

Application Form

Organization Information

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

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

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

Organization Name*

Tarpon Springs Shepherd Center, Inc.

Proposal Name*

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

Small Capital Funds

EIN*

59-3070882

Incorporation Year*

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

1990

Organizational Mission Statement*

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

Tarpon Springs Shepherd Center, Inc. provides compassion, basic support, and assistance to those in our community who need it most. Through our faith conviction we focus on families, the elderly, veterans, the homeless, and others in need. 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. We also provide vital necessities to the homeless population and assist in helping restore their self-confidence so they can rejoin their communities.

Unique Entity ID (SAM)

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

longer uses.

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

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

Character Limit: 12

Pending

Annual Operating Budget Size*

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

\$860,000.00

Amount Requested*

The maximum grant amount is \$199,999.

\$97,302.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics**Organization Programmatic Background***

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

The Tarpon Springs Shepherd Center (TSSC) food pantry provides weekly groceries for thousands of families every month, delivers food weekly to the homebound and 100 bags to desert neighborhoods for those with no transportation. We provide the food for hot meals 7 days a week to feed the homeless. We also provide holiday baskets for over 2000 families and new toys for approximately 250 children, annually. Our Outreach Department offers resources and connects clients to other providers for services for their insurance needs,

medication and health services. We provide utility assistance, counseling, IDs, along with clothing and household items from our thrift store to the underserved indigent population of north Pinellas County. To our homeless population we offer showers, laundry services and we provide hygiene items, clothing and shoes. This has been in place for over 30 years. These programs continue to service the areas dominated by the following populations:

- a. Sliding scale communities for families and seniors
- b. Predominately elderly
- c. East Tarpon Springs that has been identified as an at-risk community through the Pinellas County Health and Human Services Department
- d. Homeless people including those living outside and "couch-surfing" with friends and family.

A specific purpose that we meet is helping those in need at an economic emergency. We are very committed to ensuring that anyone that comes into our outreach center needing food will leave with food. This focus has not been more evident than in the past 2 years. Our food pantry has seen up to a 50% increase in clients needing assistance. In addition, we have become a provider of food to satellite locations within our north county communities. We have more than doubled from 12 in 2019 to 25 organizations that pick-up food from us to distribute either weekly or monthly to those in need in their immediate vicinity.

Community Need*

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

TSSC covers the North Pinellas communities from St. Petersburg to Tarpon Springs. According to the 2020 Census data, this encompasses a population of approximately 172,371 with over 10% of this population living below the poverty line, an increase from last year. In a study of food services and food deserts done by Pinellas County, East Tarpon Springs is one of five at-risk communities for nutritional food and health care. Almost 40% of these residents are living in abject poverty. All our programs are focused to provide nutritious food, assistance to access their benefits under federal and state programs, support a positive environment that provides a hand up; not a hand out to these families and individuals, as well as the homeless and others in need in north Pinellas County. In 2021, we served 42,386 meals and provided pantry food to over 98,000 individuals. Combining all areas of food distribution (meals, food pantry, food drops, delivery to homebound disabled families, and satellite distribution through churches and other non-profits in North Pinellas County) we provided food for 288,120 individuals or an average of 96,000 households. We continue to experience over 31% of those served are homeless. Our community kitchens create a daily meal for anyone coming in for meal distribution at our two service locations.

Negative Economic Impact on Organization*

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

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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue

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

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

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

We had major food distribution needs throughout the pandemic years. Our trucks had to go further with more frequency to gather the food resources that would then be distributed to all those in need via the pantry or the prepared meals. This has created major stress to these vehicles in wear and tear as well as the maintenance required to keep them on the road. Our revenue went from the profits of our Thrift Store to zero when that had to be shuttered for over two months. Even after opening, people were reluctant to return to shop and our revenues continued to suffer. This year has seen the explosion of gas prices. Both refrigerated trucks average 300 miles each with an average of 12 gallons per mile. In addition, major fundraisers in 2020 and 2021 were canceled due to the pandemic. We ended up with a very lopsided scale with significant increases in demand by an ever increasing client base (Covid financial constraints led into recession and inflation) while our revenues bottomed out. In addition, several grant funding opportunities pre-pandemic we no longer available during these years. In addition, many of our donors were unemployed during the Covid years and continue to be impacted by our recent economic downturn in 2022. So this has been another roller coaster for us with a drop in 2020 donations by over 10%, a rebound in 2021 and now a drop of almost 30% in giving in 2022. Lastly, we lost employees and volunteers during the Covid years, especially in the pantry and truck drivers. We had over 50% turnover and we still have not recovered from those losses. Our recruitment efforts are challenged by the increased labor costs that as a non-profit we have not been able to match. Our biggest challenge that we are facing is the aging of equipment. This includes one of our refrigerated trucks and much of the processing equipment in the food pantry.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

1. A used refrigerated truck with an estimated lifespan of 8-10 years. It provides improved gas mileage and reliability in accomplishing the pick up and delivery of our food. Due to the poor condition of the truck and it being sidelined for repairs, we have lost over 100,000 pounds of food that should have been distributed to

our clients. An improved transportation vehicle will allow us to readily pick food intended for the impoverished clients in north Pinellas County.

2. Pantry equipment that includes portable steel expandable conveyors, vented runner bulk bins, heavy duty rolling movers, large storage containers (18 gallon size), steel floor scale, heavy duty storage shelves, and stainless steel prep/work tables. Purchasing all of this equipment that is truly meant to process the volume that we experience, all of it for heavy duty work and made of steel, should give us a lifespan of 8-10 years. This equipment allows us to more effectively serve the client volume that we continue to have at the TSSC pantry.

Guiding Principles - Client Impact*

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

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

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

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

Absolutely. The population that you described is our client base. In our current economic times, over 16,000 adults in our coverage area are living in poverty, almost 15,000 are disabled, over 43,000 are above 65 years of age, over 3,000 in East Tarpon Springs are living in a food desert as defined by Pinellas County, and 24,000 are minorities. At least 12% of our clients are homeless. Providing us with the requested equipment will allow us to more effectively serve these populations through faster servicing of the food needs and providing a more positive and quality work environment for staff and volunteers. The current wait time for receiving food benefits can grow up to 40 minutes or more depending on the day of the week. Lines will wrap around our building. Speedy delivery of food boxes will reduce the stress of this process. We know the lines and need are not going to disappear so providing a meaningful experience at TSSC for each client is our goal. Providing for the truck and the equipment will get us to this goal.

Number Served*

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

300000

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Duplicated

Other (Explanation Required)

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

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

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

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

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

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

The screenshot shows a web application interface for mapping census tracts and development areas in Florida. At the top, there is a search bar with the text "Enter an Address, city, state or tract" and a "Go" button. To the right of the search bar, there is a dropdown menu set to "Florida" and a text input field containing "Pinellas". Below the search bar, there are "Map Options" including "Clear", "Reset", and "Full Screen". The "QCT Legend" includes "Tract Outline" (blue line), "LIHTC Project" (house icon), and "2022 Qualified Census Tracts" (purple square). The "SADDA Legend" includes "FMR Boundary" (green line), "2022 Small DDA" (orange square), and "Non Metro DDA" (blue square). A red bar with the text "Hide the overview" is visible. Below this, there is a paragraph of text: "The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial designations methodology is explained in the federal Register notice published September 9, 2021". On the left side, there are "Map Options" including "10 Current Zoom Level", "Show Difficult Development Areas (Zoom 7+)", "Color QCT Qualified Tracts (Zoom 7+)" (checked), "Show Tracts Outline (Zoom 11+)", "Show FMR Outlines (Zoom 4+)", and "Show LIHTC Projects (Zoom 11+)". There is also a link "Click here for full screen map". Below that is "Select Year" with radio buttons for "2022" (selected) and "2021". The main part of the screenshot is a map view of the Tampa Bay area, showing various cities like Clearwater, St. Petersburg, and Tampa. A red pin is placed on the map near Clearwater. The map has "Map" and "Satellite" tabs at the top. The Google logo is visible at the bottom left of the map. At the bottom right of the map, there is text: "Keyboard shortcuts Map data ©2022 Google, INEGI Terms of Use Re".

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>
304 Pinellas Avenue, Tarpon Springs FL 34689

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

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

Examples

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

The truck will travel throughout Pinellas doing pick ups of food. This will include Tarpon Springs, Palm Harbor, Clearwater, St. Petersburg, Crystal Beach and Tampa. It is important to note that while we receive food from Tampa locations, all distribution of food is done from the Tarpon Springs location that is in a QCT. The truck will make deliveries of food to homebound, disabled clients in Tarpon Springs. It will also provide weekly food drops that rotate to the following cities: Tarpon Springs, Palm Harbor and Crystal Beach. All other equipment requested will be used at the headquarters for TSSC, 304 Pinellas Avenue, Tarpon Springs, FL 34689.

QCT Determination - Purchase*

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

No

Community Connection

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

Community Representation and Connection*

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

We are thoroughly engaged in our communities through many partnerships including the Florida Dream Center of St. Petersburg, Career Source Disabled Veteran's Outreach Program, Feeding America, Kinship Services, Pinellas County Homeless Leadership Alliance, Pinellas County Metro HIV & Hep C Testing, Baycare Nursing, Pinellas County Mobile Medical Unit, RCS of Clearwater, Salvation Army, Tarpon Springs Boys and Girls Club, Tarpon Springs Housing Authority and the Union Academy & Citizens Alliance for Progress to name of few. Churches and schools throughout our coverage area also partner with TSSC on projects such as

collecting canned goods for the pantry and adopting children in need of gifts at Christmas. Community leaders have chaired fundraisers and served as volunteers in many ways. We engage with local businesses for all of the services that our headquarter plant may need.

