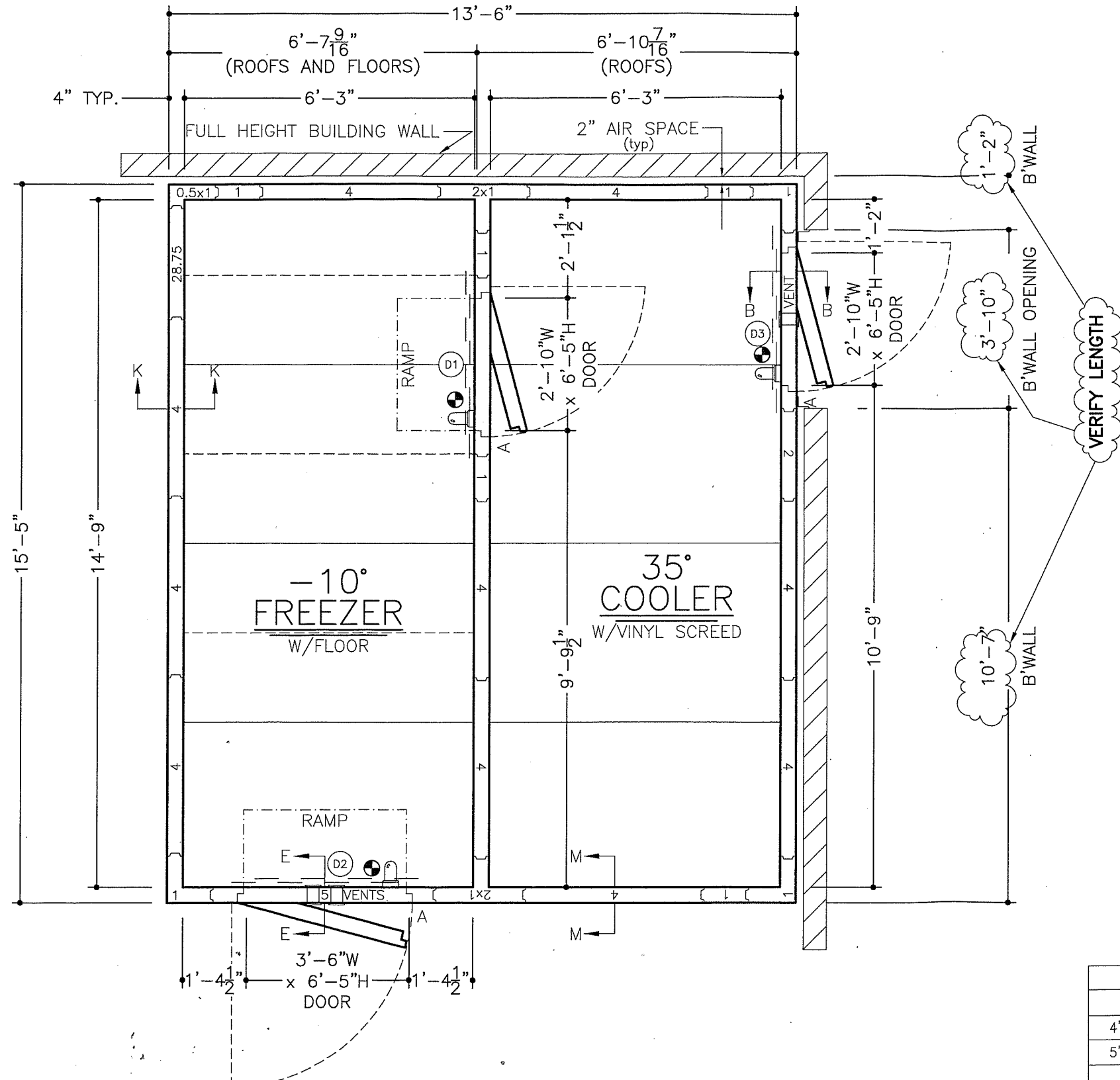
Signature: _____

CHECK # / CASH : _____

Subtotal	\$76.00
Sales Tax (7.0%)	\$0.00
Invoice Total	\$76.00

THANK YOU FOR YOUR BUSINESS!

Prior Request was for a 10x10 freezer/cooler
 Revised due to COVID
 14x16



- ~SPECIFICATIONS~**
- BOX HEIGHT:** FREEZER - 7'-6" OVERALL (6'-10 1/4" INTERIOR)
COOLER - 7'-6" OVERALL (7'-2" INTERIOR)
 - CONSTRUCTION:** FOAMED IN PLACE
NSF LISTED, STANDARD NO. 7
 - INSULATION:** 4" URETHANE, FINISHED PANEL
UL CLASSIFIED FLAME SPREAD 20
CORE SMOKE DEVELOPED 250
 - INSTALLATION:** INDOOR
 - FLOOR:** FREEZER - STANDARD W/INTERIOR RAMP
COOLER - FLOORLESS (VINYL SCREED PROVIDED)
 - DOOR HARDWARE & ACCESSORIES:** EACH DOOR
DEADBOLT HANDLE W/KEYED CYLINDER LOCK, PADLOCK
PROVISION & QUARTER TURN INSIDE RELEASE (EXTERIOR DOORS ONLY)
FRAME HEATER WIRE
HYDRAULIC DOOR CLOSER
IC WALK-IN DOOR CONTROLLER AND ALARM SYSTEM INCLUDING:
DIGITAL THERMOMETER WITH 3 DIGIT LED DISPLAY
HIGH AND LOW TEMPERATURE ALARM WITH INTEGRATED BUZZER
AIR TEMPERATURE PROBE
INTEGRATED LIGHT SWITCH WITH AUTOMATIC LIGHT OFF
CONNECTION TO REMOTE LIGHT SWITCH
DOOR AND WINDOW HEATER CONTROL
ADAPTIVE SETTINGS
KASON SCREW-IN VAPOR PROOF LIGHT FIXTURE
W/8.5 WATT SYLVANIA LED BULB & GLOBE
STRIP CURTAIN
2 - STD. CAM RISE HINGES
3 - DENT #D-690-HDS SPRING LOADED CAM RISE HINGES
1/10" DIAMOND ALUMINUM TREAD PLATE KICKPLATES @ 36" HIGH I/S & O/S DOOR
2 - KASON #1825 PRESSURE RELIEF VENT (DOOR 2 ONLY)
KASON #1825 PRESSURE RELIEF VENT (DOOR 3 ONLY)
SLAM BRACES (COOLER DOOR ONLY)
STIFFENERS
 - ACCESSORIES:** (SHIPPED LOOSE) 3 - PCS. TRIM ANGLE
 - METAL FINISHES:** INTERIOR WALLS & CEILING - 26 GA STUCCO ACRYLUME
EXPOSED EXTERIOR - 26 GA STUCCO ACRYLUME
UNEXPOSED EXTERIOR - 26 GA STUCCO ACRYLUME
EXTERIOR FLOOR & CEILING - 26 GA STUCCO ACRYLUME
INTERIOR FLOOR - .100 SMOOTH ALUMINUM
 - REFRIGERATION:** BY OTHERS
- NOTE: THE LARGEST WALK-IN PANEL ON THIS JOB IS 57.5" x 86".
CUSTOMER IS TO VERIFY THAT THIS PANEL SIZE WILL NOT CONFLICT WITH ANY JOB SITE RESTRICTIONS.
- NOTE: CUSTOMER IS TO VERIFY ALL DIMENSIONS, SECTIONS, DETAILS AND SPECIFICATIONS

ELECTRICAL DATA	
⊕ = POINT OF ELECTRICAL CONNECTIONS.	
WALK-IN DOORS:	115v/1ϕ - 350w*



FREEZER DOOR	
DOOR FRAME KWHr/DAY	1.896
COOLER DOOR	
DOOR FRAME KWHr/DAY	0.312

INSULATION R-VALUES		
PANEL TYPE	COOLER	FREEZER
4" WALLS, ROOFS & DOORS	R-29	R-32
5" WALLS, ROOFS & DOORS	R-36	R-40
FLOORS	R-25	R-28

American Panel AMERICAN PANEL CORPORATION
 5800 S.E. 78th St. Ocala, Florida 34472
 Ph. (352) 245-7055 Fax (352) 245-0726

CUSTOMER: BENZO A/C & REFRIGERATION
 PROJECT: TARPON SPRINGS SHEPARD CENTER - TARPON SPRINGS, FL

DATE: 08/20/20 DRAWN BY: AO/MR P.O.#:
 SCALE: 3/8" = 1'-0" PROPOSAL#: PD190892 JOB#: SHEET 1 of 2

APPROVED SIGNATURE _____
 APPROVED AS NOTED PRINT NAME _____
 REVISE & RESUBMIT DATE _____



DISASTER PREPAREDNESS PLAN



FOOD PANTRY • COMMUNITY KITCHENS • COMMUNITY ENRICHMENT CENTER • RESALE OUTLET

Tarpon Springs Shepherd Center, Inc is a non-profit 501(c)(3) charitable organization. A copy of the official registration (CH1364) and financial information may be obtained from the Division of Consumer Services on their website (www.800helpfla.com) or by calling toll-free 1-800-435-7352 within the state. Registration does not imply endorsement, approval, or recommendation by the state.

