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.

To see the rubric by which your organization's application will be scored, click here.

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

Priority Funding Areas*

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

Behavioral Health

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*

Rhythm Changes - Social Emotional Wellness through Music, Art and Connection

EIN*

47-3347884

DUNS Number*

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

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

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

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

085632919

Mission Statement*

Our mission is to bring community and character building initiatives to underserved communities through art and music enrichment programs, drum circles and drum making programs - these initiatives are designed to improve social emotional well being, foster a deeper sense of connection to community, and promote positive behavioral changes for all ages and abilities.

Total Operating Expenditure*

What are your total annual operating expenses?

$259,400.00

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.

$77,457.00

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

Priority Populations*

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

Communities of color
Children and/or the elderly
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).

For almost 20 years our team has used music, drums, and art as a vehicle to facilitate a deeper sense of connection to community and culture and to empower individuals and groups to realize their own potential and self-worth. We focus our community outreach to schools, youth detention centers, and to those with special needs. We have been fortunate enough to share these experiences through in-person enrichment and character-building initiatives with many thousands of participants over the years. To adapt to new social distancing rules, and continue to serve our clients, we developed a video and live virtual outreach to connect to kids, many who feel isolated and alone. We have consulted with field experts to design and distribute content for special needs students in Pinellas County. Additionally, we created and delivered interactive, meaningful and effective content to individuals, community libraries and summer camps in our most underserved communities in 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 expansion of existing programming or sustaining an existing expansion to meet community needs.**

Rhythm Changes was formed in 2014, however, our team has focused on providing social-emotional wellness programming through music and art enrichment initiatives since 2005. The new development of online and video content is in response to COVID.

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)
South County (locations such as St. Petersburg, Lealman, Kenneth City)

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.)

For the past 15 years, we have offered interactive music and drum circle enrichment programs, as well as drum making workshops for schools, special needs groups, youth detention centers, and underserved communities across Pinellas County. Until recently our enrichment programming was an "in-person experience" designed to create closer personal connections, and affect positive social-emotional change through music and art. Once the pandemic shutdowns began in March, all of our in-person programmings ceased. Many students who have come to know, expect, and even depend on our programming throughout the year were left without a creative outlet. With the current social distancing guidelines, we are still unable to connect to those students through in-person programming. The resources from this grant will be used to maintain those connections, and create new ones in order to reassure students, educators, and community members who may feel isolated and alone that they are still a part of a caring community. We want them to know and understand that the important adults in their life are still present, accessible and available to them. Video and virtual mediums may not be quite the same experience as in-person engagement, however, the social-emotional benefits of this type of online interaction are still significant - and necessary. Furthermore, online content of this nature has the unique ability to reach more individuals than could ever be possible with in-person programming. Going forward, having an online component to programming will be necessary for almost all organizations to stay relevant in the future - even after the pandemic. We want to use this time to continue improving and developing quality online wellness content, and to begin laying the groundwork for an effective, community-based network to continue to deliver content to underserved communities across Tampa Bay and beyond.

Fiscal Accountability

Federal Fund Disclosure*

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

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

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

Audited Financial Statements*

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

No

Most Recently Filed IRS Form 990*

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

990-EZ 2019.pdf

Board-Approved Budget*

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

RC Annual Budget 2020.pdf

No Audited Financial Statements

Explanation for Lack of Audit*

Please briefly explain why your organization does not annually have an independent audit conducted. If you have any documentation, such as financials statements, or a letter from a CPA explaining the lack of an audit, you may upload it here in PDF format.

Rhythm Changes has not received funding from a source that required an audit.

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

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

n/a

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.**

This project is a 3-part initiative designed to increase the social-emotional well being of young people across Pinellas County. We are partnering with Pinellas County Schools to distribute online content.

Music teachers will deliver the following online initiatives during class time:

1): Interactive video programming- This video series is designed for PreK - 2nd grade, all abilities. The series focuses on social-emotional well being, community connections, and concept development. The videos are active participation, and viewers will interact using rhythm, movement, and voice. Participating teachers will show 1 of these videos to their students per week, and use the content as a discussion tool during classes. This will be made available to ALL Pinellas County Schools who want to participate.

2): Virtual Performance - We will "visit" schools through digital conferencing platforms and provide live and interactive performances for grades 3-5. We will coordinate schedules with the music teachers to video conference directly into their classrooms. Virtual performances will focus on topics such as inclusion, staying connected, respect for each other, community involvement, and positive behavioral change.

3): Drum Making -The entire 5th grade class of Campbell Park Elementary (33705) will have the opportunity to create, customize, and keep an authentic drum. The program is designed to build self-confidence, teach creative and collaborative problem solving, and lead students to a better understanding of teamwork and respect for others. This initiative will be coordinated with the school administration. Video and live video conferencing instruction will be made available. Once the project is completed, students will participate in a virtual drum circle together - and use their new drums!

Videos will be posted as a private link on YouTube for teachers to access. This allows for a county-wide reach. We will prioritize Title 1 schools.

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?

Rhythm Changes has cultivated professional relationships in Pinellas County for many years with schools, community centers and organizations serving our youth. Our relationship with Pinellas County Schools has risen to the county level, so we are now able to market and distribute content countywide - with a focus on title-one schools in extremely vulnerable communities.

Backed by the school system's county administration and their commitment to promoting and encouraging teachers to participate in this program all elementary music teachers will be directly made aware of this opportunity,

Pending a positive outcome for this grant, Campbell Park Elementary (33705) is committed to participating in the drum making initiative. We will provide "at home drum making kits" for students who are currently attending online. Our intention is to ensure every 5th grader has equal access to participate in the drum-making program and feels included in this project. Additionally, we have long-standing relationships with private schools, charter schools, & homeschool communities all across Pinellas County, as well as a substantial and dedicated following on our social media platforms.