Leadership Demographics - Board Membership*

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

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

BIPOC

Leadership Demographics - Executive Level Leadership Team*

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

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

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

None of the above

Leadership Demographics - CEO/Executive Director*

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

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

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

BIPOC

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

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

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

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

Truck Estimates.pdf

Sole Source*

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

We have provided 3 estimates from 2 vendors in Florida. We have not been able to find a 3rd reputable vendor in Florida, but we will continue to search.

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties below

Budget Summary*

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

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

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

Budget-Template-Small-Capital-Purchases.pdf

Other Funding Sources*

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

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

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

N/A

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

If we are awarded the ARPA Small Capital grant, it would not affect operating costs.

Organization Documentation

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

Organization Budget*

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

2022 Organizational Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

2022 Board Roster.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

2020 Form 990 (Tarpon Springs Shepherd Center).pdf

Our 2021 990 won't be completed until November-December 2022

Most Recent Financial Statements*

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

Financial Statements and Independent Auditors Report 12.31.20.pdf

Our 2021 Financials Statements won't be completed until November-December 2022

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

Auto-COI-Flood-Hail Wind Fire.pdf

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

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

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

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

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

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

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

Additional Upload

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

Anything else to share?

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

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- Truck Estimates.pdf
- Budget-Template-Small-Capital-Purchases.pdf
- 2022 Organizational Budget.pdf
- 2022 Board Roster.pdf
- 2020 Form 990 (Tarpon Springs Shepherd Center).pdf
- Financial Statements and Independent Auditors Report 12.31.20.pdf
- Auto-COI-Flood-Hail Wind Fire.pdf



Rental
Leasing
Logistics

Penske Used Trucks Proposal

Prepared for:

Tarpon Springs Shephard Center



About Us



Penske Truck Leasing, Co., L.P.

- Founded in 1969 by Roger Penske
- Partnership of Penske Corporation, Penske Automotive Group and Mitsui & Co., Ltd.
- Over 29,000 associates
- Operate more than 266,000 heavy, medium, and light-duty vehicles
- Services: consumer and commercial rental, full-service leasing, contract maintenance, used truck sales, transportation and warehouse management and supply chain management



Penske Used Trucks sells formerly leased and rented vehicles, which includes more than 20,000 trucks, tractors, and trailers per year.



These vehicles are sold to businesses and independent operators looking to purchase high-quality, pre-owned equipment.



Penske is known for a vast inventory located throughout 700 locations in North America.



Our reputation for customer service, competitive prices, and expertly maintained vehicles set us apart from other companies.



Vehicle Specifications – Light/Medium Duty

Vehicle Specifications			
Unit Number:	695886	Mileage/km:	286840 MILES
VIN:	3ALACWDT2FDGA3067	Color:	WHITE
Year:	2015	GVW:	25,900
Manufacturer:	FTL	Engine Make:	CUM
Model:	M2	Trans. Type	AUTO
Vehicle Type:	REEFER	Wheel Base:	270



\$67,250* Plus Applicable Tax & Fees
 Vehicle Preparation Condition: **LEVEL_1**
[Maintenance History](#)

Vehicle Attributes							
Engine Detail		Transmission Detail		Drive Axle		Body	
Manufacturer:	CUM	Manufacturer:	ALL	Manufacturer:	DET	Manufacturer:	MOR
Model:	ISB6.7	Model:	2200RDS	Ratio:	5.56	Load Length:	26
Horsepower:	220	Type:	AUTO	Axles:	1	Width:	102
Eng. Brake:		Speeds:	6	Suspension:	Air	Height:	91.00
Fuel		Reefer		Miscellaneous		Location	
Fuel Tanks:	1	Manufacturer:	CAR	Brake Type:	AIR	City:	HOUSTON
Tank:	Diesel	Model:	SUPRA860	Liftgate:	MAX	State/Prov:	TX
Capacity:	80	Elec. Standby:	Y	Rear Door:	ROLLUP		

***This price is valid through 9/24/2022** (subject to the continued availability of this vehicle), and Penske's agreement to sell the vehicle at the stated price is contingent upon buyer's acceptance of the terms and conditions set forth in Penske's motor vehicle Bill of Sale. This offer may be revoked at any time by Penske prior to the date set forth herein, and Penske may sell this vehicle to any other party at any time prior to your acceptance of this offer and execution of a motor vehicle Bill of Sale. The mileage amount set forth above is the amount last recorded by Penske without verification for this report and may not represent the actual mileage of the vehicle. The mileage amount will be verified upon sale. The vehicle specifications and attributes set forth above are provided to the best of Penske's knowledge. This information is provided as a convenience to prospective buyers and shall not constitute a guarantee by Penske. Buyer shall inspect all vehicles prior to purchase to confirm the vehicle condition, specifications and attributes. The image provided above is representative of the vehicle offered for sale, and not necessarily an image of the exact vehicle otherwise described herein.



Photos: Unit Number 695886



[Click this link](#) to see these photos on [PenskeUsedTrucks.com](#)



Vehicle Specifications – Light/Medium Duty

Vehicle Specifications			
Unit Number:	154501	Mileage/km:	226136 MILES
VIN:	3ALACWDT9GDHS5026	Color:	WHITE
Year:	2016	GVW:	26,000
Manufacturer:	FTL	Engine Make:	CUM
Model:	M2	Trans. Type	AUTO
Vehicle Type:	REEFER	Wheel Base:	270



\$78,250* Plus Applicable Tax & Fees
 Vehicle Preparation Condition: **LEVEL_1**
[Maintenance History](#)

Vehicle Attributes							
Engine Detail		Transmission Detail		Drive Axle		Body	
Manufacturer:	CUM	Manufacturer:	ALL	Manufacturer:	DET	Manufacturer:	MOR
Model:	ISB6.7	Model:	2500RDS	Ratio:	5.56	Load Length:	26
Horsepower:	260	Type:	AUTO	Axles:	1	Width:	102
Eng. Brake:	CUM	Speeds:	6	Suspension:	Air	Height:	103.00
Fuel		Reefer		Miscellaneous		Location	
Fuel Tanks:	1	Manufacturer:	THK	Brake Type:	AIR	City:	BAKERSFIELD
Tank:	Diesel	Model:	T680R-30	Liftgate:	MAX	State/Prov:	CA
Capacity:	50	Elec. Standby:	N	Rear Door:	ROLLUP		

*This price is valid through 9/24/2022 (subject to the continued availability of this vehicle), and Penske's agreement to sell the vehicle at the stated price is contingent upon buyer's acceptance of the terms and conditions set forth in Penske's motor vehicle Bill of Sale. This offer may be revoked at any time by Penske prior to the date set forth herein, and Penske may sell this vehicle to any other party at any time prior to your acceptance of this offer and execution of a motor vehicle Bill of Sale. The mileage amount set forth above is the amount last recorded by Penske without verification for this report and may not represent the actual mileage of the vehicle. The mileage amount will be verified upon sale. The vehicle specifications and attributes set forth above are provided to the best of Penske's knowledge. This information is provided as a convenience to prospective buyers and shall not constitute a guarantee by Penske. Buyer shall inspect all vehicles prior to purchase to confirm the vehicle condition, specifications and attributes. The image provided above is representative of the vehicle offered for sale, and not necessarily an image of the exact vehicle otherwise described herein.



Photos: Unit Number 154501



[Click this link](#) to see these photos on [PenskeUsedTrucks.com](https://www.penskeusedtrucks.com)



Thank You

Justin Schweitzer

Customer Service Representative

Penske Truck Leasing

2675 Morgantown Road

Reading, PA 19607

1-866-309-1962 (toll free)

undefined (fax)

justin.schweitzer@penske.com





Vehicle Number: 871008
Serial Number: 1HTMMML0KH285033

Used Vehicle Sales - Bill of Sale

Attachment A - Total Payment Details

TARPON SPRINGS SHEPHERD

Receipt Information	
Invoice Number:	<u>871008</u>
Receipt Amount:	_____
Receipt Date:	_____
Check Number:	_____
A/R Number:	<u>3227 - 700000</u>

Sales Price	74,767.00
Additional Charges	
Administrative Fee	95.00
Delivery	1,100.00
Premium 2000 Extended Warranty	6,377.00
Total Additional Charges	7,572.00
Total Payment Due	82,339.00
Payment(s) Received	
Net Payment Due	82,339.00



Vehicle Number: 871008
Serial Number: 1HTMMMML0KH285033

Used Vehicle Sales

Sold To:

TARPON SPRINGS SHEPHERD
CENTER INC
304 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689-0000
(352) 871-4387

Date Sold: 9/7/2022

Please remit payment to:
Ryder Vehicle Sales, LLC
6000 WINDWARD PKWY
ALPHARETTA, GA 30005
(770) 569-6889
SHERRY PAZ

Vehicle Specs - Major Components Sold

Table with 6 columns: Component, Year, Make, Model, Body Type, Body Length. Rows include Chassis, Body, Liftgate, and Reefer.

Summary table with financial details: Sales Price (74,767.00), Unexpired FHVUT (.00), Unexpired License (.00), Sales Taxes (.00), Additional Charges (A) (7,572.00), Less: Payment(s) Received (.00), Total Payment Due (\$ 82,339.00). Includes Odometer Reading: 329,150 miles.

Odometer Disclosure Statement

Federal law (and State law if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. Transferor states that the odometer now reads 329,150 miles and to the best of its knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the following statements is checked.

(1) I hereby certify that to the best of my knowledge the odometer reading reflects the correct amount of mileage in excess of its mechanical limits. (2) I hereby certify that the odometer reading is NOT the actual mileage. WARNING - ODOMETER DISCREPANCY

The undersigned transferee certifies that (s)he has received a copy of the above Odometer Disclosure Statement.

Transferee's Signature: Purchaser Print Name By: Transferor: Ryder

Assumption of Risk of Loss

The UNDERSIGNED hereby assumes the risk of loss from any physical damage, theft, or loss of or to the Vehicle that occurs on the earlier of (i) such time as the Purchaser removes the Vehicle from the Transferor's premises or (ii) the Transferor's close of business on the Date Sold.