Tarpon Springs Shepherd Center, Inc. • 304 S Pinellas Avenue, Tarpon Springs FL 34689 • Tel: 727.939.1400
Fax: 727.937.4505 • www.tscenter.org

TARPON SPRINGS SHEPHERD CENTER EMERGENCY CONTACTS

CRISIS MANAGEMENT CONTACTS

The following person is our Primary Crisis Manager and will serve as the company spokesperson in an emergency:

Primary Emergency Contact: Ada Torres-DelGais, Executive Director
Telephone Number: 727-939-1400 x 402
Alternative Number: [REDACTED]
E-mail: atorres-delgais@tscenter.org

If the person is unable to manage the crisis, the person below at our location will succeed in management:

Secondary Emergency Contact: Andrew Nikiforakis, Chief Supervisor of Operations
Telephone Number: 727-939-1400 x 415
Alternative Number: [REDACTED]
Email: andrew@tscenter.org

If no one at our location can manage the crisis, the person below at a different location will succeed in management:

Outside Emergency Contact: John Consolino
Affiliation: President, Board of Directors
Telephone Number: [REDACTED]

Outside Emergency Contact: Beverley Graham
Affiliation: Past President, Board of Directors
Telephone Number: [REDACTED]

OTHER EMERGENCY CONTACTS

*****DIAL 9-1-1 IN AN EMERGENCY*****

TS Police Department: 727-938-2849 / TS Fire Rescue: 727-938-3737
Non-Emergency Police/Fire

Coastal Insurance: 727-937-4141
Insurance Provider/Telephone Number

Duke Energy Power Outage: 727-334-2871
Power Company Phone Number

City of Tarpon Springs: 727 937-2557
Water/Sewage Provider Phone Number

EMERGENCY PLANNING TEAM

The following people will participate in emergency planning and crisis management:

1. Ada Del Gais, Executive Director
2. Andrew Nikiforakis, Chief Supervisor of Operations
3. Jeannie Bohn, Outreach Program Supervisor
4. Cathy Webb, Resale Outlet Manager
5. Gus Spencer, Pantry Manager
6. Joe Blake, Truck Supervisor
7. Carol Caruso, Mental Health Counselor

COORDINATING WITH OTHERS

The following Board members and Volunteers will participate in emergency planning:

1. John Consolino, President
2. Beverley Graham, Past President
3. Rev. Melody Kidd, Vice President
4. Shari Piscitelli, Secretary
5. Juliet Adams, Director
6. Tom Henderson, Director
7. Dominick Papaleo, Director
8. Chris Palaidis, Volunteer
9. Tom and Rosemary, Volunteers

POTENTIAL THREATS TO BUSINESS CONTINUITY OF TARPON SPRINGS SHEPHERD CENTER BY NATURAL AND MAN-MADE DISASTERS

- Hurricanes
- Flooding
- Tornadoes
- Armed robbery/violence
- Health emergencies

CRITICAL OPERATIONAL PLAN FOR HURRICANES AND FLOODS

The following is a prioritized list of our critical operations, staff and procedures we need to recover from a disaster:

Operation: Administrative Office

Staff in Charge: Ada Del Gais, Andrew Nikiforakis

Action Plan:

- Contact President of the Board to inform of agency' status
- Email Board of Directors with same
- Financials and Fundraising software backed up on servers
- Documents backed up on servers and Cloud
- New batteries for safe and smoke detectors
- Contact Alarm Company

Operation: Food Pantry

Staff in Charge: Ada Del Gais, Andrew Nikiforakis, Gus Spencer

Action Plan:

- Call Feeding America stores and check for pick-up
- Contact Homebound, check on client's status & assure they have enough food and supplies
- Check freezer and refrigeration thermometers
- Check frozen food – if thawed, throw-out
- No Power: Distribute Food to clients, churches and organizations
- Full tank of Gas and maintenance for all trucks and vans

Operation: Resale Outlet Store

Staff in Charge: Ada Del Gais, Andrew Nikiforakis, Cathy Webb

Action Plan:

- Place furniture on pallets, if needed, use humidifiers, water vacs, and fans to dry affected areas.

Operation: Outreach/HOPE Center

Staff in Charge: Jeannie Bohn

Action Plan:

- Ensure that the Outreach Department and the HOPE Center are secured and all records are safely stored. Ensure that all Outreach Department Staff and Volunteers are aware of hurricane/flooding situation and are well-informed of their roles in Outreach both during storm preparation and in the aftermath. Maintain emergency phone tree for all Outreach Staff and Volunteers.

COMMUNITY SUPPORT FOR FOOD PREPARATION/REFRIGERATION DURING POWER OUTAGE

St. Nicholas Greek Orthodox Cathedral

36 N. Pinellas Avenue

Tarpon Springs, FL 34689

Contact Name: Chris Palaidis

St. Timothy Lutheran Church

812 E Tarpon Ave,

Tarpon Springs, FL 34689

Contact Name: Pastor Curt or Rosemary

Pappas Restaurant

Sponge Docks

Contact Name: Damien – [REDACTED]

FIRE SAFETY

- We have installed smoke alarms, detectors and fire extinguishers in appropriate locations.
- We have our office inspected for fire safety once a year.

REDUCING POTENTIAL DAMAGE

We have prevented or reduced potential damages in our facility by taking precautions, such as:

- Boarding up all windows for impending hurricane, as well as parking refrigerated trucks. Box truck and van along S. Pinellas Avenue in front of Outreach and the store to help limit debris damage to storefront.
- Elevating electrical machinery off the floor for protection in the event of flooding.
- Elevating all furniture from the Thrift store in the event of flooding.
- Calling all our partners to pick-up food so it doesn't spoil, in the event of no power.

EVACUATION/SHELTER PLAN

- We have developed these plans in collaboration with all departments of the Tarpon Springs Shepherd Center to avoid confusion or gridlock.
- We have located, copied, and posted building and site maps such as Pinellas County Evacuation Guidelines.
- Exits are clearly marked.
- We have discussed with coworkers go to the management staff for emergency supplies, additional copies of the Pinellas County Evacuation Guidelines, and which supplies individuals might consider keeping in a portable kit personalized for individual/client needs (i.e. medications, bandages, etc.).
- We will practice evacuation procedures once a year a year.
- We will practice tornado drills once a year.

If we must leave the workplace quickly:

- We will use a tent to provide food supplements and prepared meals that may consist of sandwiches, drinks etc., from our parking lot.

We have the following supplies on hand:

- Battery powered radio
- Portable radios to coordinate the disaster team
- Extra batteries
- Flashlights
- Water
- Nonperishable Food/ Can openers if necessary
- First Aid Kit
- Petty cash (ATMs may not be operative)
- Wet weather clothing such as boots, hats, gloves, etc.
- Toiletries
- Moist towelettes or hand sanitizer for sanitation
- Surgical masks
- Wrench or pliers to turn off utilities
- Fans and dehumidifiers
- Wet and dry vacuum cleaners
- Waterproof and grounded heavy-duty extension cords
- Sponges, brushes, and hoses to clean materials
- Wheeled carts to move materials
- Heavy-duty Garbage bags and plastic ties for sanitation
- Toilet paper for personal sanitation
- Gloves
- Household liquid bleach
- Map of area for Shelters, etc. Main source: Pinellas County Evacuation Guidelines.

SHELTER IN PLACE ORDERS

In the unlikely event of armed robbery or violence on the premises, plan is as follows:

- We will meet at one of our partnering churches and/or partnering organizations.

Shelter In Place Manager: Ada Del Gais

Alternate Shelter In Place Manager: Andrew Nikiforakis

Responsibilities (Lock Doors, Alert Staff) Include:

- Ada Del Gais, Andrew Nikiforakis, Gus Spencer, Joe Blake, are responsible for issuing all alerts and locking doors.

HEALTH EMERGENCY ON PREMISES

Staff/Volunteers nearby should call 911 and provide CPR when necessary until an ambulance arrives. If they are not already aware of a health emergency occurring on the premises, the Executive Director and Chief Operations Supervisor should also be alerted as soon as possible.

EMPLOYEE SKILLS

The following employees have skills (medical/CPR, engineering, communications, foreign language) that might be needed in an emergency:

- **Name: Ada Torres-Del Gais**
Skill(s): speaks Spanish
CPR/First Aid trained
- **Name: Andrew Nikiforakis**
Skill(s): speaks Greek
- **Name: Jeannie Bohn**
Skill(s): CPR/First Aid trained
- **Name: Gloria Ferrera**
Skill(s): speaks Spanish

COMMUNICATIONS

We will communicate our emergency plans with coworkers in the following way:

- Contact via email, contact information list, and texts if necessary.

In the event of a disaster we will communicate with employees in the following way:

- Through contact information list, and texts if necessary.

In the event of a disaster, we will communicate with clients and customers in the following way:

- Via social media, signage, contact information lists, and in person.

CYBERSECURITY

- To protect our computer hardware, we use servers, Cloud, backup batteries and surge protectors
- To protect our computer software, we use servers, backup batteries, surge protectors
- Call IT tech in the event our computers crash or are in need of repairs

FILES AND RECORDS BACKUP

All files such as, Quickbooks, Fundraiser Select as are backed up on a server.