Children are truly hungry for human connection, and some semblance of normalcy, teachers want to give them that - this is an opportunity for both. Once the word spreads of this essential and fun program, interest, and participation in this project will grow exponentially.

Hurricane Preparedness*

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

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

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

As long as we can still reach students through the internet, we can deliver most, if not all of our programming online. If schools are closed, music teachers can still email video links to students. The drum making sessions may need to be paused if school buildings are closed due to a hurricane, however any at-home learning students can continue to make their drum, and can use the online video tutorial links we will include with the program. Our team will pivot and adjust to any obstacles and challenges due to mother nature!

Evidence of Insurance Coverage*

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

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

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

CERTIFICATE OF INSURANCE (COI).Pdf

Insurance Requirement*

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

Here is the information for your carrier:
Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

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

Yes, I understand this requirement.

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

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

Budget Summary*

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

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

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

Please export as a PDF and upload it.

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

Budget Narrative*

Please download the budget narrative template **HERE** and complete it.

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

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

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

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

Please export as a PDF and upload it.

RC PCF CARES Budget NarrativeFINAL.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.

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?*

No

Behavioral Health

This grant will require weekly reporting on the following measures:

- Number of individuals receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone by zip code of participant or service delivery point (participant zip code is preferred)

This grant will require monthly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- **Monthly Progress Rate** as defined by your measurement and methodology specified below

Affirmation of Reporting*

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

Yes

Measurement - Behavioral Health*

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

"The Music Teachers Observation and Rating Scale" is designed for this virtual format. Teachers know the students best, and they are in the best position to observe,assess, and report on student's reactions and behavioral gains observed from participation in the project. Teachers will complete this survey monthly for approximately 5,000 students total county-wide. The survey will be comprised of the following 4 dimensions rated on a 5 point Likert-Type scale with 1=Poor/ Not observed to 5= Excellent/Consistently Observed, with a maximum score of 100 pts:

1 - Engagement - How engaged and involved are the students during the program? Are they actively participating?

2 - Connection - Are students interacting with other students or teachers during programming?

3 - Attention/Comprehension - Are the students grasping the concepts and ideas being presented as they are being presented?.

4 - Mood/Behavior - Are the students in better moods and seem happier during the program?

Methodology*

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the selected behavior change measure(s) specified above.

Monthly Projected Progress Rate (%): Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

Methodology

"Progress " will be defined as 75% of teachers reporting a rating score of at least 80 points out of a possible 100 points on a monthly basis indicating positive engagement and benefits for the students in their music classes involved in the enrichment programming and initiatives.

Number of Clients Served During Grant Period - Behavioral Health*

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

15000

Estimated Percentage of Progress - Grant Period*

Please estimate % of progress on the proposed measure during the grant period.

75%

September Projections - Number Served - Behavioral Health*

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

1000

September Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients **for September 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

70

October Projections - Number Served - Behavioral Health*

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

3500

October Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for October 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

75

November Projections - Number Served - Behavioral Health*

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

5000

November Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for November 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

80

December Projections - Number Served - Behavioral Health*

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

5500

December Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for December 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

80

Funder Involvement

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

Allegany Franciscan Ministries
Pinellas Community Foundation

Other Funding Sources

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

N/A

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.

Steven E Turner

File Attachment Summary

Applicant File Uploads

- 990-EZ 2019.pdf
- RC Annual Budget 2020.pdf
- CERTIFICATE OF INSURANCE (COI).Pdf
- CARES-Partnership-Fund-Budget-Summary-Grant FINAL. pdf.pdf
- RC PCF CARES Budget NarrativeFINAL.pdf

Harbor Bookkeeping & Tax Preparation, Inc.
2807 Wesleyan Drive
Palm Harbor, FL 34684
Phone: 727-410-6777
Fax: 727-786-2861
doris.dimon@gmail.com

July 15, 2020

Rhythm Changes
2807 Wesleyan Drive
Palm Harbor, FL 34684

Dear Sir,

I have prepared the 2019 Form 990EZ for Rhythm Changes based on the information you provided. The return has been successfully e-filed and a copy is enclosed for Rhythm Changes's records.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about Rhythm Changes's tax situation during the year, please do not hesitate to call me at 727-410-6777. I appreciate this opportunity to serve you.

Sincerely,

Doris E Dimon, EA
Harbor Bookkeeping & Tax Preparation, Inc.

Privacy Notice
As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Federal
Tax Return

Rhythm Changes

2019

Harbor Bookkeeping & Tax Preparation, Inc.
2807 Wesleyan Drive
Palm Harbor, FL 34684
Phone: 727-410-6777
Fax: 727-786-2861
doris.dimon@gmail.com

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , and ending

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

C Name of organization: Rhythm Changes

Number and street (or P.O. box if mail is not delivered to street address): 2807 Wesleyan Drive | Room/suite:

City or town: Palm Harbor | State: FL | ZIP code: 34684

Foreign country name | Foreign province/state/county | Foreign postal code

D Employer identification number: 47-3347884

E Telephone number: 727-410-6777

F Group Exemption Number ▶

G Accounting Method: [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.rhythm-changes.org

J Tax-exempt status (check only one) — [X] 501(c)(3) [ ] 501(c) ( )◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 15,719

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	15,719
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	15,719
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	5,786
	17	**Total expenses.** Add lines 10 through 16 ▶		17	5,786
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	9,933
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	3,325
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-1,106
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	12,152

For Paperwork Reduction Act Notice, see the separate instructions.