Transferee agrees to comply with all applicable export laws and regulations of the United States, which may prohibit the export of the Vehicle to certain parties or for certain uses.

Transferee's Signature: Purchaser Print Name September 07, 2022 Date Sold

Agreement and Bill of Sale

IN CONSIDERATION of the Sales Price, Ryder Vehicle Sales, LLC ("Ryder"), and where title is held by Ryder Truck Rental, LT, Ryder, on behalf of Ryder Truck Rental, LT, hereby agrees to bargain, sell and convey to the Purchaser and Purchaser agrees to purchase the above described vehicle ("Vehicle") on the earlier of (i) such time as the Purchaser removes the Vehicle from the Transferor's premises or (ii) the Transferor's close of business on the Date Sold. EXCEPT AS EXPRESSLY PROVIDED IN A WRITTEN LIMITED WARRANTY AGREEMENT EXECUTED BY AN AUTHORIZED REPRESENTATIVE OF RYDER, THE VEHICLE IS SOLD AS IS, WHERE IS, WITH ALL FAULTS, AND WITHOUT WARRANTY, EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE APPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. RYDER SHALL NOT UNDER ANY CIRCUMSTANCES BE LIABLE FOR ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES, WHETHER IN CONTRACT, TORT OR OTHERWISE.

Transferee's Signature: Purchaser Print Name By: Transferor: Ryder



COMMERCIAL TRUCK WARRANTIES

Medium to Heavy Duty • Class 3 8

SCHEDULE OF COVERED COMPONENTS

ENGINE:

INTERNALLY LUBRICATED HARD PARTS LIMITED TO:

- Pistons
- Piston Rings
- Piston Oil Cooling Jets
- Wrist Pins
- Connecting Rods
- Connecting Rod Bearings
- Crankshaft
- Main Bearings
- Thrust Washers
- Camshaft and Cam Bearings
- Cam Followers
- Rocker Arms Shafts
- Rocker Arms
- Pushrods
- Hydraulic Lifters
- Intake and Exhaust Valves
- Intake and Exhaust Valves Guides
- Valve Springs
- Constant Velocity Valve
- Oil Pump Housing
- Oil Pump Gears
- Oil Pump Pick Up Screen
- Oil Pump Pick Up Tube
- Oil Pump Pressure Relief Springs & Valves
- Valve Retainers
- Valve Keepers (locks)
- Timing Chain and Gears
- Timing Chain Tensioner(s)
- Timing Gear Cover
- Valve Cover
- Oil Pan
- Oil Cooler and Housing
- Intake Manifold
- Exhaust Manifold
- Flywheel Housing
- Vibration Dampener
- Thermostat Housing

TRANSMISSION:

INTERNALLY LUBRICATED HARD PARTS OF THE MANUAL OR AUTOMATIC TRANSMISSION INCLUDING SHAFT(S):

- Shaft(s)
- Gear Sets
- Shift Forks
- Synchronizers
- Blockers
- Oil Pump
- Valve Body
- Torque Converter
- Governor
- Bands
- Drums
- Gear Sets
- Bearings
- Bushings
- Thrust Washers

DIFFERENTIAL:

- Carrier Case
- Gear Sets
- Bearings
- Bushings
- Axle Shafts
- Limited Slip Clutch Pack
- Power Divider

ADDITIONAL COVERAGE OPTIONS

AFTERTREATMENT - DIESEL PARTICULATE FILTER (DPF), EXHAUST GAS RECIRCULATION (EGR) VALVE(S), EGR Cooler(s), DOC Doser Injector, SCR, DPF Doser Injector, Dosing Module, DEF Dosing Injection Nozzle, DEF Tank, Diesel Oxidation Catalyst (DOC), Lambda Sensor (O2 Sensor), NOx Sensor, Aftertreatment Control Module (Aftertreatment ECM) (DEF Dosing Module)

TURBOCHARGER(S) - Turbines, turbine shaft, bearings, internal variable vane assembly, and turbocharger housing. Does not include: wiring harnesses, wastegates; oil, fuel, or coolant lines; external fittings, clamps, bolts, or fasteners, charge air cooler and duct work, injector seals, cups or tubes, EGR valves and associated components, linkages, connectors, V Pod, actuators, seals & gaskets, vacuum controls or electrical components.

ENGINE FUEL INJECTORS, WATER PUMP, FUEL PUMP AND ECM – ENGINE FUEL INJECTORS include: complete injector, fuel pump, fuel injector hard lines, fuel injection pump, and intake manifold. Water Pump includes: water manifold, housing, impeller, bearings, and seals. Electronic Control Module (ECM): The ECM unit and the labor to remove and replace it is covered. Coverage does not include: upgrades, design changes, alteration, or modification whether by OEM or aftermarket, wiring harness or any related electrical system or component malfunction, contamination, or corrosion; wastegates; oil, fuel, or coolant lines; external fittings, clamps, bolts, or fasteners, charge air cooler and duct work, injector seals, cups or tubes, EGR valves and associated components, linkages, connectors, V Pod, actuators, seals & gaskets, vacuum controls or electrical components.

REFRIGERATION UNIT & APU ENGINE COMPONENTS - Engine Components: Internally lubricated hard parts limited to pistons, pistons rings, piston oil cooling jets, wrist pins, connecting rods, connecting rod bearings, crankshaft, main bearings, thrust washers, camshaft and cam bearings, cam followers, rocker arm shafts, rocker arms, push rods, hydraulic lifters, intake and exhaust valves and guides, valve springs, constant velocity valve, oil pump housing, oil pump gears, oil pump pick up screen, oil pump pick up tube, oil pump pressure relief springs and valves, valve retainers, valve keepers (locks), timing chain and gears, timing chain tensioners, timing gear cover, valve cover, oil pan injectors and water pump.

PRICING AND NUMBER OF ITEMS

A 26 footer, 2016 Refrigerated Used Truck – 78,250

Portable Steel Expandable Conveyors - Trafford Industrial - \$2599.99 x 2 = \$5200

Bulk Bin - 48"W x 40"D x 31"H, Vented, Longside Runners - \$247.53 x 16 = \$3960

Goplus Moving Dolly, Heavy Duty Furniture Rolling Mover with 4 Wheels for Piano Heavy Items Appliance, Interlocking System, 1200 lbs Capacity, 23" x 15" - \$49.99 x 20 = \$1000

Rubbermaid Cleverstore Clear 71 Qt/18 Gal, Large Storage Container with Durable Latching Clear Lids, Visible Storage - \$39.99 x 60 = \$2399

PEC Scales Steel Floor Scale, Accurate Pallet Scale with Smart Digital Indicator for Warehouse Shipping and Heavy Duty Industrial Weighing (48"x60") - \$799 x 2 = \$1598

Amazon Basics 4-Shelf Adjustable, Heavy Duty Storage Shelving Unit on 4" Wheel Casters, Metal Organizer Wire Rack, Chrome (36L x 14W x 57.75H) - \$74.94 x 20 = \$1499

Hally Stainless Steel Table for Prep & Work 24 x 72 Inches, NSF Commercial HD Table with Undershelf and Galvanized Legs for Restaurant, Home and Hotel - \$282.99 x 12 = \$3396

Total approximately \$97,302.00

NEEDED EQUIPMENT

CROWD CONTROL WAREHOUSE

2 Portable Steel Expandable Conveyors - Trafford Industrial - \$2599.99 x2=5199.98

https://www.crowdcontrolwarehouse.com/products/expandable-conveyor?currency=USD&variant=39599886041182&campaignid=15906284307&adgroupid=135353920714&creative=575403865887&matchtype=&network=u&device=c&keyword=CCW-05-039-00004&gclid=EAlaIqobChMIIZ_vs8yE-AIVSvVlCh1BDw2CEAQYASABEgLP_PD_BwE

Cisco-Eagle

Bulk Bin - 48"W x 40"D x 31"H, Vented, Longside Runners - \$247.53

https://www.cisco-eagle.com/product/169961/bulk-bin-48w-x-40d-x-31h-vented-longside-runners?gclid=EAlaIqobChMIIm6rkoIKF-AIVkYIbCh0NzwOIEAQYBSABEgKNx_D_BwE

Amazon

Rubbermaid Commercial BRUTE Tote Storage Bin with Lid, 14-Gallon, Gray (FG9S3000GRAY) - \$27.88

https://www.amazon.com/Rubbermaid-Commercial-Storage-14-Gallon-FG9S3000GRAY/dp/B001HTGD36/ref=sr_1_1?keywords=Heavy%2BDuty%2BPlastic%2BBin&qid=1653838959&rnid=2941120011&s=industrial&sr=1-1&th=1

Amazon

Goplus Moving Dolly, Heavy Duty Furniture Rolling Mover with 4 Wheels for Piano Heavy Items Appliance, Interlocking System, 1200 lbs Weight Capacity, 23" x 15" - 49.99

https://www.amazon.com/dp/B096M8PXPX/ref=sspa_dk_detail_3?psc=1&pd_rd_i=B096M8PXPX&pd_rd_w=fHnee&content-id=amzn1.sym.f9710d1d-8ae7-460f-b546-5e6e42fbe82a&pf_rd_p=f9710d1d-8ae7-460f-b546-5e6e42fbe82a&pf_rd_r=JW851Y7ZPAYJWYEHYJ7Y&pd_rd_wg=HDxLo&pd_rd_r=5d0c13f6-cd5c-4d75-af65-b0e43f73cc23&s=industrial&spLa=ZW5jcnlwdGVkUXVhbGlmaWVyPUEySTINOTZWZWMU9aMjIjLmVuY3J5cHRlZElkPUEwMTQxOTE4MTdUkk5QzhNR0dTTSZlbnNyeXB0ZWRBZElkPUEwMjc1NDQ2MUkyOU03VVBQQUVtMCZ3aWRnZXROYW1lPXNwX2RldGFpbDlYWN0aW9uPWNSaWNrUmVkaXJlY3QmZG9Ob3RMb2dDbGljaz10cnVl

