Application Form

Introduction

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

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

Priority Funding Areas*

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

Food

Reimbursement*

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

Will your organization be applying for this cost reimbursement?

No

Future Programming*

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

Yes

Project Name*

FEAST Capacity Expansion During COVID19

EIN*

59-2981961

Mission Statement*

The mission statement of the FEAST Food Pantry is to compassionately provide food and personal care items for families in need in North Pinellas County.

Total Operating Expenditure*

What are your total annual operating expenses?

$180,000.00

Amount Requested*

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

Typical funding requests will range between $25,000 and $250,000. Amounts above and below are accepted, provided the request can be justified by community need.
Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.

$43,042.00

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

Priority Populations*

Please select the priority populations your programming will serve:
Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

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

Guiding Principles*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.
From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).

We actively involve low-income residents, the elderly, and homeless persons in the design of our organization by consistently listening and tailoring our services to their expressed needs. For example, many families previously struggled to complete paperwork that was required by our pantry. We removed this barrier to access which has helped our clients with language barriers as well as learning disabilities.

We also serve many elderly clients and recognize their unique nutritional requirements as many suffer from chronic diseases such as hypertension and diabetes. We customize the food we distribute to these individuals to provide healthier lower sodium, lower sugar and higher fiber options. In speaking with our homeless population, we designed "no cook" bags to meet their nutritional needs and unique living situation. Our pantry continually refines and improves our operations to compassionately provide food assistance to a variety of populations in North Pinellas County.

Length of time operating program/project*

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

The FEAST Food Pantry was incorporated in 1989 and has been serving North Pinellas families for 31 years. Due to the COVID 19 pandemic, we have seen a tremendous increase in the number of food insecure families in our community.

Service Area*

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

North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)
Mid-County (locations such as Clearwater, Largo, Safety Harbor)

Impact on Organization*

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

The impact of the coronavirus on the FEAST Food Pantry has been overwhelming. Prior to COVID 19, we were providing food and personal care items to approximately 1,000 people per month. From April-June, our numbers soared to nearly 2,000 people being served every month. The month of July was the highest number in our history as we provided food to nearly 2,300 people in our community. We have also seen an increase in family size and first-time visitors to our pantry. This increase has led to a tremendous shortage in food for our clients. Our pantry is in desperate need of traditional food staples such as soup, cereal, canned fruit and pasta for these food insecure families. The donations we receive from our community simply cannot keep up with our new demand. Additionally, food drives such as the letter carriers annual "Stamp Out Hunger" drive along with other large community food drives were cancelled due to the pandemic. Unfortunately, our projections indicate the number of food insecure individuals will grow as the year progresses. By December, we expect to serve approximately 3,400 people per month. This tremendous increase in clients coupled with a decrease in donations will create a serious challenge in feeding families in our community. During this difficult time, we have worked to create alliances with Feeding Tampa Bay, the USDA/Borden Dairy, and Buyfarmfood to receive donations of meat, milk and produce. Our clients are extremely grateful to receive these high priced foods which allow them to create a nutritious, well-balanced diet for their families. However, we do not have adequate refrigeration to store large amounts of these perishable foods. Sadly, this

results in some clients not being able to receive milk, meat and produce because we do not have the capacity to store these items. If we were to have additional refrigeration, we could accept more of these perishable donations and serve more families in our community.

Fiscal Accountability

Federal Fund Disclosure*

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

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

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

Most Recent Audited Financial Statements

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

If you do not have an audit, please explain why.

Letter from CPA for FEAST.pdf

Please see attached letter from our CPA Firm. We do not have an audit because we have experienced a leadership change and the prior Executive Director did not request an audit.

Most Recently Filed IRS Form 990*

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

IRS Form 990 2018 no pw.pdf

Board-Approved Budget*

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

Feast Budget - 2020 & 2021.pdf

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

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

Funding and Usage

Client Service Delivery*

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

The FEAST Food Pantry provides food and personal care items to residents in North Pinellas County. We distribute bags of shelf stable food based on family size which typically equates to a 3-4 day supply of food. We also provide perishable food staples such as meat, milk and fresh produce to our clients which helps them to create a balanced diet for their families. Additionally, our clients receive personal care items such as toilet paper, paper towels, toothpaste and other hygiene products not permitted for purchase under SNAP.