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	1,276	22	10,113
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,049	24	2,039
25	**Total assets**	3,325	25	12,152
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	3,325	27	12,152

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III. . . . . [ ]

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? To Provide drumming and social skills to undepriviledged

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	We have provided more drumming and educational facilities this year at nursing homes, youth detention centers, TBI units, and handicapped resdiences. That is our goal to reach as many of those facilities as (Grants $) If this amount includes foreign grants, check here . . . . . ▶ [ ]	28a	
29	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ [ ]	29a	
30	(Grants $) If this amount includes foreign grants, check here . . . . . ▶ [ ]	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants $) If this amount includes foreign grants, check here . . . . . ▶ [ ]	31a	
32	**Total program service expenses.** (add lines 28a through 31a) . . . . . ▶	32	0

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . [ ]

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steven Turner Member	Hr/WK 20.00			
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Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		
41	List the states with which a copy of this return is filed. ►			
42 a	The organization's books are in care of ► Harbor Bookkeeping & Tax Preparation, Inc. Telephone no. ► 727-410-6777 Located at ► 2807 Wesleyan Drive City Palm Harbor ST FL ZIP + 4 ► 34684			
b	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)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		X

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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.	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Title	Hr/WK .00			
Name Title	Hr/WK .00			
Name Title	Hr/WK .00			
Name Title	Hr/WK .00			
Name Title	Hr/WK .00			

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ [X] **Yes** ☐ **No**

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

Sign Here

Signature of officer Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Doris E Dimon, EA		7/15/2020		P01207195

Firm's name ▶ Harbor Bookkeeping & Tax Preparation, Inc. Firm's EIN ▶ 83-0447950

Firm's address ▶ 2807 Wesleyan Drive, Palm Harbor, FL 34684 Phone no. 727-410-6777

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Rhythm Changes

Employer identification number: 47-3347884

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 [X] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

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

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

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions) . . . **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	0.00%
15 Public support percentage from 2018 Schedule A, Part II, line 14	**15**	0.00%

16a **33 1/3% support test—2019.** 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 . . . ▶ ☐

b **33 1/3% support test—2018.** 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 . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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. . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** 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 . . . ▶ ☐

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 . . . ▶ ☐

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			11,636	7,733	5,000	24,369
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	11,636	7,733	5,000	24,369
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						24,369

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	0	0	11,636	7,733	5,000	24,369
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	11,636	7,733	5,000	24,369

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2019.** 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 ▶ X

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

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in **Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
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)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV **Supporting Organizations** *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**	0	0
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**	0	0

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**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**	0	0
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**	0	0
6 Multiply line 5 by .035.	**6**	0	0
7 Recoveries of prior-year distributions	**7**	0	0
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**	0	0

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		0
2 Enter 85% of line 1	**2**		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		0
4 Enter greater of line 2 or line 3.	**4**		0
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**		0

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	0
10	Line 8 amount divided by line 9 amount	0.000

	Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014. 0			
b	From 2015 0			
c	From 2016 0			
d	From 2017 0			
e	From 2018 0			
f	**Total** of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2019 distributable amount			0
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from Section D, line 7: $ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2019 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.		0	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			0
7	**Excess distributions carryover to 2020.** Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2015 0			
b	Excess from 2016 0			
c	Excess from 2017 0			
d	Excess from 2018 0			
e	Excess from 2019 0			

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization	**Employer identification number**
Rhythm Changes	47-3347884

Organization type (check one):

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

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

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

General Rule

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

Special Rules

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

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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	Employer identification number
Rhythm Changes	47-3347884

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
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
	Foreign State or Province: Foreign Country:	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Rhythm Changes	47-3347884

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

Name of organization	Employer identification number
Rhythm Changes	47-3347884

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.) ▶ $ 0

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
For. Prov. Country	

(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
For. Prov. Country	

(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
For. Prov. Country	

(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
For. Prov. Country	

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

2019

Open to Public Inspection

Name of the organization	Employer identification number
Rhythm Changes	47-3347884

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 843

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 351

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 340

Form 990-EZ, Part I, Line 16, Other Expenses: Accounting: 680

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 100

Form 990-EZ, Part I, Line 16, Other Expenses: Auto Expenses: 1,099

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Service Charges: 60

Form 990-EZ, Part I, Line 16, Other Expenses: Business Registrations: 446

Form 990-EZ, Part I, Line 16, Other Expenses: Credit Card Fees Merchant Fees: 76

Form 990-EZ, Part I, Line 16, Other Expenses: Grant Writing Fees: 400

Form 990-EZ, Part I, Line 16, Other Expenses: Website: 271

Form 990-EZ, Part I, Line 16, Other Expenses: Outside Contractors: 1,120

Form 990-EZ, Part I, Line 20, Net Assets: Screen projector: -339

Form 990-EZ, Part I, Line 20, Net Assets: Trailer to haul drums: -610

Form 990-EZ, Part I, Line 20, Net Assets: Drums: -157

Form 990-EZ, Part II, Line 24, Other Assets: Screen and projector: Beginning of year: 439, End of year: 439

Form 990-EZ, Part II, Line 24, Other Assets: Small Trailer to haul drums: Beginning of year: 1,610, End of year: 1,600

Name of the organization	Employer identification number
Rhythm Changes	47-3347884