Amazon

Rubbermaid Cleverstore Clear 71 Qt/18 Gal, Large Storage Container with Durable Latching Clear Lids, Visible Storage - \$39.99

https://www.amazon.com/Rubbermaid-Cleverstore-Storage-Latching-Stackable/dp/B07PQ6GWQQ/ref=sr_1_2?keywords=hefty%2Bhi-rise%2B72-quart%2Bstorage%2Bbin&qid=1653843410&sr=8-2&th=1

Amazon

PEC Scales Steel Floor Scale, Accurate Pallet Scale with Smart Digital Indicator for Warehouse Shipping and Heavy Duty Industrial Weighing (48"x60") - \$799

https://www.amazon.com/PEC-Scales-Indicator-Warehouse-Industrial/dp/B081QQLMC1/ref=sr_1_10?crid=33EFB0X24RIGZ&keywords=scale%2Bfor%2Bcommercial%2Bus%2Bfloor&qid=1653844084&sprefix=commercial%2Bfloor%2Bscale%2Caps%2C109&sr=8-10&th=1

Amazon

Amazon Basics 4-Shelf Adjustable, Heavy Duty Storage Shelving Unit on 4" Wheel Casters, Metal Organizer Wire Rack, Chrome (36L x 14W x 57.75H) - \$74.94

https://www.amazon.com/Amazon-Basics-Adjustable-Shelving-Organizer/dp/B0727YYPR2/ref=sr_1_2_sspa?crd=1CQDHHFOAULE8&keywords=metal%2Bshelving%2Bunit%2Bwith%2Bwheels&qid=1653844332&sprefix=metal%2B%2Caps%2C122&sr=8-2-spons&spLa=ZW5jcnlwdGVkUXVhbGlmaWVyPUEyR0xLNU1XSVOxU0pBjMvUyY3J5cHRIZElkPUeWmzk1MzE3MIFPMExCMkZCTFQzTiZlbnNyeXB0ZWZlbnNzZG4MjgyMkxHRVICQjllQkkzQyZ3aWRnZXROYW1lPXNwX2F0ZiZhY3Rpb249Y2xpY2tSZWRpcmVjdCZkb05vdExvZ0NsaWNRPXRYdWU&th=1

Amazon

Hally Stainless Steel Table for Prep & Work 24 x 72 Inches, NSF Commercial Heavy Duty Table with Undershelf and Galvanized Legs for Restaurant, Home and Hotel - \$285.00`

https://www.amazon.com/dp/B0813H9WYZ/ref=sspa_dk_detail_0?psc=1&pd_rd_i=B0813H9WYZ&pd_rd_w=DeDZV&content-id=amzn1.sym.e620829b-a408-427e-99ea-7ac734a316f7&pf_rd_p=e620829b-a408-427e-99ea-7ac734a316f7&pf_rd_r=CA0APYSMF77DFNS4ADZ4&pd_rd_wg=2UicZ&pd_rd_r=8719bd27-bb52-4593-a0aa-798d3bca2311&s=home-garden&spLa=ZW5jcnlwdGVkUXVhbGlmaWVyPUEyRUY1NUZXMEJRVkVEJmVUyY3J5cHRIZElkPUeWODY5MzUxMlhRMUkzM09LQ1JGRiZlbnNyeXB0ZWZlbnNzZG4MjgyMkxHRVICQjllQkkzQyZ3aWRnZXROYW1lPXNwX2RldGFpbF90aGVtYXRpYyZhY3Rpb249Y2xpY2tSZWRpcmVjdCZkb05vdExvZ0NsaWNRPXRYdWU=

Tarpon Springs Shepherd Center
Organizational Budget
January 1-December 31, 2022

	2022 Projected Budget	Current YTD Actuals - Rounded (8/31/2022)	Comparison % of Budget To-Date
Ordinary Income/Expense			
Income			
Donations	150,000.00	64,817.00	43.21%
Fundraiser Income	185,000.00	15,550.00	8.38%
Pledge Income	3,500.00	1,300.00	37.14%
Outreach	40,000.00	350.00	0.88%
Thrift Store	425,000.00	344,207.00	80.99%
Donated Food Distribution (value \$2 per lb)	5,700,000.00	3,894,657.00	68.33%
All Grants-Program Income	250,000.00	\$50,897.00	20.36%
Total Income	6,753,500.00	4,306,961.00	63.77%
Expense			
Office Expense	30,000.00	20,829.00	69.43%
Merchant Account Fees	500.00	148.00	29.6%
Payroll Expenses	510,000.00	312,849.00	71.35%
Fundraiser Expense	2,000.00	41.00	2.05%
Mortgage	66,480.00	44,321.00	66.67%
Retail Operations	1,500.00	150.00	10.0%
Outreach Program Expense	40,000.00	28,826.00	72.07%
Donated Food Distribution (value \$2 per lb)	5,700,000.00	3,894,657.00	68.33%
Advertising/Marketing	1,500.00	1,247.00	83.0%
Professional Fees	15,000.00	3,393.00	22.62%
Contractual Fees	83,000.00	66,658.00	80.31%
Insurance	62,000.00	48,098.00	77.58%
Automobile/Travel Expenses	18,000.00	17,295.00	96.08%
Building Repairs	11,000.00	14,873.00	135.21%
Mileage Reimbursement	100.00	62.00	62.0%
Utilities	50,000.00	32,370.00	64.74%
Miscellaneous	500.00	398.00	79.6%
Total Expense	6,591,580.00	4,486,215.00	68.06%
Net Ordinary Income	161,920.00	(179,254.00)	110.71%

Last Name	First Name	Position	Phone	Address	City	State	Zip
Torres-Del Gais	Ada	Executive Director	352-871-4387	304 S. Pinellas Ave.	Tarpon Springs	FL	34689
Consolino	John	President	c-727-789-2172 h-727-580-6714	286 Arbor Dr. E	Palm Harbor	FL	34683
Rev. Kidd	Melody	Director	727-249-8565	PO Box 165	Crystal Beach	FL	34681
Kinney	Robert	Treasurer	c-727-455-1273 w-727-937-3881	1700 Keystone Rd	Tarpon Springs	FL	34688
Piscitelli	Shari	Secretary	727-254-7463	1771 Meyers Cove Dr	Tarpon Springs	FL	34689
Adams	Juliet	Communication & Public Relations Officer	727-808-3895	1397 Greenleaf Ct.	Tarpon Springs	FL	34689
Dabbs	Annie	Director	h-727-937-5408 c- 727-424-2699	803 S. Disston Avenue	Tarpon Springs	FL	34689
Glinatsi	Maria	Director	727-799-3900	Carey Leisure & Neal 622 Bypass Dr	Clearwater	FL	33764
Lake	Carmen	Director	727-415-4461	1017 Greenleaf Way	Tarpon Springs	FL	34689
Lehman	Richard	Director	727-934-8949	10507 Hinds Place	Odessa	FL	33556
Papaleo	Dominick	Director	727-678-8862	1018 Pennsylvania Ave	Palm Harbor	FL	34683
Palaidis	Chris	Director	727-808-3895	1397 Greenleaf Ct.	Tarpon Springs	FL	34689
Sidoff	Luby	Director	727-463-0560	502 S Florida Avenue #125	Tarpon Springs	FL	34690

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, **and ending** , 20

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 **\$4,971,894.**

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 2020 (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, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,461,066.	Current Year 4,612,254.
	9	Program service revenue (Part VIII, line 2g)	353,250.	305,875.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,360.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,033.	53,765.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,857,709.	4,971,894.
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) ▶ 67,675.		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,869,536.	5,048,568.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,869,536.	5,048,568.	
19	Revenue less expenses. Subtract line 18 from line 12	-11,827.	-76,674.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,674,300.	End of Year 1,693,833.
	21	Total liabilities (Part X, line 26)	1,016,536.	1,112,743.
	22	Net assets or fund balances. Subtract line 21 from line 20	657,764.	581,090.

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: **11/02/2021**

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: **11/02/2021** 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 \$ 4,848,384. 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 on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 4,848,384.

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 donor-restricted endowments or in 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on 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, 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 on 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) John Consolino Board President	5.00	X		X				0.	0.	0.
(2) Robert Kinney Treasurer	5.00	X		X				0.	0.	0.
(3) Sheri Piscitelli Secretary	5.00	X		X				0.	0.	0.
(4) Rev Melody Kidd Vice President	5.00	X		X				0.	0.	0.
(5) George Brown Director	5.00	X						0.	0.	0.
(6) Annie Dabbs Director	5.00	X						0.	0.	0.
(7) Maria Glinatsi Director	5.00	X						0.	0.	0.
(8) Tom Henderson Director	5.00	X						0.	0.	0.
(9) Nyla Jo Hubbard Director	5.00	X						0.	0.	0.
(10) Richard Lehman Director	5.00	X						0.	0.	0.
(11) Chris Palaidis Director	5.00	X						0.	0.	0.
(12) Dominick Papaleo 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					60,000.	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 Subtotal							60,000.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							60,000.	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, 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	4,612,254.			
	g	Noncash contributions included in lines 1a-1f	1g	\$4,193,606.			
	h	Total. Add lines 1a-1f		4,612,254.			
Program Service Revenue	2a	Thrift shop sales	Business Code 453310	305,875.	305,875.	0.	0.
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue . . .					
	g	Total. Add lines 2a-2f		305,875.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	53,765.				
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events . . .		53,765.		0.	53,765.	
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue	11a	-----	Business Code				
	b	-----					
	c	-----					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			4,971,894.	305,875.	0.	53,765.

