

Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.

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

The evaluation rubric that will be used to score your request can be downloaded [here](#).

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

Organization Name*

Community Service Foundation Inc.

Proposal Name*

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

Affordable Housing Preservation

EIN*

59-0866939

Incorporation Year*

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

1959

Organizational Mission Statement*

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

CSF's primary mission is to preserve, create and sustain affordable, healthy homes that support economic security, racial equity, and access to opportunity for all. We strengthen underserved communities and families by providing community betterment support and serve a broad range of households, including families, seniors, and persons with disabilities.

- We Preserve Affordability. CSF is committed to preserving affordable housing as an asset for today's residents and for future generations.
- We Build for the Future. CSF builds and renovates for long-term sustainability – both environmental and financial.
- We Bring Creative Solutions. CSF applies expertise and creativity to solutions that meet community needs and deliver value for all stakeholders.
- We Invest in Our Residents. CSF provides amenities and services to promote resident success and economic security.

Vulnerable renters do all they can to remain housed; CSF honors this need through 70 affordable housing properties.

Unique Entity ID (SAM)

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

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

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

Character Limit: 12

389Q7

Annual Operating Budget Size*

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

\$1,766,000.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Amount Requested (Annual Operating Budget > \$500,000)

Amount Requested (Annual Operating Budget > \$500,000)*

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$64,991.00

Request Specifics

Priority Areas*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
 - Mental Health
 - Dental Care
 - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

Yes

Organization Programmatic Background*

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

If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.

Since 1984, CSF has provided high-quality, affordable housing through ownership and property management to low-income residents at a wide range of properties of various ages, sizes and geographic locations in Pinellas County. CSF strives to preserve these housing units with monthly on-site inspections and air conditioner filter replacement and provides general maintenance and groundskeeping with two dedicated

CSF employees and subcontractors as needed, while providing residents with 40% below market rate rent amounts.

The CSF maintenance team utilizes the latest technology for real-time reporting on the status of service calls, scheduled maintenance, and unit turnover status. Smart phone applications enable staff to act on and close work orders remotely, and work order reports provide staff the opportunity to review and analyze operations. Preserving existing affordable housing is an important supplement to new developments, and it prevents displacement, is generally cheaper than building new housing, and conforms to existing land-use patterns.

Since 1998, CSF has headquartered at 925 Lakeview Road-located in the Lake Belleview Neighborhood Revitalization Strategy Area (LBNSRA), one of Clearwater's lowest income neighborhoods and achieves coordinated impact with partner organizations:

1. Adopt Belmont Park. In November 2020, CSF and City of Clearwater partnered to adopt Belmont Park to complete a \$500,000.00 renovation in May 2022. CSF continues to host neighborhood cleanups to preserve the Park.
2. Designated 3 rental properties (22 units) to house homeless citizens in partnership with the Going Home Clearwater Coalition.
2. CSF coordinated the gathering of 600 petition signatures and 25 local businesses and organizations to restore Lake Belleview, a 30-acre spring fed fresh water natural resource.
3. CSF is a partner with the Clearwater Historical Society to make contemporary use of the Plumb House.

Community Need*

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

With an ARPA small capital grant, CSF will preserve its affordable housing stock which is in critical demand more now than ever. Where you live determines your health and well-being. With roughly a quarter of renters spending over half of their income on rent, the pandemic exacerbated issues of housing affordability. The Covid -19 Pandemic fueled a crisis in the housing market; in the beginning of 2021, Pinellas County saw a 21.5 % increase in rents in Central Pinellas, 21.4% in North Pinellas and 11.6% in South St. Peterburg according to COSTAR Group Director of Market Analytics making Pinellas County home to the one of the least affordable places to live in the U.S. Other factors contributing to rent increases is the population growth of Pinellas County combined with the County being largely built-out, meaning there is not much space left to build places for people to live, and the cost of building materials which tripled.