(Sch O (990/990EZ)) - Supplemental Information

	Form	Part	Section	Line	Explanation
1	Form 990-EZ				

Rhythm-Changes, Inc

Annual Operating Budget

1/1/2020 to 12/31/2020

Budget Category	Monthly	Annually
Personnel Full Time	$8,000.00	$96,000.00
Personnel Part Time	$5,100.00	$61,200.00
Music and Computer Equipment	$1,500.00	$18,000.00
Office and Program Supplies	$2,000.00	$24,000.00
Office and Storage Space	$2,000.00	$24,000.00
Local Travel	$500.00	$6,000.00
Training	$100.00	$1,200.00
Design, Printing, Marketing & Postage	$417.00	$5,000.00
Purchased Services	$2,000.00	$24,000.00
TOTAL	$21,617.00	$259,400.00

THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

September 18, 2020

PINELLAS COMMUNITY FOUNDATION
17755 US HIGHWAY 19 N STE 150
CLEARWATER FL 33764-6588

Account Information:

Policy Holder Details :	GIVING TREE MUSIC, INC

Contact Us

Business Service Center
Business Hours: Monday - Friday
(7AM - 7PM Central Standard Time)
Phone: (866) 467-8730
Fax: (888) 443-6112
Email: agency.services@thehartford.com
Website: https://business.thehartford.com

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/18/2020

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATIONIS 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
HUB INTERNATIONAL NW LLC/PHS
52811144
The Hartford Business Service Center
3600 Wiseman Blvd
San Antonio, TX 78251

CONTACT NAME:
PHONE (A/C, No, Ext): (866) 467-8730
FAX (A/C, No): (888) 443-6112
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A :	Hartford Casualty Insurance Company	29424
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
RHYTHM-CHANGES, INC
2807 WESLEYAN DR
PALM HARBOR FL 34684-4730

COVERAGES **CERTIFICATE NUMBER:** **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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [ ] OCCUR [X] [X] General Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC [X] OTHER:	X		52 SBM FO3784	01/28/2020	01/28/2021	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB **EXCESS LIAB** OCCUR CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/ A					PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	EMPLOYMENT PRACTICES LIABILITY			52 SBM FO3784	01/28/2020	01/28/2021	Each Claim Limit Aggregate Limit	$5,000 $5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES **(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Those usual to the Insured's Operations. The certificate holder is an additional insured per the business liability coverage form SS0008 attached to the policy.

CERTIFICATE HOLDER
PINELLAS COMMUNITY FOUNDATION
17755 US HIGHWAY 19 N STE 150
CLEARWATER FL 33764-6588

CANCELLATION
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
Susan L. Castaneda

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Pinellas Community Foundation

Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: Rhythm-Changes, Inc.

Project Name: Rhythm-Changes Social Emotional Wellness Through Music, Art and Connection

From 09/01/2020 Through 12/31/2020

Budget Category/Line Item	**Program Budget - Total**	**Pinellas CARES Grant**
Personnel *(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)*	157,200.00	55,400.00
Equipment *(computers, furniture, etc., less than $3,000 per item)*	18,000	7,629.00
Supplies *(office materials, program related purchases, program necessities to deliver services, etc.)*	24,000	8,250
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)	36,000	1,500
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)	6,000	0
Training *(staff development, conferences, long distance travel)*	1,200	0
Design, Printing, Marketing & Postage (for direct program related services only)	5,000	
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)*		
Purchased Services *(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)*	24,000	
Indirect Costs (pre-negotiated federal rate, de minimus rate of 10%, or none)	4678	4678
TOTAL	276,078.00	77,457.00

Pinellas Community Foundation
PCF CARES 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: Rhythm Changes
Project Name: Rhythm Changes - Social Emotional Wellness through Music, Art and Connection
FROM *(month/year):* Sept./2020 TO *(month/year):* Dec./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)*

Rhythm Changes was formed in 2014, as the non-profit sister organization of Giving Tree Music. Giving Tree Music provides group music-making experiences and drum making sessions to corporate clients around the globe. Rhythm Changes was founded because we saw a need to provide therapeutic programming for educational facilities and for non-profit organizations serving vulnerable populations in the Tampa Bay region of Florida. We have relied on volunteer and in-kind donations for most of our service work. The populations served by Rhythm Changes are the least funded populations in our communities. Because of this, Rhythm Changes has always operated on a shoestring budget.

In late 2019, the board at Rhythm Changes voted to fund full time positions, and part time contractors in addition to our typical operating expenses, and we were on track to pay all projected annual expenses, and then the COVID pandemic happened.

The impact of COVID has been devastating to every aspect of both Giving Tree Music and Rhythm Changes. At the beginning of March, all in-person performances and enrichment programs ceased due to lockdowns and social distancing guidelines. Rhythm Changes lost over $70,000 of projected revenue was due to cancellations.

The organization was immediately forced to begin paying salaries and wages from money earmarked from our savings. We began to quickly exhaust our resources and have had to stop paying, reduce hours and in some cases lay off several employees and contractors.

To adapt, Rhythm Changes began producing interactive and inspirational music and movement videos so we could still reach kids virtually. These videos are focused on social-emotional wellness, mindfulness, community connection and concept development. Support from the community was tremendous, and soon Rhythm Changes was offering virtual performances and producing custom videos for enrichment programs across Pinellas County. These online initiatives have been seen at schools, summer camps, libraries and special needs groups. Unfortunately, because of the widespread impact of COVID there was little funding for these projects, but an enormous demand for this type of content and community connection.

In order to improve, expand and continue providing meaningful social-emotional wellness programming and behavioral health initiatives for our target populations, as well as deliver the different components of this individual project, we estimate the following costs:

Personnel:

$26,000 to pay the Executive Director/ Creative Director and Video Producer. This amount is calculated at 33% of yearly income based on budget, industry standards and prior income reporting.