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 (nonemployees):				
a Management				
b Legal				
c Accounting	12,100.	0.	12,100.	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.)	54,110.	43,636.	10,474.	0.
12 Advertising and promotion				
13 Office expenses	7,859.	7,110.	749.	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	50,708.	0.	50,708.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,580.	58,256.	6,324.	0.
23 Insurance	53,453.	48,108.	5,345.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----	4,805,758.	4,691,274.	46,809.	67,675.
25 Total functional expenses. Add lines 1 through 24e	5,048,568.	4,848,384.	132,509.	67,675.
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	252,603.	1	174,783.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,692.	4	4,631.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	966.	9	2,961.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,897,085.		
	b Less: accumulated depreciation	10b 385,627.	1,416,039.	10c 1,511,458.
	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 33)		1,674,300.	16	1,693,833.
Liabilities	17 Accounts payable and accrued expenses	47,210.	17	56,346.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	969,326.	23	973,797.
	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	82,600.
	26 Total liabilities. Add lines 17 through 25		1,016,536.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	481,630.	27	576,884.
	28 Net assets with donor restrictions	176,134.	28	4,206.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	657,764.	32	581,090.
33 Total liabilities and net assets/fund balances		1,674,300.	33	1,693,833.

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	4,971,894.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,048,568.
3	Revenue less expenses. Subtract line 2 from line 1	3	-76,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	657,764.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	581,090.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,011,226.	2,270,217.	3,392,812.	3,855,349.	4,971,894.	16,501,498.
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	2,011,226.	2,270,217.	3,392,812.	3,855,349.	4,971,894.	16,501,498.
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						16,501,498.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2,011,226.	2,270,217.	3,392,812.	3,855,349.	4,971,894.	16,501,498.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0.	0.	0.	2,360.		2,360.
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						16,503,858.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	99.99 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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>		
9b	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>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	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 line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule of Contributors

2020

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

Name of the organization <u>Tarpon Springs Shepherd Center Inc</u>	Employer identification number <u>59-3070882</u>
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Allegany Franciscan Ministries 33920 US Highway 19 N, Suite 269 Palm Harbor FL 34684	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Sandra Brock 1253 N Florida Ave Tarpon Springs FL 34689	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Pinellas Community Foundation 17755 US Hwy 19 N #50 Clearwater FL 33764	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Susan Conrad 2044 Barracuda Ct Holiday FL 34691	\$ 7,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	St Ignatius Antioch Roman Catholic Church PO Box 1306 Tarpon Springs FL 34688	\$ 12,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Gary and Nicole Ubaldini PO Box 885 Crystal Beach FL 34681	\$ 10,000.	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
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Ellmar Foundation PO Box 1291 Tarpon Springs FL 34688	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Anthony Sokol 7230 County Road 35 Auburn IN 46706	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Publix Super Market Charities 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.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and Yes/No questions.

Part II Conservation Easements.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes and 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 for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including revenue and asset reporting.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
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** Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (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.
b Buildings	1,782,028.		274,008.	1,508,020.
c Leasehold improvements				
d Equipment	25,407.		25,119.	288.
e Other	89,650.		86,500.	3,150.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,511,458.

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) Refundable advance	82,600.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	82,600.

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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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>Concert</u> <small>(event type)</small>	(b) Event #2 <u>None</u> <small>(event type)</small>	(c) Other events <u>None</u> <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	21,807.			21,807.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	21,807.			21,807.
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) ▶				21,807.	

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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) ▶					
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: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Tarpon Springs Shepherd Center Inc

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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19	X	2096803	4,193,606.	FMV per lbs
20				
21				
22				
23				
24				
25				
26				
27				
28				

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

29

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

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: \$406,159

Program services: \$324,884

Management and general: \$41,347

Fundraising: \$39,928

Description: Donated food

Name of the organization Tarpon Springs Shepherd Center Inc	Employer identification number 59-3070882
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Total: \$4,193,606

Program services: \$4,193,606

Management and general: \$0

Fundraising: \$0

Description: Other center and program expenses

Total: \$36,167

Program services: \$36,167

Management and general: \$0

Fundraising: \$0

Description: Telephone and internet

Total: \$13,068

Program services: \$11,858

Management and general: \$1,210

Fundraising: \$0

Description: Repairs and maintenance

Total: \$15,844

Program services: \$15,844

Management and general: \$0

Fundraising: \$0

Description: Utilities

Total: \$46,100

Program services: \$43,050

Management and general: \$3,050

Fundraising: \$0

Description: Truck expenses

Total: \$17,861

Program services: \$17,861

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: \$8,978

Program services: \$8,978

Management and general: \$0

Fundraising: \$0

Description: Payroll processing

Total: \$9,053

Program services: \$8,055

Management and general: \$499

Fundraising: \$499

Description: Meeting expenses

Total: \$64

Program services: \$64

Management and general: \$0

Fundraising: \$0

Description: Taxes

Total: \$411

Program services: \$0

Management and general: \$411

Fundraising: \$0

Description: Other miscellaneous

Total: \$58,447

Program services: \$30,907

Management and general: \$292

Fundraising: \$27,248

Federal Depreciation Options

2020

▶ Keep for your records

Name as Shown on Return <u>Tarpon Springs Shepherd Center Inc</u>	Employer Identification No. <u>59-3070882</u>
--	--

MACRS Convention

Compute convention (result shown below)

When 'Compute convention' is checked, the program determines which convention applies to MACRS personal property assets placed in service in 2020, and checks the appropriate box below. The program uses the 'Half-year convention' unless the 'Mid-quarter convention' box is checked.

1 Half-year convention

2 Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Treat all assets acquired after Aug 27, 2005 as qualified GO Zone property? . . .	<input type="checkbox"/>	Reg	<input type="checkbox"/>	Ext <input checked="" type="checkbox"/> No
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was this business located in a Qualified Disaster Area?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Form 990-T Section 179 Information

1 Taxable income computed without the Section 179 or contribution deduction . . .	1	_____
2 Contribution deduction for purposes of Section 179 limitation	2	_____
3 Taxable income computed for the Section 179 limitation	3	_____
4 Elect to treat Qualified Real Property as "Section 179 Property"	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5 a Calculated "Total cost of Section 179 property placed in service"	5 a	_____
b Additions or subtractions to calculated value	b	_____

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return Tarpon Springs Shepherd Center Inc	Business or activity to which this form relates Form 990 / Form 990EZ	Identifying number 59-3070882
--	---	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	61,704.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property		33,817.	10.0 yrs	MQ	S/L	423.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property	07/20	208,708.	39 yrs.	MM	S/L	2,453.
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	64,580.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20_____

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

2020

Name of exempt organization or person subject to tax

Tarpon Springs Shepherd Center Inc

Taxpayer identification number

59-3070882

Name and title of officer or person subject to tax

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,971,894.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

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

PIN: check one box only

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

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

Signature of officer or person subject to tax ▶ _____

Date ▶ 11/02/2021

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

ERO's signature ▶ _____

Date ▶ 11/02/2021

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

TARPON SPRINGS SHEPHERD CENTER, INC.

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2020

	<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, 2020, 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, 2020, 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
September 21, 2021

TARPON SPRINGS SHEPHERD CENTER, INC.
STATEMENT OF FINANCIAL POSITION
December 31, 2020

Assets

Current Assets

Cash and cash equivalents	\$	174,783
Credit card receivable		4,631
Prepaid expenses		2,961

Total Current Assets 182,375

Fixed Assets

Property and equipment, net of accumulated depreciation		1,511,458
---	--	-----------

Total Fixed Assets 1,511,458

TOTAL ASSETS \$ 1,693,833

Liabilities and Net Assets

Current Liabilities

Accounts payable and accrued expenses	\$	56,346
Refundable advance		82,600
Current portion of mortgage payable		23,133

Total Current Liabilities 162,079

Long-Term Liabilities

Mortgage payable		950,664
------------------	--	---------

Total Long-Term Liabilities 950,664

Total Liabilities 1,112,743

Net Assets

Without donor restrictions		
Net investment in property and equipment		1,511,458
Undesignated		-934,574
Total without donor restrictions		576,884
With donor restrictions		4,206

Total Net Assets 581,090

TOTAL LIABILITIES AND NET ASSETS \$ 1,693,833

Read accompanying notes

TARPON SPRINGS SHEPHERD CENTER, INC.
STATEMENT OF ACTIVITIES
For the year ended December 31, 2020

SUPPORT AND REVENUES	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Thrift shop sales	\$ 305,875	\$ -	\$ 305,875
In-kind donations - food	4,193,606	-	4,193,606
Contributions	263,471	34,651	298,122
Grant revenue	119,752	-	119,752
Fundraiser events	53,765	-	53,765
Other income	774	-	774
Net assets released from restriction	<u>211,079</u>	<u>(211,079)</u>	<u>-</u>
Total Support and Revenues	<u>5,148,322</u>	<u>(176,428)</u>	<u>4,971,894</u>
 EXPENSES			
Program services:			
Community programs	4,608,416	-	4,608,416
Retail	<u>239,968</u>	<u>-</u>	<u>239,968</u>
Total program services	4,848,384	-	4,848,384
Supporting services:			
Management & general	132,509	-	132,509
Fundraising	<u>67,675</u>	<u>-</u>	<u>67,675</u>
Total supporting services	<u>200,184</u>	<u>-</u>	<u>200,184</u>
Total Expenses	<u>5,048,568</u>	<u>-</u>	<u>5,048,568</u>
 Change in Net Assets	 99,754	 (176,428)	 (76,674)
Net Assets, Beginning of Year	<u>477,130</u>	<u>180,634</u>	<u>657,764</u>
Net Assets, End of Year	<u>\$ 576,884</u>	<u>\$ 4,206</u>	<u>\$ 581,090</u>

Read accompanying notes

TARPON SPRINGS SHEPHERD CENTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
For the year ended December 31, 2020