With some renters not paying rent during COVID-19, CSF lost \$172,411.00 in revenue (\$41,145 FY 2019-2020; \$52,547 FY 2020-2021 and \$78,719 FY 2021-2022).

CSF deferred maintenance to emergency only during the pandemic, and now there is a pressing need to ensure housing quality for residents. Non-maintenance decreases the expected life of a property and puts strain on an already limited affordable rental housing supply. A grant will purchase used maintenance vehicles and hauling trailer. This will ensure the safety of CSF maintenance staff who are currently using broken and unreliable vehicles and a hauling trailer will increase their capacity to complete work without use of costly subcontractors.

CSF owns and manages 38 properties in South St. Petersburg Redevelopment Area; and 5 properties in North Greenwood Neighborhood, and 7 properties in the Lake Belleview Neighborhood, some of Pinellas County's lowest income neighborhoods. (See supplement No. 1)

Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee

review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

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

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

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

The Foundation's sustainability plan is intentionally designed to minimize the rent amounts of its low-income tenants while meeting its operating expenses. As close to zero cash flow means residents are paying the lowest rents in order for CSF to remain solvent. As a result the average rent for CSF properties is 40% below market rates. Fundraising activities and annual community events that build donor relations were cancelled in 2020; this included the community dinner, holiday celebration and charity golf classic.

Generating rent revenue to offset inflationary costs resulting from COVID-19 such as increased construction materials and insurance rates would require a dramatic increase in rent for tenants. CSF means being one of Pinellas County's permanent affordable housing option.

The cost of construction materials normally increases annually due to inflation (an issue that contractors faced even prior to the pandemic). However, the inflation that accompanied the pandemic has been significantly different and has largely impacted construction costs. The U.S. construction industry is heavily dependent on foreign construction materials. Because COVID-19 is a global pandemic, it caused closures and delays at international factories that produce these materials. As a result, the supply of construction materials dramatically decreased in the U.S, and what remained became much more expensive. According to the Associated General Contractors (AGC), bid prices and input costs have increased by 0.5% and 12.8% respectively since the onset of the pandemic.

The full impact is still unfolding, but to date we have seen the following: Slowdown of construction projects caused by increasing labor and materials shortages creating risk of cost overruns; staff challenges in traveling to and supporting construction sites while maintaining personal health safety; unique challenges in maintaining safe space and "distancing" at occupied rehab sites; inability of building department and lender/investor/funder inspectors to get to construction sites to inspect projects and approve requisitions; huge stress on property management and resident services staff to meet resident needs and manage/maintain properties while also observing shelter-in-place and other personal health safety measures; and financial exposure associated with lost or delayed rental income CSF lost \$172,411.00 in rental revenue during fiscal years 2019-2022.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

To address the County's critical need to preserve affordable housing, and to equip CSF maintenance team with operating vehicles that facilitate their servicing its residents and 70 properties throughout Pinellas County that were delayed in receiving services due to COVID 19, the CSF proposes to purchase 2 used maintenance vehicles and a hauling trailer to replace broken-down and unsafe vehicles. Current CSF maintenance vehicles are inoperable: 2008 Ford Econoline E350 with over 175k miles and cracked motorhead, oil leaks and broken brake system; and a 2012 Ford Transit COXL with 119 k miles with oil leaks, transmission locked. To ensure safety and productivity, these vehicles need to be replaced. During COVID 19 the inventory of used vehicles were priced at maximum value due to the limited supply. Today, the inventory is being restored, new vehicles are being purchased and used vehicles are in supply at fair value.

Guiding Principles - Client Impact*

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

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

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

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

Yes, the purchase of used maintenance vehicles and a hauling tailer will directly impact the capacity of the CSF maintenance staff to work in a safe vehicle, limit need for higher cost subcontractors, and provide services to up to 696 low-income residents who were disproportionately impacted by COVID-19.