The project is entirely driven by this position, and this funding is crucial to the success of the project. Duties include: Design, creation, production and distribution of video programming, virtual performances and online drum making workshops to over 15,000 students and young people of all abilities.

$6000 to pay the Operating Manager. Our Operating Manager's duties will include tax and form filings, accounting, bookkeeping, inventory and scheduling of program operations and virtual performances. The individual who holds this position currently has continued performing all of the required duties on a reduced salary since June 2020. This amount is calculated at 15 hours a week @ $25 per hour = $1500 per month. This position will work closely with the Creative Director to coordinate and clearly communicate with teachers participating in this project.

$2000 to pay the Social Media Manager. The onset of COVID and social distancing guidelines has created a robust and engaged audience on various social media platforms paramount to our successful online initiatives. This position has not been funded since April 2020, and the individual who holds the position has continued, un-interrupted as an un-paid volunteer, but she cannot do this any longer, and needs to be compensated for her time. Duties include community engagement, and project promotion. Online marketing, digital promotion and graphic design. This amount is based on 5 hours a week @ $25 per hour = $500 per month.

$2000 to pay a Data Analysis Specialist. Although reporting on this grant is reasonably simple, the collection and analyzation of the data will take time. This is a temporary part time consultant position is needed in order to implement the tracking guidelines for this project. Duties will include registering teachers to participate in various initiatives, coordination of reminder emails and collection of weekly participation numbers. Monthly distribution, collection and analyzation of surveys and data will also be handled by this position. This amount is based on 5 hours a week @25 an hour = $500 per month.

$6000 to pay a Technical Assistant/Digital Producer. This part time position is needed in order to deliver cohesive and engaging virtual performances. Because of the nature of video conferencing platforms, and complications with audio lag and challenges with connectivity, it is vital to have a technical assistant. The technical assistant will manage the "behind the scenes" responsibilities so the performer can focus on engagement and delivering the initiatives. This amount is based on 15 hours a week @ $25 an hour = $1500 per month.

$2400 to pay a Second Facilitator/Performer. As we develop this project and it grows in popularity, we anticipate the need for another performer to be available for virtual performances. Rhythm Changes is also designing new content that will feature different themes, facilitators and performers over the course of this project. This amount is based on a rate of $150 for an online virtual performance. We anticipate 12 performances (one per week) = $600 per month.

$4000 to pay a Communications and Marketing Specialist. This part time consultant is needed in order to prepare updates on the project initiatives for the audiences, with the press, to create informational flyers for the teachers and students and to take information from the staff and parlay it into consumable data for the public. The amount is based on a salary of $1000 a month for 4 months.

$4000 to pay for Website Expansion for teacher interaction. Because we are delivering a digital medium, the organization's digital footprint and web presence is extremely important. Registration, tracking and surveys, study guides and updates about the project will be accessible on our website. This is a temporary position and only needed because of this project and our response to the COVID pandemic. This amount is based on a salary of $1000 a month for 4 months.

$3000 to pay a Curriculum Guide Writer. This is a temporary position and intended to enhance the teacher's and student's connection by providing a resource and discussion guide for each video in the video series (up to 15). The resource guide will include discussion questions activities relating to video content and well as Florida State Educational Standards. This amount is based on a flat rate of $3000 for the work to create curriculum to be used with the series of 15 videos. $200 per video X 15 videos = $3,000.

Total Personnel Costs = $55,400

Equipment:

$2,299.00 to purchase an iMac 27" Desktop for dedicated audio and video production. A dedicated computer for all music and video production is needed so we can improve the quality, and reduce production time, and continue to deliver engaging digital enrichment programs in Pinellas County. This will be purchase directly from Apple on their website.

$1099 to purchase the 12.9-inch iPad Pro to be used for all photos and video recording. This will greatly improve the quality of video and audio recording produced, and compatibility features will make file transfers and downloads much quicker. This will allow higher quality content produced faster and more efficiently. This will be purchase directly from Apple on their website.

$379 to purchase 2 microphones to be used for video and audio recording as well as virtual performances and remote recording. The Shure MV88 + Video Kit with digital Stereo Condenser Microphone ($249.00), for video recording. Also, the Blue Yeti USB Desktop Microphone($129.99) for audio recording and live virtual performances. The Shure Microphone will be purchased through Amazon Prime. The Blue Yeti will be purchased from Crutchfield through their website.

$299 to purchase Final Cut Pro X, a top of the line video editing software package compatible with Mac. This software will facilitate faster, and better quality production of professional video content for the grant initiatives. This item is purchased directly from Apple through the App Store.

$58 for the Seagate Expansion 2T External Hard Drive. Audio and video files take up large amounts of memory. An external hard drive will allow them to be stored there, rather than slow down the computer. This Item will be purchase online from Staples.

$246 to purchase the Neewer 2-Pack Dimmable Bi-Color 660 LED Video Light with Barndoor, and 6.5 Feet Light Stand, 4-Pack Rechargeable 6600mAh Li-Ion Battery and Charger Lighting Kit for Photo Studio YouTube Video Shooting. A quality lighting system will allow for better video and virtual performances. This battery feature will even will make it possible to do filming outside of the studio remotely. This item will be purchased through Amazon Prime.

$250 for Miscellaneous cables and smaller hardware items necessary to record, process and produce video and audio content. These items will be purchased from Best Buy and Sam Ash Music.