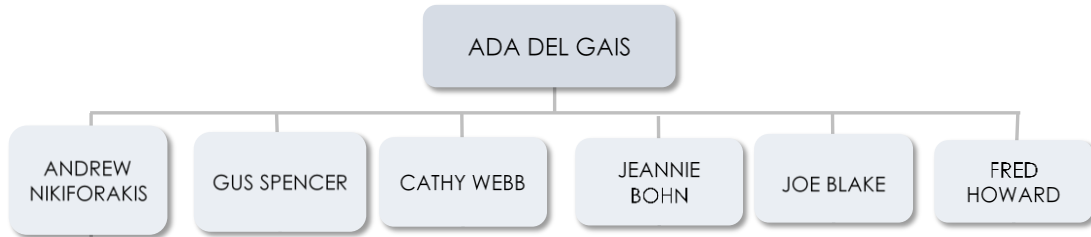
If our client records or other case information is destroyed, we will provide for continuity in the following ways:

We will reference backed up files and also Pinellas HMIS records.

EMPLOYEE EMERGENCY CONTACT INFORMATION

The following is a list of our employees and volunteers and their individual emergency contact information: See below Disaster phone tree.

TARPON SPRINGS SHEPHERD CENTER DISASTER CALL TREE



Should the Senior Manager listed below not be available, Manager 1 will be responsible for implementing the Senior Manager Phone Tree. Should Manager 1 also be unavailable, the responsibility will move to the next listed manager, and so on.

ID	MANAGER NAME	DEPARTMENT	WORK DESK PHONE	WORK CELL	PERSONAL CELL	HOME PHONE
	ADA DEL GAIS	EXECUTIVE DIRECTOR	727-940-5358		██████████	
1	ANDREW NIKIFORAKIS	CHIEF SUPERVISOR OF OPERATION			██████████	
2	GUS SPENCER	PANTRY/WAREHOUSE MANAGER			██████████	
3	CATHY WEBB	RESALE / THRIFT STORE MANAGER	727-939-1400 X401		██████████	
4	JEANNIE BOHN	PROGRAM SUPERVISOR			██████████	
5	JOE BLAKE	TRUCKS SUPERVISOR			██████████	
6	FRED HOWARD	COMMUNITY KITCHEN MANAGER			██████████	

REV. 2020

ANNUAL REVIEW

Plan is reviewed and updated for this organization's continuity and disaster plan every year.

Rev. 2020





A Stock Company
 P.O. Box 33003
 St. Petersburg, FL 33733-8003
 Customer Service: 1-800-820-3242
 Claims: 1-800-725-9472

FFL99.001 0519
 0088029
 3/03/20
 2000 11523 FLD RGLR

FLOOD DECLARATIONS PAGE
 RENEWAL

Policy Number	NFIP Policy Number	Product Type: Standard Policy
09 1151327893 04	1151327893	General Property Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 2/25/20 To: 2/25/21 12:01 am Standard Time	03/03/2020	0088029	09 1151327893 03

Insured
 TARPON SPRINGS SHEPHERD CENTER INC
 304 S PINELLAS AVE
 TARPON SPRINGS FL 34689-3636

COASTAL INS ASSOCIATES INC
 201 S PINELLAS AVE
 TARPON SPRINGS FL 34689-3633

Property Location (if other than above) 304 S PINELLAS AVE, TARPON SPRINGS FL 34689 Address may have been changed in accordance with USPS standards.

Rating Information

Original New Business Effective Date: 2/25/2016 Flood Risk/Rated Zone: AE Grandfathered: No
 Building Occupancy: Other Non-Residential
 Primary Residence: N Number of Floors: One Floor
 Condo Type: N/A Building Indicator: Non-Elevated
 Community #: 120259 Map Panel/Suffix: 0019 G Basement/Enclosure/Crawlspace:
 Community Rating: 10 / 00% Program Status: Regular No Basement
 Community Name: TARPON SPRINGS, CITY OF Elevation Difference: -2

Coverage	Deductible	Annual Premium
BUILDING \$500,000	\$50,000	\$16,058.00
CONTENTS NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE	\$0.00
ANNUAL SUBTOTAL:		\$16,058.00
DEDUCTIBLE DISCOUNT/SURCHARGE:		- \$8,431.00
ICC PREMIUM:		\$6.00
COMMUNITY RATING DISCOUNT:		\$0.00
SUB-TOTAL:		\$7,633.00
RESERVE FUND ASSESSMENT:		\$1,145.00
PROBATION SURCHARGE:		\$0.00
FEDERAL POLICY SERVICE FEE:		\$50.00
HFIAA SURCHARGE:		\$250.00
Premium Paid by: Insured	TOTAL WRITTEN PREMIUM AND FEES:	\$9,078.00

Special Provisions:

This policy covers only one building. If you have more than one building on your property, please make sure they are all covered. See III. Property Covered within your Flood policy for the NFIP definition of "building" or contact your agent, broker, or insurance company. Please refer to the policy for complete terms, conditions, and exclusions. A full, digital copy of your flood policy form is available at www.wrightflood.com/policyforms.html. The form which applies to your policy coverage is: General Property Form

No Additions and Extensions
 Submit For Rate

Forms and Endorsements:

WFL 99.415 1117 1117 FFL 99.310 0120 0120 WFL 99.116 0614 0614

This policy is issued by NAIC company 11523
 Wright National Flood Insurance Company A stock company
 Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones
 Patricia Templeton-Jones, President

008802909115132789320063

00007

Agent



This Declaration Page is attached to and forms part of certificate provisions.

Previous No. No.	Authority Ref.	No.Certificate
	B0572NA20CL04(30%) / B0572NA20CL06(40%) / RF03745A20(30%)	PFD04617

Name and Address of the Assured:	Mortgagee and Address
TARPON SPRINGS SHEPHERD CENTER INC 304 SO. PINELLAS AVE TARPON SPRINGS, FL 34689	FLAGSHIP BANK ISAOA 29750 US HWY 19 N CLEARWATER, FL 33761

Property Address (if different from above)
304 SO. PINELLAS AVE

TARPON SPRINGS, FL 34689

Effective from 2/25/2020 to 2/25/2021 both days at 12:01a.m. standard time

Insurance is effective with: UNDERWRITERS AT LLOYD'S, LONDON.
GREAT LAKES INSURANCE SE
IRONSHORE EUROPE DAC

Conditions: SEE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS

Service of Suit may be made upon:

Refer to the Service of Suit Form

Notification of Claim to:

Clearwater Underwriters, Inc.
50 S. Belcher Rd. Suite 101
Clearwater, FL 33765

Coverage	Amount	Deductible
Primary Flood on Building	\$ 225,000.00	3,000.00
Primary Flood on Contents	\$ 10,000.00	3,000.00
Business Interruption	\$ 50,000.00	2,500.00

Total Coverage Premium	\$ 2,850.00
TRIA Premium:	\$
Total Premium:	\$ 2,850.00
Service Office Fee	\$ 3.01
Surplus Lines Tax	\$ 150.50
Policy Fee	\$ 100.00
Inspection Fee	\$ 60.00

Flood Zone: AE

Grand Total: \$ 3,163.51

Date Issued: 03/12/2020

SURPLUS LINES AGENT: LIC. #A278403
CLEARWATER UNDERWRITERS, INC./DONALD E. WATERS, JR.
50 S. BELCHER ROAD, SUITE 101, CLEARWATER, FL 33765

PRODUCER: DAVID KINSER
COASTAL INS ASSOCIATES
201 S. PINELLAS AVE.
TARPON SPRINGS, FL 34689

COUNTERSIGNATURE



THIS INSURANCE ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

This policy meets the definition of private flood insurance contained in 42 U.S.C 4012 a(b)(7) and the corresponding regulation.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

This Declaration Page is attached to and forms part of certificate provisions.

Previous No. No.	Authority Ref.	No.Certificate
	B0572NA20CL04(30%) / B0572NA20CL06(40%) / RF03745A20(30%)	PFD04618

Name and Address of the Assured:	Mortgagee and Address
TARPON SPRINGS SHEPHERD CENTER INC 304 S. PINELLAS AVE TARPON SPRINGS, FL 34689	FLAGSHIP BANK ISAOA 29750 US HWY 19 N CLEARWATER, FL 33761

Property Address (if different from above)
304 S. PINELLAS AVE

TARPON SPRINGS, FL 34689

Effective from 2/25/2020 to 2/25/2021 both days at 12:01a.m. standard time

Insurance is effective with: UNDERWRITERS AT LLOYD'S, LONDON.
GREAT LAKES INSURANCE SE
IRONSHORE EUROPE DAC

Conditions: SEE ATTACHED SCHEDULE OF FORMS AND ENDORSEMENTS

Service of Suit may be made upon:
Refer to the Service of Suit Form

Notification of Claim to:
Clearwater Underwriters, Inc.
50 S. Belcher Rd. Suite 101
Clearwater, FL 33765

Coverage	Amount	Deductible
Primary Flood on Building	\$ 500,000.00	3,000.00
Primary Flood on Contents	\$ 50,000.00	3,000.00
Business Interruption	\$ 50,000.00	2,500.00

Total Coverage Premium	\$ 6,000.00
TRIA Premium:	\$
Total Premium:	\$ 6,000.00
Service Office Fee	\$ 6.16
Surplus Lines Tax	\$ 308.00
Policy Fee	\$ 100.00
Inspection Fee	\$ 60.00