	Program Services		Supporting Services		Total
	Community Programs	Retail	Management and general	Fundraising	
Salaries	\$ 137,486	\$ 153,921	\$ 37,280	\$ 36,000	\$ 364,687
Payroll taxes	10,017	14,475	3,135	3,028	30,655
Employee insurance	3,092	5,893	932	900	10,817
Total salaries and related expenses	150,595	174,289	41,347	39,928	406,159
Donated Food	4,193,606	-	-	-	4,193,606
Other program expenses	36,167	-	-	-	36,167
Professional fees/contract labor	32,848	10,788	22,574	-	66,210
Telephone and internet	10,890	968	1,210	-	13,068
Insurance	48,108	-	5,345	-	53,453
Interest	-	-	50,708	-	50,708
Repairs & maintenance	15,844	-	-	-	15,844
Utilities	27,450	15,600	3,050	-	46,100
Truck expense	17,486	375	-	-	17,861
Credit card fees	8,978	-	-	-	8,978
Office supplies and expenses	6,736	374	749	-	7,859
Payroll processing	3,996	4,059	499	499	9,053
Meeting expenses	64	-	-	-	64
Taxes	-	-	411	-	411
Other miscellaneous expenses	29,333	1,574	292	27,248	58,447
Total expenses before depreciation	4,582,101	208,027	126,185	67,675	4,983,988
Depreciation	26,315	31,941	6,324	-	64,580
Total Expenses	\$ 4,608,416	\$ 239,968	\$ 132,509	\$ 67,675	\$ 5,048,568

Read accompanying notes

TARPON SPRINGS SHEPHERD CENTER, INC.
STATEMENT OF CASH FLOWS
For the year ended December 31, 2020

CASH FLOWS FROM OPERATING ACTIVITIES	
Decrease in net assets	\$ (76,674)
Adjustments to reconcile change in net assets to cash provided by operating activities:	
Depreciation	64,580
Expense paid through loan proceeds	24,561
(Increase) decrease in operating assets	
Credit card receivable	61
Prepaid expenses	(1,995)
Increase (decrease) in operating liabilities	
Accounts payable	9,136
Refundable advance	<u>82,600</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	102,269
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of fixed assets	<u>(159,999)</u>
NET CASH USED BY INVESTING ACTIVITIES	(159,999)
CASH FLOWS FROM FINANCING ACTIVITIES	
Payment of long-term debt	<u>(20,090)</u>
NET CASH USED BY INVESTING ACTIVITIES	(20,090)
NET DECREASE IN CASH AND CASH EQUIVALENTS	(77,820)
BEGINNING CASH AND CASH EQUIVALENTS	<u>252,603</u>
ENDING CASH AND CASH EQUIVALENTS	<u><u>\$ 174,783</u></u>

Read accompanying notes

NOTES TO FINANCIAL STATEMENTS
TARPON SPRINGS SHEPHERD CENTER, INC.
For year ended December 31, 2020

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, 2020

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 2017. 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 \$4,193,606 for 2020.

NOTES TO FINANCIAL STATEMENTS
TARPON SPRINGS SHEPHERD CENTER, INC.
For year ended December 31, 2020

Subsequent Events

The Organization has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through September 21, 2021, the date the financial statements were available to be issued.

Note 2 – Property and Equipment

Property and equipment consists of the following at December 31, 2020:

Furniture and equipment	\$ 56,687
Computer equipment	2,537
Vehicles	89,650
Building, land and improvements	1,748,211
	<u>1,897,085</u>
Less: accumulated depreciation	<u>(385,627)</u>
Property and equipment, net	<u>\$ 1,511,458</u>

Note 3 – Long-term Debt

The long-term debt consists of the following as of December 31, 2020:

Mortgage payable to bank, payable in monthly installments of \$5,540 including interest at 4.5% per annum with a ballon payment on April 5, 2030. It is secured by the building.	\$ 973,797
Less: Current Portion	(23,133)
Mortgage payable, long term	<u>\$ 950,664</u>

Interest expense for the year ended December 31, 2020 associated with the mortgage was \$42,668.

The long-term debt payments mortgage for the years subsequent to December 31, 2020 are scheduled to mature as follows:

2021	\$ 23,133
2022	24,196
2023	25,308
2024	26,470
2025	<u>27,686</u>
	<u>\$ 126,793</u>

NOTES TO FINANCIAL STATEMENTS
TARPON SPRINGS SHEPHERD CENTER, INC.
For year ended December 31, 2020

Note 4 – Liquidity and Availability of Resources

The Organization has \$178,169 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	\$	174,783
Credit card receivable		4,631
Prepaid expenses		2,961
Financial assets, at year end		182,375
Donor-imposed purpose restrictions		(4,206)
Financial assets available to meet cash cash needs for general expenditures within one year	\$	178,169

Note 5 – 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, 2020 all deposits were insured.

Note 6 - Supplemental Cash Flow Information

Interest	\$	50,708
Income Taxes	\$	-

Note 7 – Contingent Liabilities and Commitments

Payroll Protection Program (PPP)

During the year, the Organization was granted a loan in the amount of \$82,600, pursuant to the PPP under Division A, Title I of the *Coronavirus Aid, Relief and Economic Securities Act (CARES Act)*, which was enacted March 27, 2020. PPP provided for loans to businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loans and accrued interest are forgivable after eight to twenty-four weeks as long as the Organization uses the loan proceeds for eligible purposes, including payroll, benefits, rent and utilities and maintains its payroll levels. As of December 31, 2020, \$82,600 is reported as a refundable advance. The loan was forgiven on March 15, 2021 and will be recognized as income in the year ending December 31, 2021.

NOTES TO FINANCIAL STATEMENTS
TARPON SPRINGS SHEPHERD CENTER, INC.
For year ended December 31, 2020

Note 7 – Contingent Liabilities and Commitments (continued)

COVID-19

The World Health Organization has declared COVID-19 a pandemic. The extent of COVID-19's effect on the Organization's operational and financial performance will depend on future developments, including the duration, spread and intensity of the pandemic, all of which are uncertain considering the rapidly evolving circumstances. The ultimate effects of the pandemic could have a material adverse effect of the Organization's activities, results of operations, financial condition and cash flow.

Note 8 – Subsequent Event

The Organization's applied for forgiveness of the PPP Loan (see Note 7) subsequent to year end. The loan was forgiven on March 15, 2021.

12-0036-00
 CREWS INSURANCE AGENCY INC
 9355 SEMINOLE BLVD
 SEMINOLE FL 33772

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

PO Box 30660 • Lansing, MI 48909-8160
 517.323.1200

11-23-2021

AUTO-OWNERS INSURANCE COMPANY

You can view your policy, pay your bill, or change your paperless options at any time online at www.auto-owners.com.

ADDITIONAL WAYS TO PAY YOUR BILL

Pay Online www.auto-owners.com	Pay by Mail AUTO-OWNERS INSURANCE
Pay My Bill	PO BOX 740312
Pay by Phone 1-800-288-8740	CINCINNATI, OH 45274-0312

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

Your agency's phone number is (727) 595-4127.

RE: Policy 91-157-761-01

Billing Account

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

Serving Our Policyholders and Agents Since 1916

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY CREWS INSURANCE AGENCY INC
12-0036-00 MKT TERR 052 (727) 595-4127

ITEM ONE

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

ADDRESS 304 S PINELLAS AVE
TARPON SPRINGS FL 34689-3636

**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Renewal Effective 12-19-2021

POLICY NUMBER 91-157-761-01

Company Use 20-04-FL-0012

Company Bill

POLICY TERM	
12:01 a.m. 12-19-2021	to 12:01 a.m. 12-19-2022

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	\$14,773.80	
Uninsured Motorist Coverage	2	\$25,000 each person/ \$50,000 each accident (Non-stacked Uninsured Motorist Coverage selected.)	\$659.94	
Personal Injury Protection	5	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	\$576.80	
Medical Payments	7	\$2,000 each person	\$19.16	
Physical Damage	Comprehensive	7, 8	\$250 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$793.59
	Collision	7, 8	\$500 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	\$1,137.46
	Road Trouble Service	7	See ITEM THREE for the limit applicable for each covered auto.	\$38.56
	Additional Expense	7	See ITEM THREE for the limit applicable for each covered auto.	\$370.45
Premium for Endorsements				
ESTIMATED TOTAL PREMIUM*			\$18,369.76	

* This policy may be subject to final audit.

AUTO-OWNERS INS. CO.

58974 (1-17)
Issued 11-23-2021

AGENCY CREWS INSURANCE AGENCY INC
12-0036-00 MKT TERR 052

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

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

Term 12-19-2021 to 12-19-2022

ITEM TWO (Continued)

Endorsements That Apply To All Items: 58000 (01-15) 58001 (01-15) 58200 (01-15) 58524 (01-15) 58550 (01-17) 58555 (01-16)
58558 (03-16) 58706 (07-20) 58800 (11-20) 59325 (12-19)

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
- 2 = Owned Autos Only
- 3 = Owned Private Passenger Autos Only
- 4 = Owned Autos Other Than Private Passenger Autos Only
- 5 = Owned Autos Subject to No-fault
- 6 = Owned Autos Subject To A Compulsory Uninsured Motorists Law
- 7 = Scheduled Autos Only
- 8 = Hired Autos Only
- 9 = Non-owned Autos Only
- 19 = Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY CREWS INSURANCE AGENCY INC
12-0036-00 MKT TERR 052 (727) 595-4127

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

ADDRESS 304 S PINELLAS AVE
TARPON SPRINGS FL 34689-3636

**COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM**

Renewal Effective 12-19-2021

POLICY NUMBER 91-157-761-01

Company Use 20-04-FL-0012

Company
Bill

POLICY TERM	
12:01 a.m. 12-19-2021	to 12:01 a.m. 12-19-2022

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 Liability - Non-Motor Carrier Operations	004 Pinellas County, FL	SPL

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$80.24
TOTAL		\$80.24

ITEM DETAILS: Estimated cost of hire - liability \$ If Any (Subject to audit)
Rate Effective Date 06-08-2021

130

	TERRITORY	CLASS
Hired Autos Physical Damage	004 Pinellas County, FL	SPL

COVERAGES	LIMITS	PREMIUM
Comprehensive	ACV not to exceed \$ 200,000 \$ 100 deductible each covered auto	\$13.92
Collision	ACV not to exceed \$ 200,000 \$ 250 deductible each covered auto	56.39
TOTAL		\$70.31

ITEM DETAILS: Estimated cost of hire - physical damage \$ If Any (Subject to audit)
Rate Effective Date 06-08-2021

130

	TERRITORY	CLASS
Non-Owned Autos Liability	004 Pinellas County, FL	SPL

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$92.25
TOTAL		\$92.25

Rate Effective Date 06-08-2021

130

AUTO-OWNERS INS. CO.