Our service area includes the following zip codes: 34683, 34684, 34685, 34681, 34660, 34695, 34677, 34698, and 33761. Residents from these zip codes may visit our pantry twice a month to receive food and personal care items for their families. Additionally, during the pandemic, residents outside of our service area may visit our pantry once a month to receive an emergency supply of food. These families have typically been Pinellas County residents who do not reside in one of our service area zip codes. We are located on Nebraska Avenue in Palm Harbor and are open Tuesday-Friday from 9:00-12:00. In response to COVID 19, we are serving our clients with a drive-up food distribution system. Clients wait in their vehicle and our volunteers greet them, obtain their demographic information and place their food in the car (or near them if they are on foot). This method has allowed us to continue to provide quality service while maintaining social distance. We plan to continue this outside operation for the foreseeable future as our clients have indicated that it provides them peace of mind and reassurance during these challenging times.

Communication/Outreach and Community Engagement Efforts*

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

We have created new strategies and collaborations during the pandemic to assure our target populations are aware of our services. We have enhanced our website, improved our social media presence, and updated our information on 211tampabay.org. We have trained our volunteers who field phone calls to encourage and empathize with callers as many have never previously visited a food pantry and often feel embarrassed about their situation. We actively listen and focus on making our visitors feel comfortable during a difficult period for them. In addition, we developed an informational flyer and distributed it to all Pinellas County

Schools food distribution sites within 12 miles of our pantry. In April, we emailed every Principal at each elementary, middle and high school in our service area to inform them of our services. These efforts resulted in many food insecure families, who were new to our pantry and in desperate need of food, utilizing our services. We have also collaborated with other local food pantries such as Oldsmar Cares and Dunedin Cares to educate clients about services provided at our locations. In addition, we have communicated with many local churches, organizations and civic groups and encouraged them to share information about our pantry. The Palm Harbor/Oldsmar Beacon has written two stories about our pantry and the services we provide to our community. We plan to continue these outreach efforts so that our target populations are aware of our services.

Hurricane Preparedness*

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

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

If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer.

Emergency preparedness is in our name as F.E.A.S.T. stands for Food Emergency and Services Team. Our original charter included providing a foundation for emergency food support. Our current disaster plan includes four generators in our possession that will minimize food spoilage during an extended power outage. In order to return to offering food in the event of a weather-related emergency, we have a personnel and volunteer callout list and a plan to deliver a portion of our food to churches, schools, and shelters in advance of Federal Emergency Management Agency (FEMA) arrival. In the event our main facility becomes unusable due to hurricane damage, our offsite warehouse would be used to store any shelf-stable food. The warehouse can also function as an additional food distribution site. If a hurricane-related emergency were to occur this year, we have a solid plan in place to continue to spend awarded grant funds and maintain serving families in North Pinellas County..

Budget Summary*

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

If you would like to use unit of service costs, you MUST contact Pinellas Community Foundation FIRST to discuss this possibility.

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

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.

Please export as a PDF and upload it.

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

Budget Narrative*

Please download the budget narrative template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

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

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

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative.pdf

Capital Requests

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

Please upload in PDF format.

FEAST Capital Comparison.pdf

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

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

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

Are you going to use LPOs in this programming?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

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

FEAST LPO.pdf

Role in Programming*

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

We have developed relationships with other organizations in our area (logistical partner organizations) to maximize our ability to help the community. This has enabled us to minimize the amount of food which could potentially go to waste due to spoilage. For example, we are closed on Mondays and do not have adequate refrigeration so we transport some of our perishable donations to other food pantries such as Oldsmar Cares and Dunedin Cares. At times, when we receive donations in large containers such as #10 cans or 50 lb. bags of food we deliver them to Metropolitan Ministries to be used in their kitchen. We also collaborate with a number of churches supporting their mission including Grace Community Church, Holy Trinity Episcopal Church, and Palm Harbor United Methodist Church. In this way, we have been able to provide food to their church members who require supplemental food. We have also worked with a number of organizations in the area which support the homeless population. They have turned to us for food and supplies such as nutritional drinks and food that can be prepared without requiring electricity. In fact, we recently supplied both Directions for Living and Be A Light Mission with bags of ready to eat food for their homeless clients. Heritage Oaks, a Goodwill residence for people 62 years of age and older with limited income, often pick up our perishable foods at the end of the week. We frequently receive baby supplies such as baby food and diapers but do not have a high demand for these items so we have shared them with the Upper Pinellas Pregnancy Support Center. Additionally, we recently provided a large volume of food to children aging out of the foster care system through coordination with Ready for Life. Our outreach efforts in the community have been enhanced by our strong relationships with the Palm Harbor YMCA, Palm Harbor Rotary Club and the Palm Harbor Chamber of Commerce. We plan to continue these collaborations in the future.