By addressing deferred property maintenance/preservation projects at 181 affordable housing units in Pinellas County, the expected life of a given property will be affected and limit the additional strain on an already limited affordable rental housing supply. Further, in order to pay for eventual housing repairs, CSF chooses not to increase rents.

Number Served*

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

696

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

Geographic Impact & Priority Populations

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
 - To assess if your organization serves or is headquartered in a QCT, use the following link: https://www.huduser.gov/portal/sadda/sadda_qct.html
In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

Benefits and Geography of Purchase*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

South St. Petersburg Redevelopment Area- 38 properties and 42 units

Lake Belleview Neighborhood Revitalization Strategy Area Clearwater 7 properties 58 units Census Tracts 258.00 and 259.00

North Greenwood Neighborhood Revitalization Strategy Area Clearwater 5 properties 24 units Census Tracts: 261.01;261.02;262.00 and 263.00

Pinellas County Other 57 units

Efforts to sustain affordable housing stock and close the affordability gap hinge on preservation. Preservation stops displacement and housing instability for current tenants, prevents the loss of difficult-to-replace housing in well-resourced neighborhoods, mitigates further disinvestment from distressed communities, and prevents the further decline of the already limited federally subsidized housing stock. CSF maintains two fulltime maintenance staff dedicated to maintaining quality of life for low-income residents impacted most by COVID 19, through a robust maintenance program. (See Supplement No.1)

Headquarters Location*

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

925 Lakeview Road, Clearwater Florida 33567

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Further determination required

Community Connection

PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities you serve.

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

Community Representation and Connection*

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

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

CSF's outreach serves a broad range of households, including families, seniors, and persons with disabilities.

Values: These core values support and inform the pursuit of our mission:

- **Service:** We serve a broad range of people, but our focus is the 696 low- and moderate-income households who may not have access to decent, safe and healthy housing in Pinellas County's lowest income neighborhoods in cooperation with Pinellas County housing and social services agencies.
- **Partnership:** We believe in the value of partnership with residents, neighbors, development partners, public agencies, funders and other stakeholders. We engage St. Vincent DePaul Cares staff to coordinate housing opportunities for U.S. Veterans and Clearwater Going Home Inc. coalition to provide housing for homeless citizens, and City staff to coordinate outreach to families,
- **Stewardship:** We are long-term owners and operators of our communities, and so we insist on being financially, physically and environmentally sustainable over a long-time horizon with a CPA consultant and our Board of Trustees which sets the direction and standard for everything we do, ensuring stability and integrity. It is a board of leaders, whose individual talents are bested only by their collective commitment to core values.
- **Sustainability:** We invest in energy efficient and environmentally sustainable buildings not only to reduce operating costs, but because it's the responsible thing to do. Our maintenance team has the expertise to service air conditioners and an ongoing service program of preventive maintenance.
- **Advocacy:** We bring the lessons of extensive experience to inform and improve public policy as a founding member of the Going Home Coalition to reduce homelessness; a member of the Lake Belleview Neighborhood Association Executive Board to advocate for Restore Lake Belleview campaign and the Clearwater United project to promote diversity and the Hispanic culture.
- **Diversity & Inclusion:** We believe a diverse and inclusive team is a stronger, smarter team, and we actively promote diversity and meaningful inclusion of different perspectives among our board, our staff, our partners, in our procurement of good and services, and at our communities. For example, the Clearwater United project in partnership with City of Clearwater Police Department and Hispanic owned business leaders to promote diversity in the Hispanic Community.

Leadership Demographics - Board Membership*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

BIPOC
LGBTQ+

Leadership Demographics - Executive Level Leadership Team*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

LGBTQ+

Leadership Demographics - CEO/Executive Director*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

None of the above

Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

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

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

Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.

If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.

Bid/Estimate #1*

PDF files are accepted.

Bid Estimate 1 - 2019 Chevy 2500.pdf

Bid/Estimate #2*

PDF files are accepted.