$2999 for 2 hand pan musical instruments with matching tuning. These are beautiful sounding instruments we use to perform, and record meditation and mindfulness activities, as well as guided visualizations and breathing exercises to help our youth and seniors to relax and cope with stress. Our intent with these instruments is to create a video series to be uploaded distributed, and implemented for this project in Pinellas County. These items will be purchased from Peter Leviton from Gainesville FL, a hand pan performer, maker and distributer as well as friend of the organization. If at the time of purchase this vendor does not have appropriate items in stock, items will be purchased from a comparable vendor at comparable prices.

Total Equipment Costs = $7,629

Supplies:

$7500 for drum shells needed for grant initiative at Campbell Park. These drums are specifically designed for the drum making program. The drums are made by our partner organization Giving Tree Music, and they are purchased at well below standard market value of $75 each. We are expecting an average of 100 participants in this initiative. As part of this grant initiative, each drum shell will be painted, customized and made into a quality musical instruments for up to 100 fifth graders at Campbell Park Elementary School to keep.

$750 for 125 goat skin drum heads. The most exciting part of the drum making initiative for the kids is using real goatskin as the playing surface. Participants in this grant initiative will tie-dye and attach the goatskin to their drum as part of the program. This allows for participants to customize and truly get excited about the artistic process. The price is based on the skins being an average of $6 per skin and a purchase of 125 skins (it is a natural material and some damage and inconsistencies are expected) These items will be purchased from Ali Akbar in Pakistan. Mr Akbar is a long-time associate of the organizations and has consistently provided the highest quality materials at the lowest cost. At time of purchase if the items are unavailable from Mr Akbar, they will be punched for a comparable vendor at a comparable price.

Total Supplies costs = $8,250

Occupancy:

$500 for Spectrum Internet Service. We will need fast internet efficiently to download files and software, and to upload video content to YouTube and stream virtual performances. Amount is calculated @ $125 a month for 4 months. This is 100% of the internet costs that will be incurred through 2020.

$1000 for the electricity bill through TECO. Energy usage is increased during shop production. Electricity is needed for computers and to power recording equipment and air conditioning in the recording studio. This amount is based on the average monthly power bill of $250. This is 100% of expenses that will be incurred through 2020.

Total Occupancy costs = $1,500

Local Travel: None

Design, Printing, Marketing and Postage: None

Capital: None

Purchased Services: None

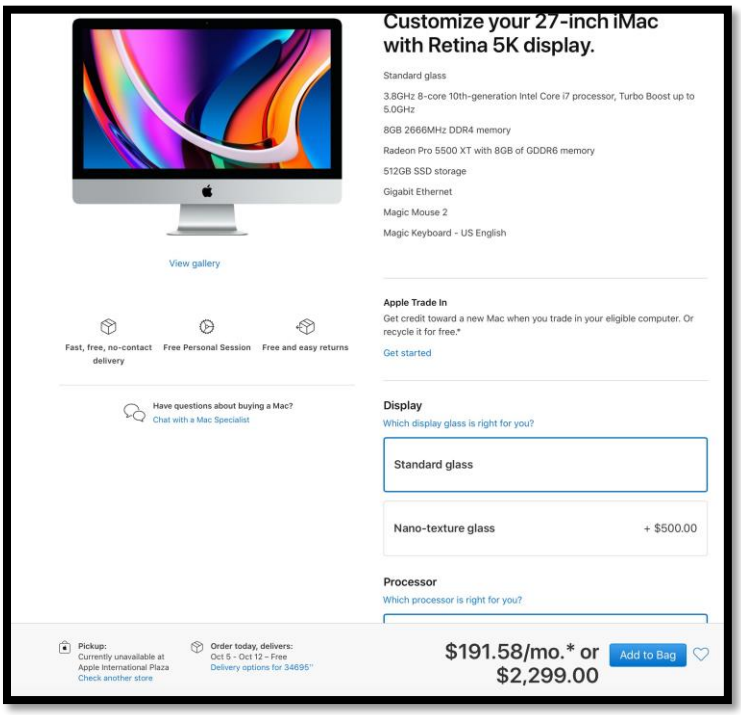
Administration:

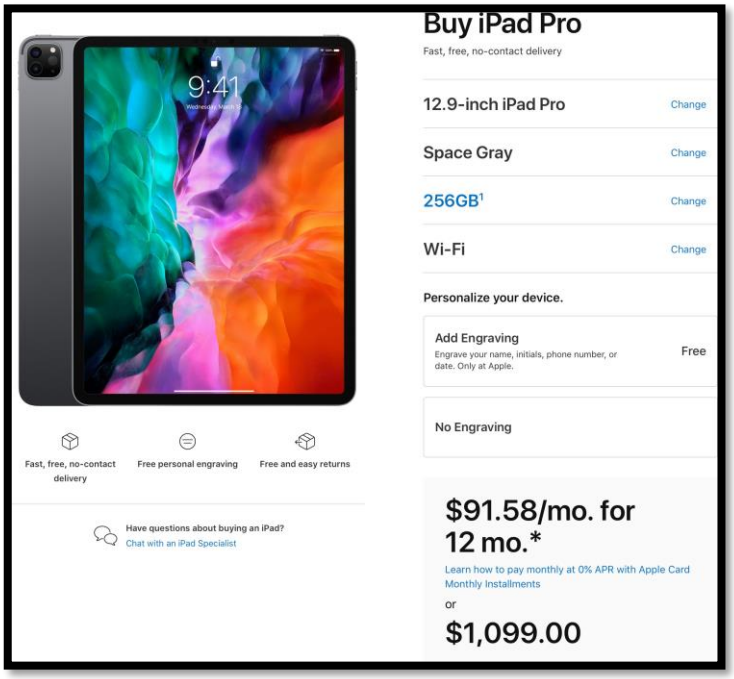
$4,678 is 10% of this grant request calculated by subtracting the $26,000 allotment for the Exec Director's salary from the total amount requested.