Food

This grant will require weekly reporting on the following measures:

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

Affirmation of Reporting*

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

Yes

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

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

12461

September 2020 Projections - Food*

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

2795

October Projections - Food*

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

3008

November Projections - Food*

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

3222

December Projections - Food*

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

3436

Funder Involvement

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

None of the above

Other Funding Sources

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

Corrective Action*

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

No

Confirmation

Signature and Affirmation*

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

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

Tamara Black

File Attachment Summary

Applicant File Uploads

- Letter from CPA for FEAST.pdf
- IRS Form 990 2018 no pw.pdf
- Feast Budget - 2020 & 2021.pdf
- CARES-Partnership-Fund-Budget-Summary final.pdf
- CARES-Partnership-Fund-Budget-Narrative.pdf
- FEAST Capital Comparison.pdf
- FEAST LPO.pdf

Steuer & Co, CPA
Certified Public Accountants

1000 S. Belcher Rd, Ste 7
Largo, Fl 33771

Steuer & Co., CPA
Certified Public Accountants

Telephone (727) 797-9000
Fax (727) 797-9003
E-mail Mike@MiketheCPA.com
Website www.MikeTheCPA.com

April 24, 2020

Dear Sirs,

F.E.A.S.T., Inc. is an active 501(c)(3) non-profit organization. They use quick books for their accounting records. We have received, their internally prepared financial statements, and have prepared the 990 tax returns since 2010.

If you should have any questions, please feel free to call our office at any time.

Sincerely,

Michael E. Steuer, CPA

Michael E. Steuer, CPA

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10/01/18 , and ending 09/30/19

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

C Name of organization: F.E.A.S.T., Inc.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): PO Box 2154 | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: Palm Harbor FL 34682

D Employer identification number: 59-2981961

E Telephone number: 727-786-5275

G Gross receipts $ 506,073

F Name and address of principal officer:
Walter Anderson
2336 Malcolm Drive
Palm Harbor FL 34684

H(a) Is this a group return for subordinates? [ ] Yes [X] 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: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1989

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
FEAST operates a food distribution program to provide food to the needy in the Tampa Bay Area.

2 Check this box ▶ [ ] 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	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	42
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	468,718	506,073
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	468,718	506,073
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	474,432	495,594
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	474,432	495,594
	19	Revenue less expenses. Subtract line 18 from line 12	-5,714	10,479
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	39,999	47,944
	21	Total liabilities (Part X, line 26)	2,492	-42
	22	Net assets or fund balances. Subtract line 21 from line 20	37,507	47,986

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ Walter Anderson President/Exec Dri
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Michael E. Steuer, CPA	Michael E. Steuer, CPA	01/15/20		P00220216

Firm's name ▶ Michael E. Steuer, CPA, P.A. | Firm's EIN ▶ 59-3761272

Firm's address ▶ 1000 S Belcher Rd Ste 7
Largo, FL 33771-3316 | Phone no. 727-797-9000

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form **990** (2018)

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:

FEAST operates a food distribution program to provide food to the needy in the Tampa Bay Area.

2 Did the organization undertake any significant program services during the year which were not listed on the

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

N/A

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 495,594

FEASTINC 01/15/2020 4:28 PM

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	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? *If "Yes," complete Schedule C, Part III*	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? *If "Yes," complete Schedule D, Part 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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	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? *If "Yes,"*			

	complete Schedule D, Part VI	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	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? *If "Yes," complete Schedule F, Parts I and IV*	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? *If "Yes," complete Schedule F, Parts II and IV*	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? *If "Yes," complete Schedule F, Parts III and IV*	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? *If "Yes," complete Schedule G, Part I* (see instructions)	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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X

b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		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.	38		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	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	

8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			15	X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			16	X
	If "Yes," complete Form 4720, Schedule O.				