Flood Zone: AE

Grand Total: \$ 6,474.16

Date Issued: 03/12/2020

SURPLUS LINES AGENT: LIC. #A278403
CLEARWATER UNDERWRITERS, INC./DONALD E. WATERS, JR.
50 S. BELCHER ROAD, SUITE 101, CLEARWATER, FL 33765

PRODUCER: DAVID KINSER
COASTAL INS ASSOCIATES
201 S. PINELLAS AVE.
TARPON SPRINGS, FL 34689

COUNTERSIGNATURE



THIS INSURANCE ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

This policy meets the definition of private flood insurance contained in 42 U.S.C 4012 a(b)(7) and the corresponding regulation.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/21/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: 727-937-4141 Fax: 727-937-4237 COASTAL INSURANCE ASSOCIATES INC 201 S PINELLAS AVE TARPON SPRINGS FL 34689	CONTACT NAME: DAVID M. KINSER PHONE (A/C. No. Ext): (727) 937-4141 FAX (A/C. No): (727) 937-4237 E-MAIL ADDRESS: coastal.insurance@verizon.net PRODUCER CUSTOMER ID: 3937																					
INSURED TARPON SPRINGS SHEPHERD CENTER INC 304 SO. PINELLAS AVE TARPON SPRINGS FL 34689	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>Scottsdale Insurance</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td>National Union Fire</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td>United States Liability</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Scottsdale Insurance		INSURER B :	National Union Fire		INSURER C :	United States Liability		INSURER D :			INSURER E :			INSURER F :		
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INSURER D :																						
INSURER E :																						
INSURER F :																						

COVERAGES CERTIFICATE NUMBER: 10335857 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CPS3306265	01/19/20	01/19/21	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED. EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			BE025284474	01/19/20	01/19/21	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	\$
							OTHER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$
C	Directors & Officers			BE025284474	01/19/20	01/19/21		2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Pinellas Community Foundation
 17755 US Highway 19 N
 Suite 150
 Clearwater, FL 33764

Attention:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

David M. Kinser

12-0252-00
COASTAL INSURANCE ASSOCIATES INC
201 S PINELLAS AVE
TARPON SPRINGS FL 34689

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

P.O. BOX 30660 • LANSING, MICHIGAN 48909-8160

AUTO-OWNERS INSURANCE COMPANY

11-04-2019

TARPON SPRINGS SHEPHERD CENTER INC
304 S PINELLAS AVE
TARPON SPRINGS FL 34689-3636

Remember, you can view your policy, pay your bill or change your paperless options any time online, at www.auto-owners.com. If you have not already enrolled your policy, you may do so using policy number **91-157-761-01** and Personal ID Code (PID) **59P 6K8 A1T**.

Your agency's phone number is (727) 937-4141.

RE: Policy 91-157-761-01

Thank you for selecting Auto-Owners Insurance Group to serve your insurance needs! Feel free to contact your independent Auto-Owners agent with questions you may have.

Auto-Owners and its affiliate companies offer a variety of programs, each of which has its own eligibility requirements, coverages and rates. In addition, Auto-Owners also offers many billing options. Please take this opportunity to review your insurance needs with your Auto-Owners agent, and discuss which company, program, and billing option may be most appropriate for you.

Auto-Owners Insurance Company was formed in 1916. The Auto-Owners Insurance Group is comprised of five property and casualty companies and a life insurance company. Our A++ (Superior) rating by A.M. Best Company signifies that we have the financial strength to provide the insurance protection you need.

~ *Serving Our Policyholders and Agents Since 1916* ~

AVAILABILITY OF RISK MANAGEMENT PLAN - FLORIDA

The Florida Tort Reform and Insurance Act of 1986 requires insurance companies to make available to commercial casualty and commercial property policyholders guidelines for risk management plans.

Risk management guidelines include the following:

- A. Safety measures, including, as applicable, the following areas:
 - 1. Pollution and environmental hazards;
 - 2. Disease hazards;
 - 3. Accidental occurrences;
 - 4. Fire hazards and fire prevention and detection;
 - 5. Liability for acts from the course of business;
 - 6. Slip and fall hazards;
 - 7. Product injury; and
 - 8. Hazards unique to a particular class or category of insureds.
- B. Training to insureds in safety management techniques.
- C. Safety management counseling services.

Risk Management Plan guidelines are available at your request. If you desire this service, please contact your agent or our Loss Control Services department by e-mail at losscontrolsupport@aoins.com or by phone (855) 586-5388.

NOTICE TO POLICYHOLDER FLORIDA UNINSURED MOTORIST COVERAGE OPTIONS AVAILABLE

Dear Policyholder:

Florida law allows you to make certain choices regarding Uninsured Motorist Coverage provided under your policy. The Uninsured Motorist Coverage provided by your current policy is described in your policy's Declarations page. Your previous selection or rejection of Uninsured Motorist Coverage as reflected on your Declarations page will continue to apply to your auto liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits unless you request a change to your previous selection or rejection in writing. Your selection or rejection shall be conclusively presumed to be an informed, knowing acceptance of such limitations on behalf of all insureds.

This document generally describes all of the coverage options available to you. No coverage is provided by this document. Please review your policy and Declarations page for information regarding your specific coverages.

Uninsured Motorist Coverage Options

Uninsured Motorist Coverage provides coverage for insured persons who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death which results from any of these. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. Uninsured Motorist Coverage also extends coverage for damages caused by motor vehicle owners or operators who have Bodily Injury Liability limits lower than the amount of your damages.

You may select Uninsured Motorist Coverage in an amount equal to your limits for Bodily Injury Liability Coverage. You may also select Uninsured Motorist limits lower than your Bodily Injury Liability limits, or you may entirely reject Uninsured Motorist Coverage.

If any named insured is designated as an individual, you have the option to purchase non-stacked Uninsured Motorist Coverage at a reduced rate. If any named insured is designated as other than an individual, your policy will include non-stacked Uninsured Motorist Coverage, unless you reject Uninsured Motorist Coverage entirely. Under this coverage, if injury occurs in a motor vehicle owned or leased by you or a family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If injury occurs while you are occupying a motor vehicle which is not owned by you or a family member who resides with you, or while you are a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one motor vehicle covered by a policy for which you are a named insured, insured family member, or insured resident of the named insured's household. If the named insured is an individual and you do not elect to purchase the non-stacked coverage, your policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, your Uninsured Motorist Coverage limits would automatically change during the policy term if you increase or decrease the number of motor vehicles covered under the policy.

If you have questions regarding your Uninsured Motorist Coverage that is reflected on your policy's Declarations page or wish to select a different option, you must contact your agent and complete the Florida Option to Reject or Modify Uninsured Motorist Coverage form 58021 (1-17).

OPTION TO MODIFY PERSONAL INJURY PROTECTION BENEFITS

For Personal Injury Protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident family members. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident family members are employed, since lost wages will not be payable in the event of an accident.

If this is an existing or renewal policy, the option you previously selected for Personal Injury Protection will continue to apply, unless you make a different selection below.

Please review carefully and indicate your selection(s) under one of the following options, if desired:

Option 1:

<u>Standard Personal Injury Protection Benefits</u>	<u>Limit Per Person</u>
Total Aggregate Limit for all Personal Injury Protection Benefits, except Death Benefits	\$10,000 (medical expenses limited to \$2,500 non-emergency)
Medical Expenses	80% of medical expenses subject to the Florida Motor Vehicle No-Fault Statute's fee schedule and subject to the total aggregate limit for Personal Injury Protection Benefits
Wage Loss	60% of wage loss subject to the total aggregate limit
Replacement Services Expenses	subject to the total aggregate limit
Death Benefits	\$5,000

Select deductible of No deductible \$250 \$500 \$1,000 to apply to Personal Injury Protection Benefits for:

- Named Insured Only
- Named Insured and All Dependent Resident Family Members

Exclude loss of gross income and loss of earning capacity ("lost wages")

- Named Insured Only
- Named Insured and All Dependent Resident Family Members

Option 2:

<u>Extended Personal Injury Protection Benefits</u>	<u>Limit Per Person</u>
Total Aggregate Limit for all Personal Injury Protection Benefits, except Death Benefits	\$10,000 (medical expenses limited to \$2,500 non-emergency)
Medical Expenses	100% of medical expenses subject to the Florida Motor Vehicle No-Fault Statute's fee schedule and subject to the total aggregate limit for Personal Injury Protection Benefits
Wage Loss	80% of wage loss subject to the total aggregate limit
Replacement Services Expenses	subject to the total aggregate limit
Death Benefits	\$5,000

Select Extended Personal Injury Protection Coverage. **No deductible options are available.**

Exclude loss of gross income and loss of earning capacity ("loss wages"). **Excluded "loss wages" must apply to named insured and all dependent resident family members.**

Signature

Date

Policy Number: 91-157-761-01

Agency: 12-0252-00 COASTAL INSURANCE ASSOCIATES INC

Florida
POLICYHOLDER INFORMATION AND ASSISTANCE

We are here to serve you and as our policyholder your satisfaction is very important to us. Should you have any questions or a complaint regarding your policy that cannot be resolved by your agent, you may contact our Lakeland Regional Office for information and assistance by calling 863-687-4505.