Bid Estimate 2 - 2020 Chevy 2500.pdf

Bid/Estimate #3

PDF files are accepted.

Bid Estimate 3 Trailer.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below, and contact Rose Cervantes at rcervantes@pinellascf.org.

Otherwise, write "N/A" below.

N/A

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties below.

Budget Summary*

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

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

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

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

ARPA Small Capital grant Budget-Template-Small-Capital-Purchases.xlsx

Other Funding Sources*

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

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

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

N/A

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

The prospect of receiving a capital project small grant to purchase 2 used maintenance vehicles and a trailer will directly decrease operating costs and thereby help sustain the Foundation's commitment to affordable housing. Maintenance staff will no longer need to subcontract vendors to haul debris on an ongoing basis, and repair costs for vehicles that are not safe or operable will be reduced to preventive maintenance for a period of 5- 10 years. Current CSF maintenance vehicles are inoperable: 2008 Ford Econoline E350 with over 175k miles and cracked motorhead, oil leaks and broken brake system; and a 2012 Ford Transit COXL with 119 k miles with oil leaks, transmission locked. To ensure safety and productivity, these vehicles need to be replaced. During COVID 19 the inventory of used vehicles were priced at maximum value due to the limited

supply. Today, the inventory is being restored, new vehicles are being purchased and used vehicles are in supply at fair value.

Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

ARPA small capital grant CSF Bristol West Auto 2022.pdf

Insurance Requirement*

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

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

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

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

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

Organization Documentation

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

Organization Budget*

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

ARPA small capital grant CSF Operating Budget 2022-2023.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

ARPA small capital grant 2022-2023 Board of Trustees-Updated 03-01-2023.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

ARPA Small capital grant 990 CSF Filed.pdf

Most Recent Financial Statements*

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

ARPA small capital grant CSF AUDIT 2020-2021.pdf

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

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

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

Additional Information

Additional Upload

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

ARPA Small Capital Grant Supplement No 1.pdf

Anything else to share?

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

At the Community Service Foundation, Inc. (CSF) a 501C-3, not-for-profit organization, Federal ID Number 59-0866939, "Creating Community" is more than words in a vision. We embrace our deep responsibility to our community, to our donors, and to the volunteers who guided CSF to where it is today. Navigating lost revenue from unpaid rents became "the new normal" and meant acting boldly, with commitment, to adjust management practices to grant rental payment extensions and defer property maintenance. The collective impact we achieve is the true promise of a community foundation. Our partners and donors fulfill that promise every day. As we continue to build on our trusted relationships, we invite you to join us.

Agreements

Affirmation of Application Materials*

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

Public Application and Grant Process*

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

Final Approval for Grant Award*

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.

File Attachment Summary

Applicant File Uploads

- Bid Estimate 1 - 2019 Chevy 2500.pdf
- Bid Estimate 2 - 2020 Chevy 2500.pdf
- Bid Estimate 3 Trailer.pdf
- ARPA Small Capital grant Budget-Template-Small-Capital-Purchases.xlsx
- ARPA small capital grant CSF Bristol West Auto 2022.pdf
- ARPA small capital grant CSF Operating Budget 2022-2023.pdf
- ARPA small capital grant 2022-2023 Board of Trustees-Updated 03-01-2023.pdf
- ARPA Small capital grant 990 CSF Filed.pdf
- ARPA small capital grant CSF AUDIT 2020-2021.pdf
- ARPA Small Capital Grant Supplement No 1.pdf

Bid 1

BILL OF SALE

03/21/2023

DATE: 3/21/2023

STOCK #: 10454

BUYER INFORMATION

COMMUNITY SERVICE FOUNDATION
025 LAKEVIEW RD
CLEARWATER, FL 33788

COUNTY: PINELLAS
HOME: CELL: WORK:
DL/STATE ID #: STATE: FL EXP. DATE:
DOB:

SELLER INFORMATION

AUTO BY TOM INC
10998 SEMINOLE BLVD
LARGO, FL 33778
727-519-5955

Auto By Tom Inc

727-519-5955

SALESPERSON:

VEHICLE INFORMATION

YEAR: 2010 COLOR 1: WHITE VIN: 1GCWGBH030K1147200 STOCK: 10454
MAKE: CHEVROLET COLOR 2: STYLE: CYL: 8
MODEL: EXPRESS G2500 BODY: 3DR MILEAGE: 189356 TRANS: AUTO

If this box is checked, the vehicle that you are purchasing has been licensed, registered, or used as a taxicab, police vehicle, or short-term lease vehicle, is a vehicle that is rebuilt or assembled from parts, is a kit car, glider kit, replica, street rod, custom vehicle, has been repossessed by a financial institution under Florida's Lemon Law (Fla. Stat. ch. 881), or is a bond vehicle. (Indicate prior uses, brands or colors.)

TRADE-IN INFORMATION

YEAR: COLOR:
MAKE: MILEAGE:
MODEL: BODY:
VIN:

BALANCE OWED TO:

BALANCE OWED: \$ 0.00 GOOD THROUGH:
ALLOWANCE: \$ 0.00 QUOTED BY:

SETTLEMENT

VEHICLE PRICE	24,397.00
Predelivery Service Fee	380.00
Electronic Filing Fee	5.00
Total Predelivery Service Fee (SEE NOTE 1)	397.00
SUBTOTAL	24,397.00
Sales Tax	N/A
Title Fee	C.O.D.
License Fee	C.O.D.
Registration Fee	C.O.D.
Transfer Fee	C.O.D.
Temp Tag Fee	C.O.D.
Payoff on Trade-in	N/A
TOTAL DUE	24,397.00

INSURANCE INFORMATION

COMPANY:
AGENT:
PHONE: POLICY#:

LIEN HOLDER INFORMATION

COMPANY:
STREET:
CITY, STATE, ZIP:

REMARKS:

NOTE 1: This charge represents costs and profit to the dealer for items such as inspecting, cleaning, and adjusting vehicles, and preparing documents related to the sale.

WARRANTY DISCLAIMER:

Unless Seller provides a written warranty, or enters into a service contract within 90 days from the date of this contract, this vehicle is being sold "AS IS - WITH ALL FAULTS" and Seller makes no warranties, express or implied, on the vehicle, and there will be no implied warranties of merchantability or of fitness for a particular purpose. This disclaimer does not affect any warranties by the vehicle manufacturer. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of the vehicle and the related products and services.

TRADE-IN ALLOWANCE	N/A
DEPOSIT	N/A
DOWN PAYMENT	24,397.00
TOTAL CREDIT	24,397.00
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Finance	BALANCE DUE
	0.00

\$24,397.00

If financed, please see your installment sales contract for information about finance charge, insurance, and terms of payment (other than cash).

CONTRACTUAL DISCLOSURE STATEMENT (USED VEHICLES ONLY) The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale. Spanish Translation: Guía para compradores de vehículos usados. La información que ve en el formulario de la ventanilla para este vehículo forma parte del presente contrato. La información del formulario de la ventanilla deja sin efecto toda disposición en contrario contenida en el contrato de venta.

Buyer hereby declares that they are of legal age to transact business and that no unfair inducement has been made by Seller. This agreement and the related documents that Buyer signs contemporaneously with this agreement, including any retail installment contract, contain the entire agreement between Buyer and Seller and cancels and supersedes any prior agreement including oral agreements relating to the sale of the motor vehicle. Any change to this agreement must be in writing and Seller must sign it.

X
Accepted by Authorized Representative of Seller Date: 3/21/23 X Buyer Date: 3/21/23 X Co-Buyer N/A

Bid 2.