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

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

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6			
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?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		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?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			9		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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			

b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

Walter Anderson 2255 Nebraska Ave
Palm Harbor FL 34683 727-789-5275

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) Walter Anderson President/Exec Dri	40.00 0.00			X				0	0	0
(2) Susan Cornett Secretary	15.00 0.00			X				0	0	0
(3) Judy Morris VPD	5.00 0.00			X				0	0	0

VP	0.00			X				0	0	0
(4) Faith Jacques Treasurer	4.00 0.00			X				0	0	0
(5) Ronald Evers Director	2.00 0.00			X				0	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5	X

Section B. Independent Contractors

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

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

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	141,539				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	364,534				
	g Noncash contributions included in lines 1a-1f: $ 350,000						
	h **Total.** Add lines 1a–1f ▶			506,073			
Program Service Revenue			Busn. Code				
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19 a						

b Less: direct expenses b					
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b					
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Busn. Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d ▶					
12 **Total revenue.** See instructions. ▶		506,073	0	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,300	1,300		
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.)	67,293	67,293		
12 Advertising and promotion				
13 Office expenses	4,418	4,418		
14 Information technology	470	470		
15 Royalties				
16 Occupancy	28,612	28,612		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,414	19,414		
23 Insurance	482	482		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				

	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Food Donations (Non Cash)	350,000	350,000		
b	Warehouse Supplies	12,206	12,206		
c	Automobile	6,968	6,968		
d	Groceries	3,343	3,343		
e	All other expenses	1,088	1,088		
25	**Total functional expenses.** Add lines 1 through 24e	495,594	495,594	0	0
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ 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		1,615	1	164
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,071	9	1,071
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 98,987			
	b	Less: accumulated depreciation	10b 52,278	37,313	10c	46,709
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		39,999	16	47,944
Liabilities	17	Accounts payable and accrued expenses		2,492	17	-42
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		2,492	26	-42
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		37,507	27	47,986
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	

Net Ass					
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	37,507	33	47,986
34	Total liabilities and net assets/fund balances	39,999	34	47,944

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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	506,073
2	Total expenses (must equal Part IX, column (A), line 25)	2	495,594
3	Revenue less expenses. Subtract line 2 from line 1	3	10,479
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,507
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,986

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: ☒ Cash ☐ Accrual ☐ 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?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

FEAST FOOD PANTRY

Detailed Budget 10/1/19 - 9/30/20

Income	
Contributions	**$124,500**
Grants	**$5,000**
In-Kind Food	**$370,000**
Total Income	**$499,500**
Expenses	
STAFF	
Salaries	**$50,000**
Taxes	
Medicare (1.45%)	$200
Social Security (6.2%)	$1,525
Total Taxes	**$1,725**
PROGRAM	
Fundraising Expenses	**$1,500**
Groceries	**$3,875**
In-Kind Food	**$370,000**
Pantry Supplies	**$1,800**
Warehouse Supplies	**$2,350**
OPERATING	
Board Expenses/Meetings	**$200**
Building Maintenance	**$10,175**
Business Expenses	
Bank Charges	$155
Licensing Costs	$475
Total Business Expense	**$630**
Community Outreach Activities	**$1,000**
Equipment Maintenance	**$5,000**
Insurance Liability	**$1,975**
Office Supplies	**$2,500**
Postage	**$1,500**
Professional Memberships	**$500**
Professional Services	
Bookkeeping	$4,200
Accounting	$2,500
IT Services	$150
Payroll Processing	$275
Total Professional Services	**$7,125**
Publicity, Promotion, & Printing	**$2,000**
Subscriptions & Licenses	
Food Bank Manager	$400

Quickbooks	$900
Other Subscriptions & Licenses	$400
Total Subscriptions & Licenses	**$1,700**
Utilities	
Cleaning	$2,500
Electricity	$7,000
Internet & Phone	$2,150
Pest Control	$1,050
Rent	$4,800
Trash & Recycling	$3,850
Total Utilities	**$21,350**
Van Expenses	
Gas	$5,000
License	$120
Insurance	$2,475
Repair	$5,000
Total Van Expenses	**$12,595**
Total Expenses	**$499,500**
Net Income	**$0**