Auto-Owners Insurance Company
Owners Insurance Company
Southern-Owners Insurance Company

**NOTICE TO POLICYHOLDER
STATED AMOUNT**

Dear Policyholder:

One or more autos shown in the enclosed Declarations are insured on a Stated Amount basis. In accordance with the provisions of this policy, losses will be settled on the actual cash value of the auto at the time of loss, subject to a maximum payment of the Stated Amount as indicated by "SA" in the Declarations. Requesting coverage on a Stated Amount basis does not guarantee payment in that amount should a claim occur. Please refer to Section III, C.1. of the Commercial Auto Policy for coverage details.

Please review your Declarations for those autos you have insured on a Stated Amount basis and advise your agency of any change in value.

This notice is for informational purposes. Your policy contains the specific terms and conditions of coverage.

If you have any questions regarding this policy or this notice, please contact your agency.

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999
AGENCY COASTAL INSURANCE ASSOCIATES INC
12-0252-00 MKT TERR 052 (727) 937-4141

**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Renewal Effective 12-19-2019

POLICY NUMBER 91-157-761-01
Company Use 20-04-FL-0012

ITEM ONE
NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

ADDRESS 304 S PINELLAS AVE
TARPON SPRINGS FL 34689-3636

Company
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
12-19-2019	12-19-2020

Entity: Corporation

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

ITEM TWO - SCHEDULE OF COVERED AUTOS AND COVERAGES

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those **autos** shown as covered **autos**. **Autos** are shown as covered **autos** for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Commercial Auto Policy next to the name of the coverage.

COVERAGES		COVERED AUTOS SYMBOLS	LIMIT OF INSURANCE FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Combined Liability		1	\$1Million each accident	\$10,606.10
Uninsured Motorist Coverage		2	\$25,000 each person/ \$50,000 each accident (Non-stacked Uninsured Motorist Coverage selected.)	\$471.68
Personal Injury Protection		5	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	\$478.89
Medical Payments		7	\$2,000 each person	\$38.64
Physical Damage	Comprehensive	7, 8	\$250 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$717.05
	Collision	7, 8	\$500 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$1,072.23
	Road Trouble Service	7	See ITEM THREE for the limit applicable for each covered auto.	\$28.44
	Additional Expense	7	See ITEM THREE for the limit applicable for each covered auto.	\$338.72
Premium for Endorsements				
ESTIMATED TOTAL PREMIUM*				\$13,751.75

* This policy may be subject to final audit.

AUTO-OWNERS INS. CO.

58974 (1-17)
Issued 11-04-2019AGENCY COASTAL INSURANCE ASSOCIATES INC
12-0252-00 MKT TERR 052Company POLICY NUMBER 91-157-761-01
Bill Company Use 20-04-FL-0012

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

Term 12-19-2019 to 12-19-2020

ITEM TWO (Continued)

Endorsements That Apply To All Items: 58001 (01-15) 58800 (04-18) 58000 (01-15) 58200 (01-15) 58550 (01-17) 58706 (01-17)
58524 (01-15) 58555 (01-16) 58558 (03-16)

QUICK REFERENCE FOR COVERED AUTO DESIGNATION SYMBOLS

Refer to the Commercial Auto Policy 58001 Section I for a complete description of COVERED AUTOS and policy provisions that may apply.

- | | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1 = Any Auto | 6 = Owned Autos Subject To A Compulsory Uninsured Motorists Law |
| 2 = Owned Autos Only | 7 = Scheduled Autos Only |
| 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 | 19 = Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only |

Auto-Owners

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999
AGENCY COASTAL INSURANCE ASSOCIATES INC
12-0252-00 MKT TERR 052 (727) 937-4141

COMMERCIAL AUTO POLICY DECLARATIONS STANDARD PROGRAM

Renewal Effective 12-19-2019

POLICY NUMBER 91-157-761-01
Company Use 20-04-FL-0012

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

ADDRESS 304 S PINELLAS AVE
TARPON SPRINGS FL 34689-3636

Company
Bill

POLICY TERM	
12:01 a.m.	12:01 a.m.
12-19-2019	to 12-19-2020

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

ITEM THREE - SCHEDULE OF COVERED AUTOS, ADDITIONAL COVERAGES AND ENDORSEMENTS

	TERRITORY	CLASS
Hired Autos	004 Pinellas County, FL	SPL
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$97.06
Comprehensive	ACV not to exceed \$ 200,000 \$ 100 deductible each covered auto	12.10
Collision	ACV not to exceed \$ 200,000 \$ 250 deductible each covered auto	45.11
	TOTAL	\$154.27

ITEM DETAILS: Estimated cost of hire - liability \$ If Any (Subject to audit)
Estimated cost of hire - physical damage \$ If Any (Subject to audit)
Rate Effective Date 06-08-2019

130 0896

Non-Owned Autos Liability	004 Pinellas County, FL	SPL
COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$87.92
	TOTAL	\$87.92

Rate Effective Date 06-08-2019

130 0896

AUTO-OWNERS INS. CO.

Issued 11-04-2019

AGENCY COASTAL INSURANCE ASSOCIATES INC
12-0252-00 MKT TERR 052

Company
Bill

POLICY NUMBER
Company Use

91-157-761-01
20-04-FL-0012

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

Term 12-19-2019 to 12-19-2020

	TERRITORY	CLASS
1. 2007 FORD E350SD VIN: 1FDWE35L87DA79691	004 Pinellas County, FL	5CA

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1 Million each accident	\$2,382.78
Uninsured Motorist	\$ 25,000 each person/\$ 50,000 each accident	117.92
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	104.19
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 2,000 each person	9.66
Collision	ACV - \$ 500 deductible	111.73
Road Trouble Service	ACV - \$ 500 deductible	175.42
Additional Expense	\$ 75 each occurrence	9.48
	\$ 50 per day/\$1,500 per loss	67.75
TOTAL		\$2,978.93

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58308 (01-17) 58428 (01-17) 58537 (08-15)

ITEM DETAILS: Radius of operation - within a 100 mile radius.
USE CLASS (00552): NOC Not Wholesale Or Retail Delivery.
Vehicle Count Factor Applies.
Non-stacked Uninsured Motorist Coverage selected.
Rate Effective Date 06-08-2019

130 0028000 0896

2. 2006 ISU NPR-HD VIN: JALC4B16067014852	004 Pinellas County, FL	5CA
----------------------------------------------	----------------------------	-----

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1 Million each accident	\$2,353.14
Uninsured Motorist	\$ 25,000 each person/\$ 50,000 each accident	117.92
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	104.19
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 2,000 each person	9.66
Collision	ACV not to exceed \$ 35,000 (SA) - \$ 500 deductible	406.40
Road Trouble Service	ACV not to exceed \$ 35,000 (SA) - \$ 500 deductible	535.38
Additional Expense	\$ 75 each occurrence	9.48
	\$ 75 per day/\$2,250 per loss	101.61
TOTAL		\$3,637.78

Interested Parties:

Lienholder (Loss Payee): US AMERIBANK ISAOA, PO BOX 17540, CLEARWATER, FL 33762-0540

Additional Endorsements For This Item: 58455 (01-17) 58308 (01-17) 58428 (01-17) 58903 (10-17) 58537 (08-15)

ITEM DETAILS: Radius of operation - within a 100 mile radius.
USE CLASS (00260): NOC Not Wholesale Or Retail Delivery.
Vehicle Count Factor Applies.
Non-stacked Uninsured Motorist Coverage selected.
Stated Amount (SA) - See Notice to Policyholder Stated Amount 58177 (01-15).
Rate Effective Date 06-08-2019

130 0035368 A 0896

AUTO-OWNERS INS. CO.

Issued 11-04-2019

AGENCY COASTAL INSURANCE ASSOCIATES INC
12-0252-00 MKT TERR 052

Company POLICY NUMBER
Bill Company Use

91-157-761-01
20-04-FL-0012

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

Term 12-19-2019 to 12-19-2020

	TERRITORY	CLASS
3. 2007 FORD ECONOLINE E150 VIN: 1FTNE14W27DA46136	004 Pinellas County, FL	5CA

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$2,295.84
Uninsured Motorist	\$ 25,000 each person/\$ 50,000 each accident	117.92
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	104.19
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 2,000 each person	9.66
Collision	ACV - \$ 500 deductible	93.85
Road Trouble Service	ACV - \$ 500 deductible	151.38
Additional Expense	\$ 75 each occurrence	9.48
	\$ 50 per day/\$1,500 per loss	67.75
	TOTAL	\$2,850.07

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58308 (01-17) 58428 (01-17) 58537 (08-15)

ITEM DETAILS: Radius of operation - within a 100 mile radius.

USE CLASS (00260): NOC Not Wholesale Or Retail Delivery.

Vehicle Count Factor Applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2019

130 0024001 0896

4. 2000 GM C7500 VIN: 1GDJ7H1C2YJ510178	004 Pinellas County, FL	5CB
--------------------------------------------	----------------------------	-----

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$3,389.36
Uninsured Motorist	\$ 25,000 each person/\$ 50,000 each accident	117.92
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency	166.32
Medical Payments	Death Benefits - \$5,000 each person	
Comprehensive	\$ 2,000 each person	9.66
Collision	ACV - \$ 500 deductible	92.97
Additional Expense	ACV - \$ 500 deductible	164.94
	\$ 75 per day/\$2,250 per loss	101.61
	TOTAL	\$4,042.78

Interested Parties: None

Additional Endorsements For This Item: 58455 (01-17) 58308 (01-17) 58428 (01-17) 58537 (08-15)

ITEM DETAILS: Radius of operation - within a 100 mile radius.