Try "Civic"

03/21/2023

New

Used

Appraise

Reviews



Used 2019 Chevrolet Express Cargo for Sale In Clearwater, FL

Filter

8 cylinders

2500

6 cylinders

3500

White

No Accid



217 listings

Sort by: Best Match



Viewed

2019 Chevrolet Express Cargo

2500 Cargo Van

\$32,360

good price

\$1,861 below market

59,578 miles

✓ No accidents, 2 Owners, Rental vehicle

6cyl Automatic

Dayton Andrews Chrysler Dodge Jeep Ram of St. Petersburg (13 mi away)

Back-up camera Tire Pressure Warnin... Trip Computer Stability Control Aux Audio Inputs +more

Check Availability

...



Try "Civic"

New

Used

Reviews



51 Photos



Summary History Features Options Payments Dealer Reviews



Used

2019 Chevrolet Express Cargo

2500 3dr Ext Van (6.0L 8cyl 6A)

Vehicle Summary

Highlights

Mileage

91,062

Ext. Color

Summit White

Int. Color

Medium Pewter Vinyl

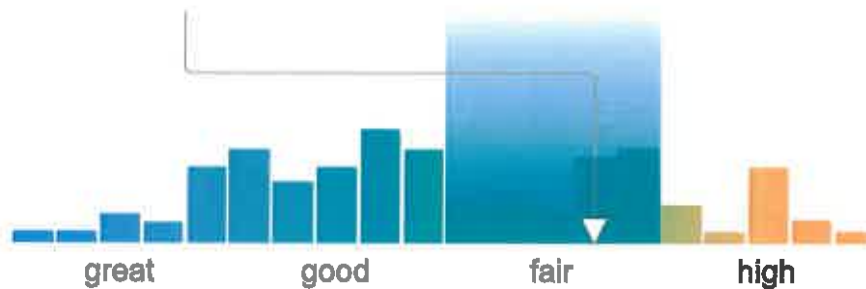
Engine	Flex-Fuel (FFV)
Transmission	Automatic
Drivetrain	Rear Wheel Drive
Horsepower	341 hp
Max Towing Capacity	10,000 lbs
Standard Payload Capacity	3,090 lbs ⓘ
Seats	2 ⓘ
VIN	1GCWGBFG5K1369200
Stock #	9482

\$29,995

Est. Loan: \$578/mo

 **fair price**

\$261 Below Market ⓘ



Mint Auto Sales (Orlando) (Orlando, FL)

 [Report a problem](#)

Similar Chevrolet Express Cargos Near You [View all >](#)



\$32,360

2019 Chevrolet Express Cargo 2500



\$33,998

2019 Chevrolet Express Cargo 2500



\$32,999

2020 Chevrolet Express Cargo 2500



\$37,999

2020 Chevrolet Express Cargo 2500

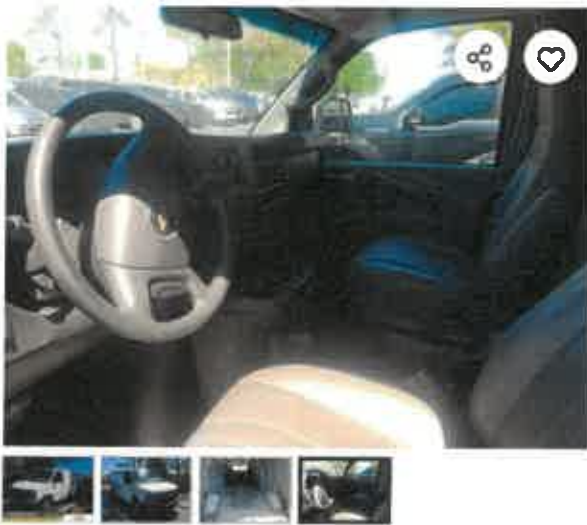
03/21/2023

[← All results](#)