FEAST FOOD PANTRY

Detailed Budget 10/1/20 - 9/30/21

Income	
Contributions	**$132,000**
Grants	**$48,000**
In-Kind Food	**$325,000**
Total Income	**$505,000**
Expenses	
STAFF	
Salaries	**$54,000**
Taxes	
Medicare (1.45%)	$850
Social Security (6.2%)	$3,575
Total Taxes	**$4,425**
PROGRAM	
Fundraising Expenses	**$2,100**
Groceries	**$30,000**
In-Kind Food	**$325,000**
Pantry Supplies	**$2,550**
Warehouse Supplies	**$975**
OPERATING	
Board Expenses/Meetings	**$200**
Building Maintenance	**$8,500**
Business Expenses	
Bank Charges	$90
Licensing Costs	$475
Total Business Expense	**$565**
Community Outreach Activities	**$1,500**
Equipment Maintenance	**$1,300**
Equipment Purchases	**$16,800**
Insurance Liability	**$2,500**
Office Supplies	**$1,850**
Postage	**$1,500**
Professional Memberships	**$500**
Professional Services	
Bookkeeping	$5,760
Accounting	$2,500
IT Services	$500
Payroll Processing	$1,500
Total Professional Services	**$10,260**
Publicity, Promotion, & Printing	**$1,525**
Subscriptions & Licenses	

Food Bank Manager	$400
Quickbooks	$900
Donor Management	$450
Other Subscriptions & Licenses	$500
Total Subscriptions & Licenses	**$2,250**
Utilities	
Cleaning	$2,500
Electricity	$6,450
Internet & Phone	$2,100
Pest Control	$1,250
Rent	$4,800
Trash & Recycling	$3,300
Total Utilities	**$20,400**
Van Expenses	
Gas	$5,000
License	$100
Insurance	$6,200
Repair	$5,000
Total Van Expenses	**$16,300**
Total Expenses	**$505,000**
Net Income	**$0**

Pinellas Community Foundation

Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: _____FEAST FOOD PANTRY_____

Project Name: __FEAST CAPACITY EXPANSION DURING COVID19_____

FROM (date): _____9/1/20_____ TO (date): _____12/31/20_____

Budget Category/Line Item	Organizational Budget - Total	Pinellas CARES Grant
Personnel *(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)*	$19,475.00	
Equipment *(computers, furniture, etc., less than $3,000 per item)*	$1,616.67	
Supplies *(office materials, program related purchases, program necessities to deliver services, etc.)*	$120,625.00	**$27,690.00**
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)	$10,466.67	
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)	$5,433.33	
Training *(staff development, conferences, long distance travel)*	$233.33	
Design, Printing, Marketing & Postage (for direct program related services only)	$1,708.33	
Capital *(Buildings, vehicles, equipment $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)*	$919.00	**$15,352.00**
Purchased Services *(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)*	$3,420.00	
De Minimis Cost (Administration Fee, Indirect Cost, etc.)	$188.33	
TOTAL	$164,085.66	**$43,042.00**

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Application
BUDGET NARRATIVE FORM

If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.

Organization Name: FEAST FOOD PANTRY
Project Name: FEAST CAPACITY EXPANSION DURING COVID 19
FROM *(month/year):* 9/2020 TO *(month/year):* 12/2020

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

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

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

We are requesting $27,690 to purchase food to meet our increase in demand. We project serving 12,461 individuals from September through December 2020. Our average family size has increased to 2.7 per family unit. Therefore, we will serve 4,615 families through the end of this calendar year. The amount we are seeking is based on the cost of purchasing essential food staples (approximately $6 needed per family) for our increase in food-insecure clients.