Issued 11-23-2021

AGENCY CREWS INSURANCE AGENCY INC
12-0036-00 MKT TERR 052

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

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

Term 12-19-2021 to 12-19-2022

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

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$3,439.78
Uninsured Motorist	\$ 25,000 each person/\$ 50,000 each accident	164.99
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	127.03
Medical Payments	\$ 2,000 each person	3.93
Comprehensive	ACV - \$ 500 deductible	116.28
Collision	ACV - \$ 500 deductible	176.93
Road Trouble Service	\$ 75 each occurrence	21.52
Additional Expense	\$ 50 per day/\$1,500 per loss	74.10
TOTAL		\$4,124.56

Interested Parties: None

Additional Endorsements For This Item: 58455 (11-20) 58537 (08-15) 58428 (11-20) 58308 (01-17)

ITEM DETAILS: Cutaway Van 10,001 - 14,000 GVW operated within a 100 mile radius.

CLASS (01808): NOC - All Others.

Vehicle Count Factor Applies.

Non-stacked Uninsured Motorist Coverage selected.

Rate Effective Date 06-08-2021

130 0028000

2. 2006 ISU NPR-HD VIN: JALC4B16067014852	004 Pinellas County, FL
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COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$3,472.81
Uninsured Motorist	\$ 25,000 each person/\$ 50,000 each accident	164.98
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	127.02
Medical Payments	\$ 2,000 each person	4.89
Comprehensive	ACV not to exceed \$ 35,000 (SA) - \$ 500 deductible	472.92
Collision	ACV not to exceed \$ 35,000 (SA) - \$ 500 deductible	596.67
Additional Expense	\$ 75 per day/\$2,250 per loss	111.12
TOTAL		\$4,950.41

Interested Parties:

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

Additional Endorsements For This Item: 58455 (11-20) 58537 (08-15) 58903 (10-17) 58428 (11-20) 58308 (01-17)

ITEM DETAILS: Straight Truck 14,001 - 15,000 GVW operated within a 100 mile radius.

CLASS (01808): NOC - All Others.

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 06-08-2021

130 0035368 A

AUTO-OWNERS INS. CO.

58974 (1-17)
 Issued 11-23-2021

AGENCY CREWS INSURANCE AGENCY INC
 12-0036-00 MKT TERR 052

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

NAMED INSURED TARPON SPRINGS SHEPHERD CENTER INC

Term 12-19-2021 to 12-19-2022

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

COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$3,315.25
Uninsured Motorist	\$ 25,000 each person/\$ 50,000 each accident	165.00
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	127.01
Medical Payments	\$ 2,000 each person	7.32
Comprehensive	ACV - \$ 500 deductible	97.63
Collision	ACV - \$ 500 deductible	152.67
Road Trouble Service	\$ 75 each occurrence	17.04
Additional Expense	\$ 50 per day/\$1,500 per loss	74.10
TOTAL		\$3,956.02

Interested Parties: None

Additional Endorsements For This Item: 58455 (11-20) 58537 (08-15) 58428 (11-20) 58308 (01-17)

ITEM DETAILS: Cargo/Pass Van 6,001 - 10,000 GVW operated within a 100 mile radius.
 CLASS (01808): NOC - All Others.
 Vehicle Count Factor Applies.
 Non-stacked Uninsured Motorist Coverage selected.
 Rate Effective Date 06-08-2021

130 0024001

4. 2000 GM C7500 VIN: 1GDJ7H1C2YJ510178	004 Pinellas County, FL
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COVERAGES	LIMITS	PREMIUM
Combined Liability	\$1Million each accident	\$4,373.47
Uninsured Motorist	\$ 25,000 each person/\$ 50,000 each accident	164.97
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	195.74
Medical Payments	\$ 2,000 each person	3.02
Comprehensive	ACV - \$ 500 deductible	92.84
Collision	ACV - \$ 500 deductible	154.80
Additional Expense	\$ 75 per day/\$2,250 per loss	111.13
TOTAL		\$5,095.97

Interested Parties: None

Additional Endorsements For This Item: 58455 (11-20) 58537 (08-15) 58428 (11-20) 58308 (01-17)

ITEM DETAILS: Cab Chassis Truck 26,001 - 33,000 GVW operated within a 100 mile radius.
 CLASS (01808): NOC - All Others.
 Vehicle Count Factor Applies.
 Non-stacked Uninsured Motorist Coverage selected.
 Rate Effective Date 06-08-2021

130 0030250

ESTIMATED TOTAL PREMIUM	TERM \$18,369.76
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Policy Rate Code 0000

00343
 813110

AUTO-OWNERS INS. CO.

58974 (1-17)

Issued 11-23-2021

AGENCY CREWS INSURANCE AGENCY INC
12-0036-00 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 12-19-2021 to 12-19-2022

TERRITORY CLASS

Countersigned By: CREWS INSURANCE AGENCY INC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/08/2022

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 DAVID M. KINSER COASTAL INSURANCE ASSOCIATES INC 201 S PINELLAS AVE TARPON SPRINGS FL 34689	CONTACT NAME: DAVID M. KINSER PHONE (A/G. No. Ext): (727) 937-4141 FAX (A/G. 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"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <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>Auto-Owners Insurance</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Scottsdale Insurance		INSURER B :	National Union Fire		INSURER C :	United States Liability		INSURER D :	Auto-Owners Insurance		INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A :	Scottsdale Insurance																					
INSURER B :	National Union Fire																					
INSURER C :	United States Liability																					
INSURER D :	Auto-Owners Insurance																					
INSURER E :																						
INSURER F :																						

COVERAGES CERTIFICATE NUMBER: 10338448 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			CPS7508411	01/19/22	01/19/23	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED. EXP (Any one person) \$ 5,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									GENERAL AGGREGATE \$ 2,000,000
										PRODUCTS - COMP/OP AGG \$ 2,000,000
										\$
D	AUTOMOBILE LIABILITY			91157761-01	12/19/21	12/19/22	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$			
	<input checked="" type="checkbox"/> HIRED AUTOS						\$			
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$			
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		BE064770355	01/19/22	01/19/23	EACH OCCURRENCE \$ 1,000,000			
	<input type="checkbox"/> DEDUCTIBLE						AGGREGATE \$ 1,000,000			
	<input type="checkbox"/> RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y <input type="checkbox"/> N						WC STATUTORY LIMITS \$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A					E.L. EACH ACCIDENT \$		
C	Directors & Officers			NPP1564562Q	01/19/22	01/19/23	E.L. DISEASE-EA EMPLOYEE \$			
							E.L. DISEASE-POLICY LIMIT \$			
							\$ 2,000,000			

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

CERTIFICATE HOLDER

CANCELLATION

TARPON SPRINGS SHEPHERD CENTER, INC 304 SO. PINELLAS AVE TARPON SPRINGS FL 34689	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
Attention:	 David M. Kinser



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
3/14/22
2000 11523 FLD RGLR

FLOOD DECLARATIONS PAGE
RENEWAL

Policy Number 09 1151327893 06	NFIP Policy Number 1151327893	Product Type: Standard Policy General Property Form
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Policy Period From: 2/25/22 To: 2/25/23 12:01 am Standard Time	Date of Issue 03/14/2022	Agent Code 0088029	Prior Policy Number 09 1151327893 05
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Insured TARPON SPRINGS SHEPHERD CENTER INC 304 S PINELLAS AVE TARPON SPRINGS FL 34689-3636	COASTAL INSURANCE ASSOCIATES INC 201 S PINELLAS AVE TARPON SPRINGS FL 34689-3633
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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
Condo Type: N/A
Community #: 120259 Map Panel/Suffix: 0019 H
Community Rating: 10 / 00% Program Status: Regular
Community Name: TARPON SPRINGS, CITY OF

Number of Floors: One Floor
Building Indicator: Non-Elevated
Basement/Enclosure/Crawlspace:
No Basement
Elevation Difference: -1

Coverage Deductible Annual Premium

BUILDING	\$500,000	\$50,000	\$10,258.00
CONTENTS	NO CONTENTS COVERAGE	INSURED DECLINED CONTENTS COVERAGE	\$0.00
		ANNUAL SUBTOTAL:	\$10,258.00
		DEDUCTIBLE DISCOUNT/SURCHARGE:	- \$5,386.00
		ICC PREMIUM:	\$6.00
		COMMUNITY RATING DISCOUNT:	\$0.00
		SUB-TOTAL:	\$4,878.00
		RESERVE FUND ASSESSMENT:	\$878.00
		PROBATION SURCHARGE:	\$0.00
		FEDERAL POLICY SERVICE FEE:	\$50.00
		HFIAA SURCHARGE:	\$250.00

Premium Paid by: First Mortgagee TOTAL WRITTEN PREMIUM AND FEES: \$6,056.00

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

Forms and Endorsements:

WFL 99.415 1117 1117 FFL 99.310 0120 0120 WFL 99.116 0614 0614 WFL 99.116 1021 1021

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

008802909115132789322073

0000A

Agent



ACORD EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
APR 1 2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME, CONTACT PERSON AND ADDRESS DAVID M. KINSER COASTAL INSURANCE ASSOCIATES INC 201 S PINELLAS AVE TARPON SPRINGS FL 34689		PHONE (A/C No. Ext): 727-937-4141	COMPANY NAME AND ADDRESS Lloyds P.O. Box 899 Charleston, SC 29402		NAIC NO:
FAX (A/C No.): 727-937-4237 E-MAIL ADDRESS: coastal.insurance@verizon.net		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
CODE:	SUB CODE:	POLICY TYPE			
AGENCY CUSTOMER ID #: 3937		LOAN NUMBER		POLICY NUMBER JTA20000488	
NAMED INSURED AND ADDRESS TARPON SPRINGS SHEPHERD CENTER INC 304 SO. PINELLAS AVE TARPON SPRINGS FL 34688		EFFECTIVE DATE APR 4 2022	EXPIRATION DATE APR 4 2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use additional sheets if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
304 So. Pinellas Ave, Tarpon Springs FL (thrift store)

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION PERILS INSURED BASIC BROAD SPECIAL OTHER

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 300,000		DED: 2,500	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A
BLANKET COVERAGE		X	
TERRORISM COVERAGE		X	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X		
IS DOMESTIC TERRORISM EXCLUDED?	X		
LIMITED FUNGUS COVERAGE			X
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X
REPLACEMENT COST	X		
AGREED AMOUNT		X	
COINSURANCE	X		
EQUIPMENT BREAKDOWN (If Applicable)		X	
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X	
- Demolition Costs		X	
- Incr. Cost of Construction		X	
EARTH MOVEMENT (If Applicable)		X	
FLOOD (If Applicable)			X
WIND / HAIL (If Subject to Different Provisions)	X		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X		

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LENDERS LOSS PAYABLE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
NAME AND ADDRESS Flagship Bank ISAOA 29750 U.S. Highway 19 North Clearwater, FL 33761		AUTHORIZED REPRESENTATIVE David M. Kinser <i>D.M. Kinser</i>



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
APR 1 2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME, CONTACT PERSON AND ADDRESS DAVID M. KINSER COASTAL INSURANCE ASSOCIATES INC 201 S PINELLAS AVE TARPON SPRINGS FL 34689		PHONE (A/C, No, Ext): 727-937-4141	COMPANY NAME AND ADDRESS Lloyds P.O. Box 899 Charleston, SC 29402		NAIC NO:
FAX (A/C, No): 727-937-4237	E-MAIL ADDRESS: coastal.insurance@verizon.net		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID #: 3937	NAMED INSURED AND ADDRESS TARPON SPRINGS SHEPHERD CENTER INC 304 SO. PINELLAS AVE TARPON SPRINGS FL 34688		LOAN NUMBER	POLICY NUMBER JTA20000488	
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE APR 4 2022	EXPIRATION DATE APR 4 2023	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (Use additional sheets if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTYLOCATION/DESCRIPTION
304 So. Pinellas Ave, Tarpon Springs FL (warehouse/pantry)

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	OTHER
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 900,000 DED: 2,500				
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	YES	NO	N/A	If YES, LIMIT: Actual Loss Sustained # of months:
BLANKET COVERAGE		X		If YES, indicate amount of insurance on properties identified above: \$
TERRORISM COVERAGE		X		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X			
IS DOMESTIC TERRORISM EXCLUDED?	X			
LIMITED FUNGUS COVERAGE			X	If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X	
REPLACEMENT COST	X			
AGREED AMOUNT		X		
COINSURANCE	X			If YES, % 80
EQUIPMENT BREAKDOWN (If Applicable)		X		If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X		
- Demolition Costs		X		If YES, LIMIT: DED:
- Incr. Cost of Construction		X		If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)		X		If YES, LIMIT: DED:
FLOOD (If Applicable)			X	If YES, LIMIT: DED:
WIND / HAIL (If Subject to Different Provisions)	X			If YES, LIMIT: 900,000 DED: 45,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X			

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE		
NAME AND ADDRESS Flagship Bank ISAOA 29750 U.S. Highway 19 North Clearwater, FL 33761		AUTHORIZED REPRESENTATIVE David M. Kinser <i>D.M. Kinser</i>



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
APR 1 2022

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER NAME, CONTACT PERSON AND ADDRESS DAVID M. KINSER COASTAL INSURANCE ASSOCIATES INC 201 S PINELLAS AVE TARPON SPRINGS FL 34689		PHONE (A/C, No, Ext): 727-937-4141	COMPANY NAME AND ADDRESS Lloyds P.O. Box 899 Charleston, SC 29402		NAIC NO:
FAX (A/C, No): 727-937-4237	E-MAIL ADDRESS: coastal.insurance@verizon.net		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID #: 3937			LOAN NUMBER		POLICY NUMBER JTA20000488
NAMED INSURED AND ADDRESS TARPON SPRINGS SHEPHERD CENTER INC 304 SO. PINELLAS AVE TARPON SPRINGS FL 34688			EFFECTIVE DATE APR 4 2022	EXPIRATION DATE APR 4 2023	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF <input type="checkbox"/> CHECKED
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use additional sheets if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
304 So. Pinellas Ave, Tarpon Springs FL (thrift store)

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

	PERILS INSURED	BASIC	BROAD	X SPECIAL	OTHER
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 800,000				DED: 2,500
	YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		X			If YES, LIMIT: 140,000 Actual Loss Sustained # of months: 4
BLANKET COVERAGE		X			If YES, indicate amount of insurance on properties identified above: \$
TERRORISM COVERAGE		X			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	X				
IS DOMESTIC TERRORISM EXCLUDED?	X				
LIMITED FUNGUS COVERAGE			X		If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST	X				
AGREED AMOUNT		X			
COINSURANCE	X				If YES, % 80
EQUIPMENT BREAKDOWN (If Applicable)		X			If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		X			
- Demolition Costs		X			If YES, LIMIT: DED:
- Incr. Cost of Construction		X			If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)		X			If YES, LIMIT: DED:
FLOOD (If Applicable)			X		If YES, LIMIT: DED:
WIND / HAIL (If Subject to Different Provisions)	X				If YES, LIMIT: 800,000 DED: 40,000
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	X				

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LENDERS LOSS PAYABLE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS AUTHORIZED REPRESENTATIVE David M. Kinser <i>D.M. Kinser</i>
NAME AND ADDRESS Flagship Bank ISAOA 29750 U.S. Highway 19 North Clearwater, FL 33761		

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

Previous No. PFD06568	Authority Ref. No. B0572NA22CL04(30%) / B0572NA22CL06(30%) / RF03745A22(40%)	Certificate No. PFD09249
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Name and Address of the Assured: TARPON SPRINGS SHEPHERD CENTER INC	Mortgagee and Address
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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 2/25/2022 to 2/25/2023 both days at 12:01a.m. standard time

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

Worldwide Facilities, LLC
50 S. Belcher Rd. Suite 101
Clearwater, FL 33765

Coverage	Amount	Deductible
Primary Flood on Building	\$ 500,000.00	\$ 5,000.00
Primary Flood on Contents	\$ 50,000.00	\$ 5,000.00
Business Interruption	\$ 50,000.00	\$ 5,000.00 or 14 Day Wait (whichever is greater)

Total Coverage Premium	\$ 7,560.00
TRIA Premium:	\$
Total Premium:	\$ 7,560.00
Service Office Fee	\$ 4.57
Surplus Lines Tax	\$ 375.93
Policy Fee	\$ 50.00
Inspection Fee	\$

Flood Zone: AE

Grand Total: \$ 7,990.50

Date Issued: 03/03/2022

SURPLUS LINES AGENT: LIC. #W001515
WORLDWIDE FACILITIES, LLC/SHANNON WOJCHICK
201 E PINE STREET, SUITE 915, ORLANDO, FL 32801

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. PFD06569	Authority Ref. No. B0572NA22CL04(30%) / B0572NA22CL06(30%) / RF03745A22(40%)	Certificate No. PFD09250
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Name and Address of the Assured: TARPON SPRINGS SHEPHERD CENTER INC 304 SO. PINELLAS AVE TARPON SPRINGS, FL 34689	Mortgagee and Address FLAGSHIP BANK ISAOA 29750 US HWY 19 N CLEARWATER, FL 33761
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Property Address (if different from above)
304 SO. PINELLAS AVE

TARPON SPRINGS, FL 34689

Effective from 2/25/2022 to 2/25/2023 both days at 12:01a.m. standard time

Insurance is effective with: UNDERWRITERS AT LLOYD'S, LONDON.
GREAT LAKES INSURANCE SE
HAMILTON INSURANCE 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:
Worldwide Facilities, LLC
50 S. Belcher Rd. Suite 101
Clearwater, FL 33765

Coverage	Amount	Deductible
Primary Flood on Building	\$ 225,000.00	\$ 5,000.00
Primary Flood on Contents	\$ 10,000.00	\$ 5,000.00
Business Interruption	\$ 50,000.00	\$ 5,000.00 or 14 Day Wait (whichever is greater)

Total Coverage Premium	\$ 3,591.00
TRIA Premium:	\$
Total Premium:	\$ 3,591.00
Service Office Fee	\$ 2.18
Surplus Lines Tax	\$ 179.87
Policy Fee	\$ 50.00
Inspection Fee	\$

Flood Zone: AE

Grand Total: \$ 3,823.05

Date Issued: 03/03/2022

SURPLUS LINES AGENT: LIC. #W001515
WORLDWIDE FACILITIES, LLC/SHANNON WOJCHICK
201 E PINE STREET, SUITE 915, ORLANDO, FL 32801

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

COUNTERSIGNATURE



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