1. **2020 Chevrolet Express Cargo 2500 Extended RWD - \$35,995**

Clearwater, FL • 2 mi away • Home delivery available



FAIR DEAL

Above market Dealer Rating
\$593 [Read 26 reviews](#)

We are online [Chat](#)

Buy with confidence

1. Find financing & build your deal
2. Choose pickup or delivery
3. Schedule time to finalize your deal

[Learn more](#)

[Start purchase](#)

Contact dealer (727) 291-4494

Hello, my name is First name Last name and

I'm interested in this **2020 Chevrolet**

Express Cargo. I'm in the 33765 area. You can reach me by email at: Email Address or by phone at 123-456-7890 (optional)

Thank you!

[+ Add comments](#)

Email me new listings for my search

[Send message](#)

By submitting my contact information on CarGurus, I agree to receive communications from CarGurus, from the vehicle's seller, and from the seller's agent(s). If I include my phone number, I agree to receive calls and text messages (including via automation). I can opt out at any time. I also agree to the [Terms of](#)

Features

- Mileage**
61,827
- Exterior color**
Summit White
- Engine**
276 hp 4.3L V6
- Transmission**
8-Speed Automatic Overdrive
- Drivetrain**
Rear-Wheel Drive
- Interior color**
Medium Pewter
- Fuel type**
Gasoline
- Backup camera**

Overview

Make: **Chevrolet** Interior color: **Medium Pewter**
 Model: **Express Cargo**
 Year: **2020** Mileage: **61,827 mi**



2020 Chevrolet Express ...
 Mileage: 61,827 • Clearwater, FL (2 mi away)

\$35,995
FAIR DEAL
\$593 Above market



View Our Available Inventory Today!

Off Lease Only Bradenton
3230 14th St W, Bradenton, I



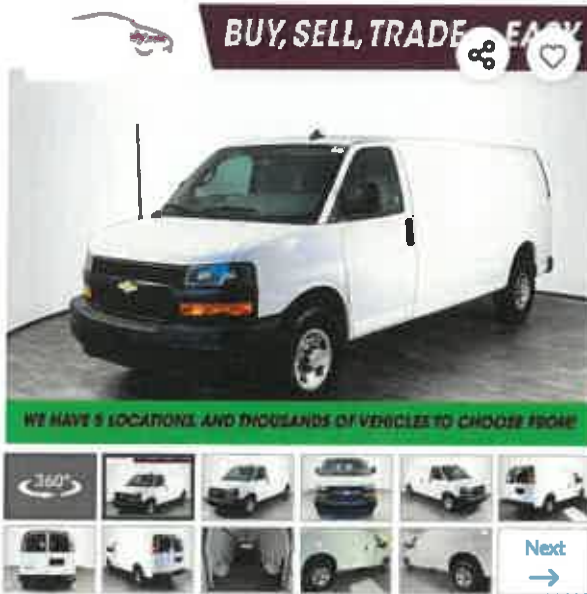
03/21/2023

←
All results

\$34,600	\$34,995
----------	----------

2. 2020 Chevrolet Express Cargo 2500 Extended RWD - \$32,999

Bradenton, FL • 36 mi away



GOOD DEAL

Below Market Dealer Rating
\$2,901 ⭐⭐⭐⭐☆
[Read 32 reviews](#)

We are online

Chat

Buy with confidence

1. Find financing & build your deal
2. Choose pickup or delivery
3. Schedule time to finalize your deal

[Learn more](#)

Start purchase

Features

- Mileage**
59,419
- Exterior color**
White
- Engine**
276 hp 4.3L V6
- Transmission**
Automatic
- Drivetrain**
Rear-Wheel Drive
- Interior color**
Gray
- Fuel type**
Gasoline
- Backup camera**

Overview

Make: **Chevrolet** Interior color: **Gray**

Contact dealer

(941) 268-0297

Hello, my name is First name Last name and

I'm interested in this 2020 Chevrolet

Express Cargo. I'm in the 33765 area. You can reach me by email at Email Address or by phone at 123-456-7890 (optional)

Thank you!