USE CLASS (00260): NOC Not Wholesale Or Retail Delivery.

Vehicle Count Factor Applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2019

130 0030250 0896

AUTO-OWNERS INS. CO.

58974 (1-17)

Issued 11-04-2019

AGENCY COASTAL INSURANCE ASSOCIATES INC
12-0252-00 MKT TERR 052

Company
Bill

POLICY NUMBER
Company Use

91-157-761-01
20-04-FL-0012

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

Term 12-19-2019 to 12-19-2020

TERRITORY CLASS

	TERM
ESTIMATED TOTAL PREMIUM	\$13,751.75
PAID IN FULL DISCOUNT	-1,639.61
ESTIMATED TOTAL PREMIUM IF PAID IN FULL	\$12,112.14

The Paid In Full Discount does not apply to fixed fees or statutory charges.

Policy Rate Code 0000

00896
00960

Countersigned By: COASTAL INSURANCE ASSOCIATES INC

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: Tarpon Springs Shepherd Center

Project Name: COVID Response - Pantry and Community Kitchen

FROM (date): **March 1, 2020** TO (date): **August 31, 2020**

Budget Category/Line Item	Program Budget - Total	<u>Pinellas CARES Grant</u>
Personnel (<i>salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program</i>)	195,187.00	56,921.00
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	1,342.00	-
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	24,280.00	6,474.00
Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>)	34,374.00	915.00
Local Travel (<i>mileage, tolls, parking for regular local travel, rental/leasing cost of transportation</i>)	11,983.00	-
Program Expense - Vouchers	9,964.00	4,857.00
Loss Revenue - Thrift Store		64,774.00
Training (<i>staff development, conferences, long distance travel</i>)	-	-
Design, Printing, Marketing & Postage (<i>for direct program related services only</i>)	-	-
Capital (<i>Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities</i>)	33,297.00	13,000.00
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	35,689.00	-
Indirect Costs (<i>pre-negotiated federal rate, de minimus rate of 10%, or none</i>)	-	14,691.00
TOTAL	346,116.00	161,632.00

Pinellas Community Foundation
PCF CARES Application
**BUDGET NARRATIVE
FORM**

Organization Name: Tarpon Springs Shepherd Center
Project Name: COVID Response-Pantry, Community Kitchen, Outreach
From(month/year): March 1 – August 31, 2020

<u>Total Request Tarpon Springs Shepherd Center:</u>	<u>\$161,632.46</u>
Personnel:	\$ 56,921.00
Non-Personnel Related Expense:	\$ 25,245.89
Thrift Store Revenue Loss Due to Closure	\$ 64,774.34
De Minimus	\$ 14,691.23

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

Total Request Personnel: \$ 56,921.00

This line item includes base salaries, benefits, and taxes for new personnel due to COVID and only benefits and taxes paid to all frontline COVID response personnel serving in our programs that address Pantry, Community Kitchen and Outreach.

New Part-Time Driver	\$ 9,688.50 (Page 2)
New Part-Time Driver	\$ 3,875.40 (Page 2)
Driver Job Descriptions	(Page 2)
New Position – Case Manager	\$ 8,831.59 (Page 3-4)
Case Manager Job Description	(Page 3-4)
New Position – Assistant Coordinator	\$12,272.00 (Page 4-5)
Assistant Coordinator Job Description	(Page 4-5)
Expanded Hours – Pantry Coordinator	\$ 4,090.70 (Page 5)
Expanded Hours – Intake Coordinator	\$ 4,090.70 (Page 5)
Expanded Hours – Mental Health Counselor	\$ 9,817.68 (Page 6)
Expanded Hours – Pantry Manager	\$ 4,254.33 (Page 6-7)

Rationale for Pantry & Community Kitchen Salary Reimbursement: During the above stated pandemic months the Thrift Store was closed (this is our primary funding source). The Thrift Store personnel were reassigned to work in the Pantry & Community Kitchen. Duties assigned included: sanitizing pantry, unload trucks, sort food, mark barcodes, store and prepare boxes

for clients, homebound and food drop. Thrift Store personnel also made deliveries to those in our Homebound Program. The reassignment of the Thrift Store personnel assured that they were not laid off and replaced the void of volunteers due to COVID.

New Position due to COVID: \$9,688.50 (1 Part Time)

Requesting cost for Drivers, Part Time – **June - December**

Position Created: June 8, 2020

Hours	Hourly Rate	June - Dec Salary	June-Dec Payroll Tax	Total
30	\$10	\$9,000	\$688.50	\$ 9,688.50

30 hours/Week X \$ 10.00 an hour = \$ 300.00 per week

Bi-Weekly Pay Period = \$ 300.00 x 2weeks = \$ 600.00 base salary per pay period

Base salary = \$ 9,000.00 Payroll Tax = \$ 688.50

\$ 9,688.50 total requesting

New Position due to COVID: \$3,875.40 (1 Part Time)

Requesting cost for Drivers, Part Time – **October - December**

Position Created: October 8, 2020

Hours	Hourly Rate	Oct - Dec Salary	Oct-Dec Payroll Tax	Total
30	\$10	3,600	275.40	\$3,875.40

30 hours/Week X \$ 10.00 an hour = \$ 300.00 per week

Bi-Weekly Pay Period = \$ 300.00 x 2weeks = \$ 600.00 base salary per pay period

Base salary = \$ 3,600.00 Payroll Tax = \$ 275.40

\$ 3,875.40 total requesting

Rationale for New Driver(s) Position: In response to the increased demand from COVID, a new Driver position was added to the Pantry & Community Kitchen Staff. With increase employees in the Pantry & Community Kitchen the Pantry Manager was needed to oversee staff, preparation, and distribution to clients, assist in unloading food from trucks, ensure that all staff and clients wore masks, gloves and provided hand sanitizer for both staff and clients. Managed the oversight of the Feeding America drive-thru lines. Essential functions of the job include:

- Pick up and deliver products
- Unload, sort, store, pack and distribute food and other donations
- Ensure all food and non-food items are handled, stored and distributed in a safe and sanitary manner.

- Follow and maintain all health and sanitization codes.
- Maintain vehicle accurate delivery records
- Maintain good relationships with vendors, donors and agencies
- Maintain vehicle cleanliness and safety
- Assist in daily set up of warehouse
- Assist with USDA distribution, distribution of partner agencies and in-house programs

Changes in Essential Functions Due to COVID:

- Drivers are now making more pickups, deliveries and distributing more food.

Requesting cost for Case Manager/Coordinator, Part-time Aug-September, Full Time October-December

Position Created: August 25, 2020

New Position Due to COVID: \$ 8,831.59

Hours	Hourly Rate	Aug-Sept Salary	Aug-Sept Payroll Tax	Total
21	\$11	\$924.00	\$70.67	\$994.67

21 hours/Week X \$ 11.00 an hour = \$ 231.00 per week
 Bi-Weekly Pay Period = \$ 231.00 x 2weeks = \$ 462.00 base salary per pay period
 Base salary = \$ 924.00 Payroll Tax = \$ 70.67
 \$ 994.67 total requesting

Hours	Hourly Rate	Oct-Dec Salary	Oct-Dec Payroll Tax	Total
40	\$13	\$6,160	\$556.92	\$7836.92

40 hours/Week X \$ 13.00 an hour = \$ 520.00 per week
 Bi-Weekly Pay Period = \$ 520.00 x 2weeks = \$ 1040.00 base salary per pay period
 Base salary = \$ 7,280.00 Payroll Tax = \$ 556.92
 \$ 7,836.92 total requesting

Rationale for new Case Manager/Coordinator position: In response to the increased demand from COVID, new Case Manager/Coordinator position was added to the Outreach Staff on August 25, 2020. With increase in the number of new clients increasing daily by 35% there are various functions performed in this role. This position is instrumental in alleviating some of the stress on staff and assuring during these difficult times that The Shepherd Center is focused on the needs of our clients. This position has assisted in registering new clients, daily data input, scheduling, Outreach, referrals and assisting where volunteers once existed. Essential functions of the job include:

- Enter client data into a client-informed system that is shared by other agencies and providers throughout Pinellas County – PHMIS.
- Conduct interviews with new clients, collecting confidential and sensitive information.
- Advocate for and refer clients to other community providers, including state and county agencies.
- Manage and track Voucher Program, keeping complete and accurate records.

New Position due to COVID: \$ 12,272.10 (1 Part Time)

Requesting cost for Assistant Coordinator Community Kitchen, Part Time – March-December
Position Created: March 4, 2020

Hours	Hourly Rate	March - Dec Salary	March - Dec Payroll Tax	Total
30	\$10	3,600	275.40	\$12,727.10

30 hours/Week X \$ 10.00 an hour = \$ 300.00 per week

Bi-Weekly Pay Period = \$ 300.00 x 2weeks = \$ 600.00 base salary per pay period

Base salary = \$ 11,400.00 Payroll Tax = \$ 872,10

\$ 12,272.10 total requesting

Rationale for new Assistant Coordinator – Community Kitchen position: In response to the increased demand from COVID, new Administrative Assistant position was added to the on March 4, 2020. This position provides support to the Community Kitchens Manager. With increase in the number of new clients increasing daily by 35% there are various functions performed in this role. Essential functions of the job include:

- Ordering supplies for Community Kitchens and the Hope Center for the homeless kitchen, taking inventory of all supplies including food to be prepared and served on a weekly basis.
- Coordinate with church volunteers each week on menu planning
- Make sure safety precautions are taken in the Hope Center due to COVID-19 which include wearing masks, hand washing and social distancing.
- Ensure that masks, first aid supplies and personal hygiene products are readily available for clients, staff and volunteers.
- Make sure kitchen, bathrooms and floors are cleaned and sanitized daily by maintenance staff.