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

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

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

Capital (buildings, vehicles, equipment $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)
We are requesting funding for 3 commercial-grade, energy-efficient refrigerators to store fresh produce, meat and milk which we receive through our collaborations with Feeding Tampa Bay, the USDA program, and buyfarmfood. The cost of each refrigerator is $5,117.29. Therefore, the cost to purchase 3 refrigerators is $15,352.00. Conversely, the cost of leasing three equivalent refrigerators is $4050.00 per month ($1350.00 each). This results in a cost of $16,200.00 for a 4 month lease (Sept-Dec) of three commercial refrigerators. Therefore, the purchase of these units represents the lower cost option for the grant period. In addition, purchasing refrigeration as opposed to leasing will benefit our clients in 2021 and beyond as they continue to recover from the effects of COVID 19.

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

Administration (pre-approved federal indirect cost, de minimus rate of 10%, or none) This costs usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-established percentage rate from a Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have an established percentage rate for De Minimis Cost, please use 10% as the established percentage rate.

Three (3) T72 3-Door Stainless Steel Refrigerator

Rental cost for 4 months = $16,200

True T72 3 Door Stainless Steel Refrigerator

Product Specifications

BRAND	True
MODEL	T72
DOORS	3

DESCRIPTION

The True T-72 is a 3 door Reach in Refrigerator with 72.0 Cu. Ft. Capacity. This product features a stainless steel exterior front and doors and aluminum sides and back. The interior is constructed of an aluminum with a stainless steel floor. It includes 3 adjustable vinyl coated wire shelves per door. Other features include self-closing doors with locks, an exterior dial thermometer and interior lighting. The oversized, factory balanced refrigeration system holds a steady temperature from +33°F to +38°F for exceptional food safety. The True T-72 is designed with only the highest quality materials and standards from True Manufacturing. It is available with free, same-day shipping from Central Restaurant Products.

See more

RENTAL OPTIONS

Rent for short-term needs, finance the purchase by leasing, or just purchase outright.

Rent $1,350/mo | Lease/Finance Get Quote | Buy Get Quote

Offered by **Chris** at Supplier #8443 in Sykesville, MD

Rental Rates Message Chris

WANT MORE OPTIONS?

Get multiple quotes to rent, finance or buy from **307 Suppliers** of restaurant equipment

Request Quotes

Purchase cost = $15,352

KaTom RESTAURANT SUPPLY, INC.

Search 877.674.8115
Hours: M - F 8 to 8 EST | Sat 8:30 to 5

Restaurant Equipment | Kitchen Supplies | Flatware & Serveware | Cleaning & Janitorial | Restaurant Furniture | Disposables | Shelves & Carts | Business Type | Clearance

KaTom Restaurant Supply / Restaurant Equipment / Commercial Refrigeration / Reach-in Refrigerator / **78 1/10" Three Section Reach In Refrigerator, (3) Left/Right Hinge Solid Doors, 115v**

True T-72-HC 78 1/10" Three Section Reach In Refrigerator, (3) Left/Right Hinge Solid Doors, 115v

KaTom #: 598-T72 • MPN: T-72-HC

Ships Free

IN STOCK: **Ships in 1 Business Day**

(3 reviews) | Write a Review

Retail Price: $5,117.29

EMAIL ME MY PRICE

Login or enter your email to be sent the price.

Email Address Send

QTY: 1 Add to Cart

As low as $473/month with CREDIT KEY

Image may not depict product color, inclusions or accessories.

FEAST FOOD PANTRY

LPO Name	Name	Number
Dunedin Cares	Joe Mackin	813-215-7773
Oldsmar Cares	Joanne Fitzpatrick	813-415-7373
Ready for Life	Michelle Walag	262-325-0430
Be The Light Mission	Raenell Shirley	727-314-3351
Metropolitan Ministries	Mary Treichel	727-937-3268
Palm Harbor United Methodist Church	Rev. Cathy Hart	727-785-7487
Directions for Living	Damia Kelly	727-242-0558
Holy Trinity Episcopal Church	Rev. Daniel Lemley	727-796-5514
Palm Harbor YMCA	Delonyx Cortez	727-787-9622
Palm Harbor Rotary	Mike Eisner	mike.eisner1515@gmail.com
Palm Harbor Chamber of Commerce	Dean Maratea	203-577-8407
Grace Community Church	Brent Bergman	727-789-2124
Upper Pinellas Pregnancy Support	Nataliya Montilcone	727-937-4304
Heritage Oaks	Nancy	727-787-0792