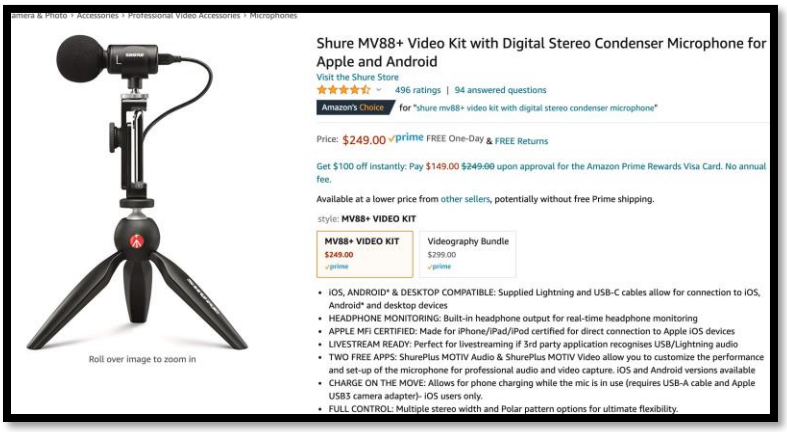
Grant total for all line items = 72,779 - $26,000 (ED salary) = $46,779 X 10% for admin = $4,678
TOTAL for Administration = $4,678
$72,779 + $4,678= $77,457

TOTAL GRANT REQUEST = $77,457

Price Quotes for Equipment to Follow:



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MV88+ VIDEO KIT $249.00 prime
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Roll over image to zoom in
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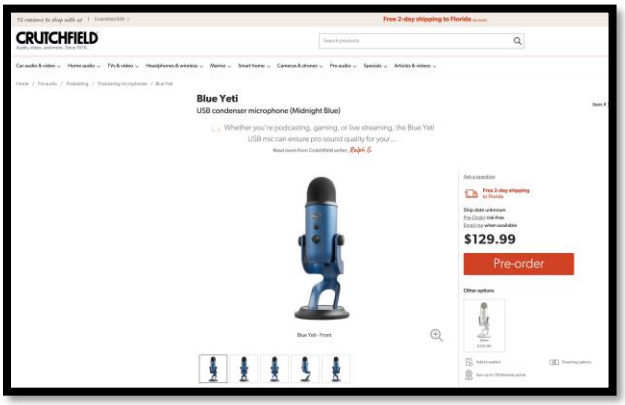
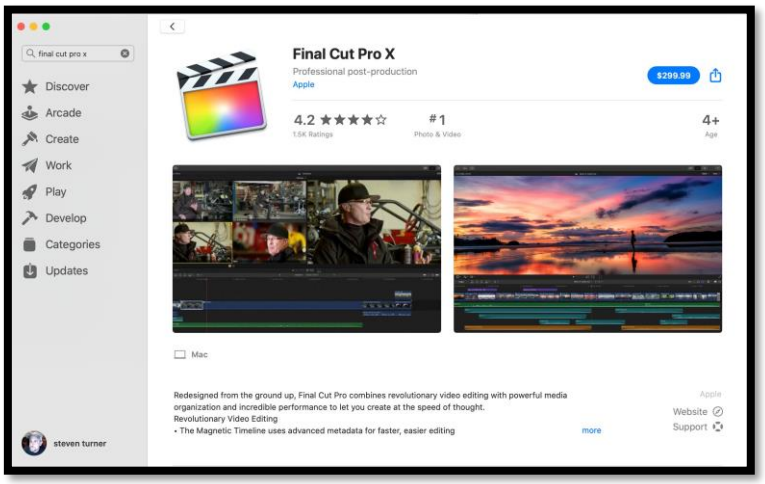
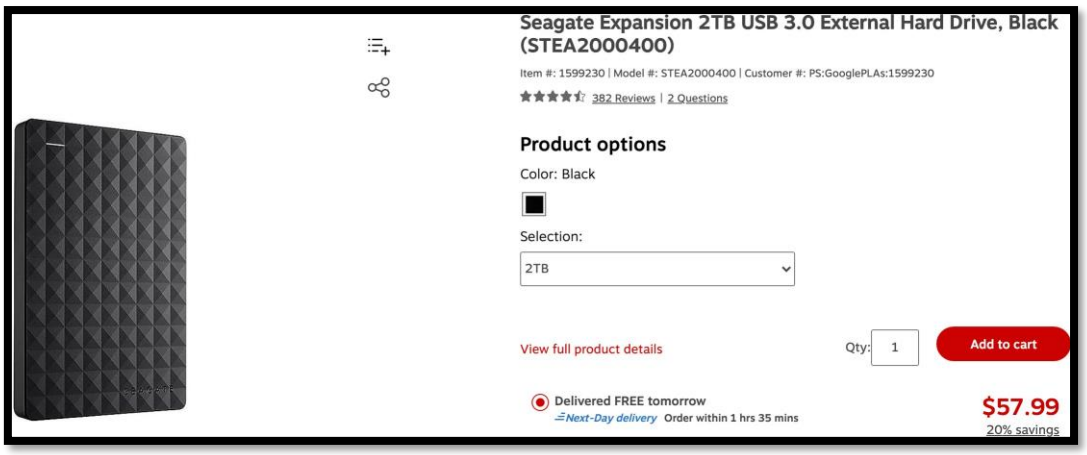
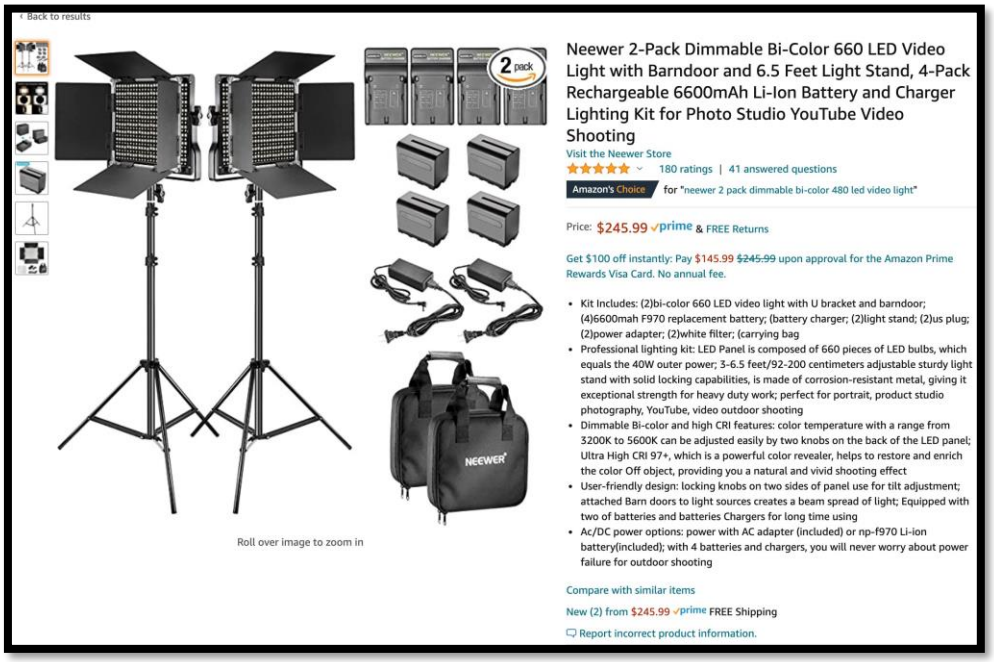
• HEADPHONE MONITORING: Built-in headphone output for real-time headphone monitoring
• APPLE MFi CERTIFIED: Made for iPhone/iPad/iPod certified for direct connection to Apple iOS devices
• LIVESTREAM READY: Perfect for livestreaming if 3rd party application recognises USB/Lightning audio
• TWO FREE APPS: ShurePlus MOTIV Audio & ShurePlus MOTIV Video allow you to customize the performance and set-up of the microphone for professional audio and video capture. iOS and Android versions available
• CHARGE ON THE MOVE: Allows for phone charging while the mic is in use (requires USB-A cable and Apple USB3 camera adapter)- iOS users only.
• FULL CONTROL: Multiple stereo width and Polar pattern options for ultimate flexibility.