Expanded Position Due to COVID: \$ 4,090.70 (1 Part Time)

Requesting cost for Pantry Coordinator increased hours, Part Time – **March-December**
Position Created: March 4, 2020

Hours	Hourly Rate	March - Dec Salary	March - Dec Payroll Tax	Total
10	\$10	\$ 3,800.00	\$290.70	\$ 4,090.70

10 hours/Week X \$ 10.00 an hour = \$ 100.00 per week

Bi-Weekly Pay Period = \$ 100.00 x 2weeks = \$ 200.00 base salary per pay period

Base salary = \$ 3,800.00 Payroll Tax = \$ 290.70

\$ 4,090.70 total requesting

Rationale for increased hours for Pantry Coordinator: Pre-COVID the Pantry Coordinator supervised and supported pantry volunteers, ensuring that all were completing necessary tasks and provided training. The Pantry Coordinator is responsible for coordinating food needs and deliveries ensuring there is ample food available to serve a record number of clients. Essential functions of the job include:

- Coordinate daily communication
- Stock, clean and set up pantry
- Keep shelving, carts, freezers, and other displays clean and organized.
- Provide direction to volunteers
- Follow and maintain all health and sanitation codes. Ensure all state, local, and program food handling guidelines and requirements are met

Expanded Position Due to COVID: \$ 4,090.70 (1 Part Time)

Requesting cost for Intake Coordinator increased hours, Part Time – March-December

Position Created: March 4, 2020

Hours	Hourly Rate	March - Dec Salary	March - Dec Payroll Tax	Total
10	\$10	\$ 4,090.00	\$290.70	\$4,090.70

10 hours/Week X \$ 10.00 an hour = \$ 100.00 per week

Bi-Weekly Pay Period = \$ 100.00 x 2weeks = \$ 200.00 base salary per pay period

Base salary = \$ 3,800.00 Payroll Tax = \$ 290.70

\$ 4,090.70 total requesting

Rationale for increased hours for Intake Coordinator: Pre-COVID the Intake Coordinator Met face-to-face with new clients registering for services, receiving pantry items, re-certifying client’s food stamps etc. We have implemented safety measures to assure both staff and client safety. Clients now enter the foyer and do not come inside; masks are required, and temperatures are Essential functions of the job include:

- Assist with face-to-face interviews collecting confidential and sensitive information.
- Enter client data into internal data tracking system.
- Review new client paperwork assuring that all required documentation is received.
- Develop rapport with clients and community organizations
- Complete daily paperwork for client services.

Expanded Position Due to COVID: \$ 9,817.68 (1 Full Time)

Requesting cost for Mental Health Coordinator increased hours, Full-Time Time – **March-December**

Position Created: March 4, 2020

Hours	Hourly Rate	March - Dec Salary	March - Dec Payroll Tax	Total
15	\$16	\$ 9,817.68	\$697.68	\$9,817.68

15 hours/Week X \$ 16.00 an hour = \$ 240.00 per week

Bi-Weekly Pay Period = \$ 240.00 x 2weeks = \$ 480.00 base salary per pay period

Base salary = \$ 9120.00 Payroll Tax = \$ 697.68

\$ 9,817.68 total requesting

Rationale for increased hours for Intake Coordinator: Due to COVID we have seen a 75% increase in request for Mental Health Services. Our licensed Clinician has seen her caseload increase for 19 in March to 63 in September. We have altered some of our procedures and the majority of the clinical services are being offered telephonically. We anticipate that we will continue to see a rise in clients in need of services due to the pandemic. Resource and referrals for clients are more difficult to find which is time consuming.

Expanded Position Due to COVID: \$ 4,254.33 (1 Full Time)

Requesting cost for Pantry Manager increased hours, Full-Time Time – March-December
Position Created: March 4, 2020

Hours	Hourly Rate	March - Dec Salary	March - Dec Payroll Tax	Total
8	\$13	\$ 3,952.00	\$302.33	\$4,254.33

8 hours/Week X \$ 13.00 an hour = \$ 104.00 per week

Bi-Weekly Pay Period = \$ 104.00 x 2weeks = \$ 208.00 base salary per pay period

Base salary = \$ 3,952.00 Payroll Tax = \$ 302.33

\$ 4,254.33 total requesting

Rationale for increased hours for Pantry Manager: Due to COVID we have seen an increase in request for food. Our food deliveries, pick-up and receiving has more than doubled. The Pantry Manager is working 6 days a week to assure that the food is processed, organized and accounted for appropriately.

Non-Personnel Expenses for Food Pantry & Community Kitchen

Total Request for Non-Personnel Expenses: \$ 90,020.23

Supplies	\$ 7,874.89 (Page 7)
Projected Supplies Oct-Dec	\$ 3,456.00 (Page 8)
Occupancy Utilities	\$ 915.00 (Page 8)
Capital	\$13,000.00 (Page 8)
Lost Revenue – Thrift Store	\$64,774.34 (Page 9)

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

N/A

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

Tarpon Springs Shepherd Center received food from several sources, including food recovery from retail stores, farmers, other food banks and food recovery programs and food drives. Approximately 70% of the food is perishable – produce, meat, dairy and bread. The Shepherd Center has seen an increase in materials used to serve and store hot/cold meals to homeless, individuals and families requesting meals. The increase in meals requested is a direct result of COVID. All nutritious meals are bagged and placed in to-go boxes, with snacks, deserts, and drinks.

Total Requested Due to COVID: \$ 7,874.89

Pantry and Community Kitchen Expense: \$ 2,231.76
Receipts attached as requested.

Outreach – (Voucher Program): \$ 4,857.20
Receipts attached as requested.

COVID Related Supplies: \$ 785.93
Receipts attached as requested

Total Requested Due to COVID: \$3,546.00

Estimated costs above and beyond budget for October-December 2020.

	Pantry & Community Kitchen	Outreach – Voucher Program
October	\$ 372.00	\$ 810.00
November	\$ 372.00	\$ 810.00
December	\$ 372.00	\$ 810.00
Total:	\$1116.00	\$2430.00

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

Total Requested Due to COVID: \$ 915.00

Due to COVID and increased amounts of food deliveries there has been a substantial increase in the Recycling from March - August 2019.

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

N/A

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

N/A

Capital (buildings, vehicles. Equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Total Requested Due to COVID: \$13,000.00

The Tarpon Springs Shepherd Center, prior to COVID was in negotiation for a 10' x 10' walk in freezer. Due to COVID and the increased volume associated with it the 10' x 10' cooler no longer accommodated the needs of the Shepherd Center. The ongoing increase in need prompted us to purchase a 14' x 16' walk in freezer at an additional cost of \$13,000. This will allow the Shepherd Center the capability to store the food donations by guidelines.

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

N/A

Administration (pre-approved federal indirect cost rate, de minimis rate of 10%, or none) This cost usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-established percentage rate from Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have an established percentage rate for De Minimis Cost, please use 10% as the established percentage rate)