CRUTCHFIELD
Blue Yeti
USB condenser microphone (Midnight Blue)
$129.99
Pre-order


final cut pro x
Discover
Arcade
Create
Work
Play
Develop
Categories
Updates
steven turner
Final Cut Pro X
Professional post-production
Apple
$299.99
4.2
1.6K Ratings
#1
Photo & Video
4+
Age
Mac
Redesigned from the ground up, Final Cut Pro combines revolutionary video editing with powerful media organization and incredible performance to let you create at the speed of thought.
Revolutionary Video Editing
• The Magnetic Timeline uses advanced metadata for faster, easier editing
more
Website
Support


Seagate Expansion 2TB USB 3.0 External Hard Drive, Black (STEA2000400)
Item #: 1599230 | Model #: STEA2000400 | Customer #: PS:GooglePLAs:1599230
382 Reviews | 2 Questions
Product options
Color: Black
Selection:
2TB
View full product details
Qty: 1
Add to cart
Delivered FREE tomorrow
Next-Day delivery Order within 1 hrs 35 mins
$57.99
20% savings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2 pack
Neewer 2-Pack Dimmable Bi-Color 660 LED Video Light with Barndoor and 6.5 Feet Light Stand, 4-Pack Rechargeable 6600mAh Li-Ion Battery and Charger Lighting Kit for Photo Studio YouTube Video Shooting
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• Kit Includes: (2)bi-color 660 LED video light with U bracket and barndoor; (4)6600mah F970 replacement battery; (battery charger; (2)light stand; (2)us plug; (2)power adapter; (2)white filter; (carrying bag
• Professional lighting kit: LED Panel is composed of 660 pieces of LED bulbs, which equals the 40W outer power; 3-6.5 feet/92-200 centimeters adjustable sturdy light stand with solid locking capabilities, is made of corrosion-resistant metal, giving it exceptional strength for heavy duty work; perfect for portrait, product studio photography, YouTube, video outdoor shooting
• Dimmable Bi-color and high CRI features: color temperature with a range from 3200K to 5600K can be adjusted easily by two knobs on the back of the LED panel; Ultra High CRI 97+, which is a powerful color revealer, helps to restore and enrich the color Off object, providing you a natural and vivid shooting effect
• User-friendly design: locking knobs on two sides of panel use for tilt adjustment; attached Barn doors to light sources creates a beam spread of light; Equipped with two of batteries and batteries Chargers for long time using
• Ac/DC power options: power with AC adapter (included) or np-f970 Li-ion battery(included); with 4 batteries and chargers, you will never worry about power failure for outdoor shooting
Roll over image to zoom in
NEEWER
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