Total Request for Lost Revenue – Thrift Store: \$64,774.34

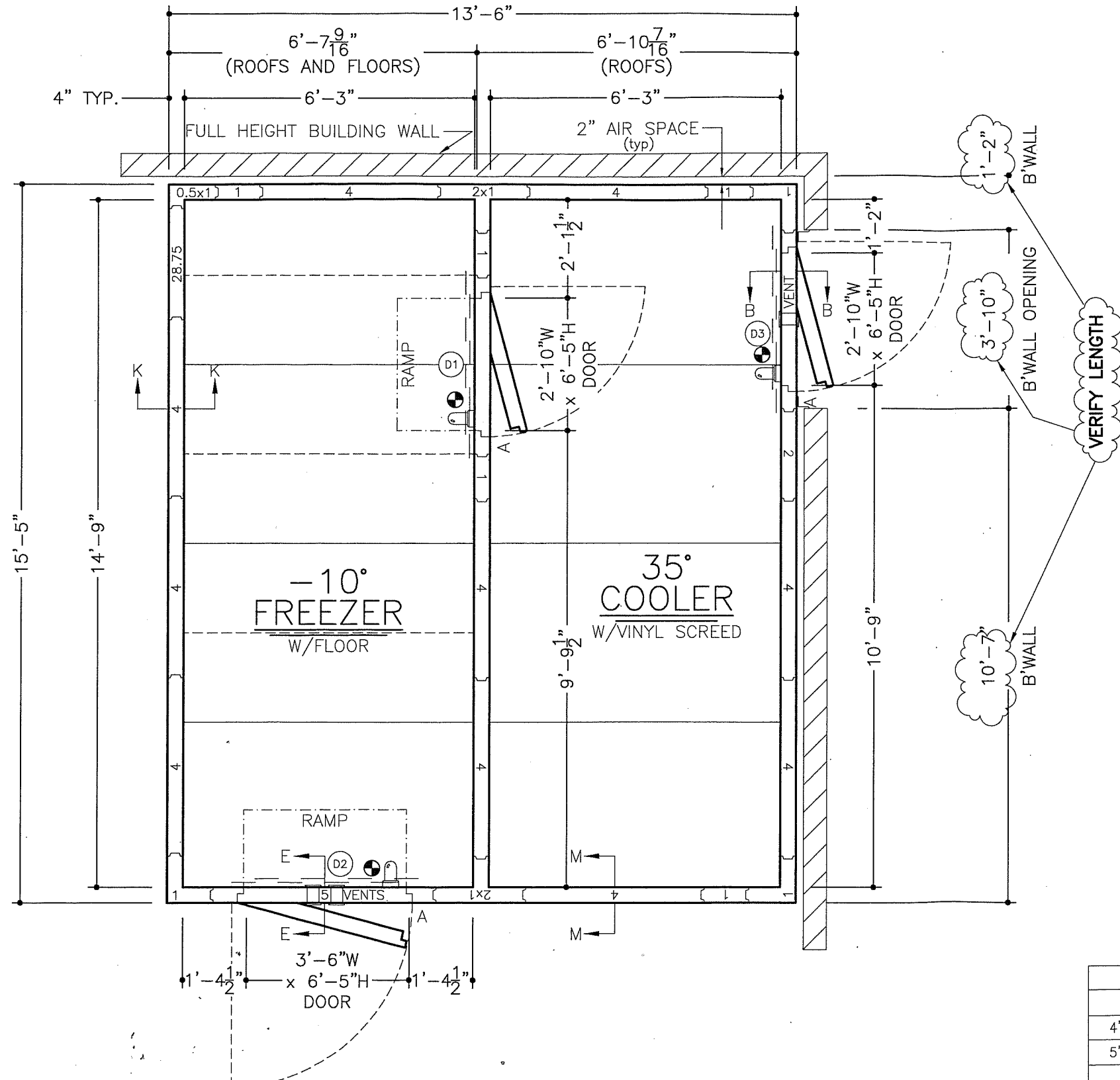
The Tarpon Springs Shepherd Center Thrift Store is the primary funding source for all programs associated with the Pantry, Community Kitchen, Hope Center and Outreach. Due to the closing of the store the primary source of income was non-existent. We are happy to report that we are open for business being very conscientious of the safety of our staff and patrons. Masks are required at all times; hand sanitizer and the appropriate cleaning supplies are readily available on site.

Total De Minimis Cost @ 10% of 146,911.23 = \$ 14,691.23

Note:

Included for your perusal is the PnL Comparison 2020-Mar 1-August 31 vs 2019 - Mar 1-August 31 generated by QuickBooks.

Prior Request was for a 10x10 freezer/cooler
 Revised due to COVID
 14x16



- ~SPECIFICATIONS~
- BOX HEIGHT: FREEZER - 7'-6" OVERALL (6'-10 1/4" INTERIOR)
 COOLER - 7'-6" OVERALL (7'-2" INTERIOR)
 - CONSTRUCTION: FOAMED IN PLACE
 NSF LISTED, STANDARD NO. 7
 - INSULATION: 4" URETHANE, FINISHED PANEL
 UL CLASSIFIED FLAME SPREAD 20
 CORE SMOKE DEVELOPED 250
 - INSTALLATION: INDOOR
 - FLOOR: FREEZER - STANDARD W/INTERIOR RAMP
 COOLER - FLOORLESS (VINYL SCREED PROVIDED)
 - DOOR HARDWARE & ACCESSORIES: DEADBOLT HANDLE W/KEYED CYLINDER LOCK, PADLOCK
 PROVISION & QUARTER TURN INSIDE RELEASE (EXTERIOR DOORS ONLY)
 EACH DOOR: FRAME HEATER WIRE
 HYDRAULIC DOOR CLOSER
 IC WALK-IN DOOR CONTROLLER AND ALARM SYSTEM INCLUDING:
 DIGITAL THERMOMETER WITH 3 DIGIT LED DISPLAY
 HIGH AND LOW TEMPERATURE ALARM WITH INTEGRATED BUZZER
 AIR TEMPERATURE PROBE
 INTEGRATED LIGHT SWITCH WITH AUTOMATIC LIGHT OFF
 CONNECTION TO REMOTE LIGHT SWITCH
 DOOR AND WINDOW HEATER CONTROL
 ADAPTIVE SETTINGS
 KASON SCREW-IN VAPOR PROOF LIGHT FIXTURE
 W/8.5 WATT SYLVANIA LED BULB & GLOBE
 STRIP CURTAIN
 2 - STD. CAM RISE HINGES
 3 - DENT #D-690-HDS SPRING LOADED CAM RISE HINGES
 1/10" DIAMOND ALUMINUM TREAD PLATE KICKPLATES @ 36" HIGH I/S & O/S DOOR
 2 - KASON #1825 PRESSURE RELIEF VENT (DOOR 2 ONLY)
 KASON #1825 PRESSURE RELIEF VENT (DOOR 3 ONLY)
 SLAM BRACES (COOLER DOOR ONLY)
 STIFFENERS
 - ACCESSORIES: (SHIPPED LOOSE) 3 - PCS. TRIM ANGLE
 - METAL FINISHES: INTERIOR WALLS & CEILING - 26 GA STUCCO ACRYLUME
 EXPOSED EXTERIOR - 26 GA STUCCO ACRYLUME
 UNEXPOSED EXTERIOR - 26 GA STUCCO ACRYLUME
 EXTERIOR FLOOR & CEILING - 26 GA STUCCO ACRYLUME
 INTERIOR FLOOR - .100 SMOOTH ALUMINUM
 - REFRIGERATION: BY OTHERS
- NOTE: THE LARGEST WALK-IN PANEL ON THIS JOB IS 57.5" x 86".
 CUSTOMER IS TO VERIFY THAT THIS PANEL SIZE
 WILL NOT CONFLICT WITH ANY JOB SITE RESTRICTIONS.
- NOTE: CUSTOMER IS TO VERIFY ALL DIMENSIONS,
 SECTIONS, DETAILS AND SPECIFICATIONS

ELECTRICAL DATA	
⊕ = POINT OF ELECTRICAL CONNECTIONS.	
WALK-IN DOORS:	115v/1ϕ - 350w*



FREEZER DOOR	
DOOR FRAME KWHr/DAY	1.896
COOLER DOOR	
DOOR FRAME KWHr/DAY	0.312

INSULATION R-VALUES		
PANEL TYPE	COOLER	FREEZER
4" WALLS, ROOFS & DOORS	R-29	R-32
5" WALLS, ROOFS & DOORS	R-36	R-40
FLOORS	R-25	R-28

American Panel AMERICAN PANEL CORPORATION
 5800 S.E. 78th St. Ocala, Florida 34472
 Ph. (352) 245-7055 Fax (352) 245-0726

CUSTOMER: BENZO A/C & REFRIGERATION
 PROJECT: TARPON SPRINGS SHEPARD CENTER - TARPON SPRINGS, FL

DATE: 08/20/20 DRAWN BY: AO/MR P.O.#:
 SCALE: 3/8" = 1'-0" PROPOSAL#: PD190892 JOB#: SHEET 1 of 2

APPROVED SIGNATURE _____
 APPROVED AS NOTED PRINT NAME _____
 REVISE & RESUBMIT DATE _____



304 S. Pinellas Avenue
Tarpon Springs, FL 34689
Tel: 727-939-1400
Fax: 727.937.4505
www.tscenter.org

Tarpon Springs Shepherd Center is an interfaith outreach of compassion-- educating, assisting, and supporting the needs of all in our community. Through our faith conviction, we feed the hungry, clothe the poor, and equip the least among us by providing opportunities and a place for all to give and receive hope.

LPOs

LPOs prepare the hot meals for the homeless and anyone requesting a meal and Tarpon Springs Shepherd Center provides all the food.

- Church on the Bayou - Susan Conrad
- Christ Church of Palm Harbor - Dominic Papaleo
- Feeding America - Hannah Geaumont
- Harvest Foods - Grayson, Manager
- Lutheran Church of the Resurrection - Chef Joe
- Mt. Moriah A.M.E. - Brother Charles Driver
- RCS and USDA - Tony
- Salvation Army – Kevin Chinault
- St. Timothy Lutheran Church – Pastor Curt

Other organizations that pick-up food weekly to distribute to their communities are as follows:

Boley, Church & Community Center, Countryside Mobile Home Park, Helping Hands, Kingdom Church, Mount Sinai, New Zion, Ozona Community, Proclaim Ministries, Riverside Baptist, Southern Pines, St. John Primitive Baptist Church, St. Michaels, The Well, Volunteer Way, WW3 Faith Church
Food is picked up by their volunteers.

FOOD PANTRY • COMMUNITY ENRICHMENT CENTER • THRIFT STORE

Tarpon Springs Shepherd Center is a non-profit 501(c)(3) charitable organization. A copy of the official registration (CH1364) and financial information may be obtained from the Division of Consumer Services on their website (www.800helpfla.com) or by calling toll-free 1-800-435-7352 within the state. Registration does not imply endorsement, approval, or recommendation by the state.