[+ Add comments](#)

Email me new listings for my search

Send message

By submitting my contact information on CarGurus, I agree to receive communications from CarGurus, from the vehicle's seller, and from the seller's agent(s). If I include my phone number, I agree to receive calls and text messages (including via automation). I can opt out at any time. I also agree to the [Terms of](#)



2020 Chevrolet Express ...

Mileage: 59,419 • Bradenton, FL
(36 mi away)

\$32,999

GOOD DEAL
\$2,901 Below market

Try "Civic"

New

Used

Reviews



BUY, SELL, TRADE... EASY.



35 Photos

5 LOCATIONS, AND THOUSANDS OF VEHICLES TO CHOOSE FROM!



Summary Features Price Payments Dealer Reviews



Used

3. 2020 Chevrolet Express Cargo

2500 3dr Van (6.0L 8cyl 6A)

★ \$2,050 Original Upgrades Just ask

Price

 edmunds price checker™

Are you getting a good price? Check it before you buy

Stock#: O384772



Edmunds considers this used vehicle a **Fair Price** because the price is **within the market average** for similar vehicles in your region. Our ratings are accurate and up-to-date – we've analyzed thousands of similar transactions and listings to rate these deals.

Use this form to get the dealer's price quote.

First Name*	Last Name*
Email*	Phone*

Get Dealer's Price

This information will not be shared with any dealer other than those you select. [Our collection and use of your personal information](#)



Year:	2023
Manufacturer:	Big Tex Trailers
Model:	35SA-12
Floor Length:	12' or 144.00"
Width:	6' 5" or 77.00"
Weight:	1078 lbs
GVWR:	2995 lbs
Payload Capacity:	1917 lbs
Axle Capacity:	3500 lbs
Color:	Black

REQUEST MORE INFO

Big Tex 35SA 77"x12 Utility Trailer ATV Motorcycle Landscape Hauling

Please enter your contact information and one of our representatives will get back to you with more information.

First Name*

Last Name*

Preferred Contact* Phone

Email Address

Phone Number*

Zip Code

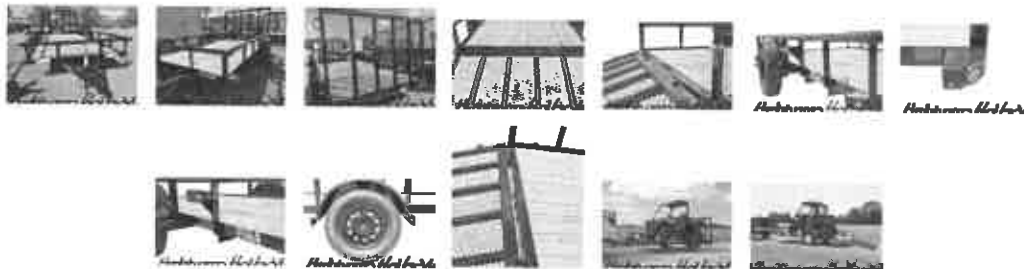
Comments

I'm not a robot

RECAPTCHA
Privacy Terms

Submit

(https://dealer-cdn.com/aXCwuq/QbjMTQ/Big_Tex_35SA_77x12_Utility_Trailer_ATV_Motorcycle_Landscape_Hauling_nvpw)



At a generous 77" wide, the 35 SA Single Axle Utility Trailer from Big Tex is ideal for home and garden tasks and can even accommodate many side-by-side models.

35SA-12BK4RG 6'6" x 12 Big Tex Trailer, 1-3500# Axle, 4' Gate, Spare Tire Mount, BLACK

Weight# 1168 GVWR#2995

Spare tire not included

Click to Text from Phone

COME SEE US!

**6300 E ADAMO DR(/CONTACT-US)
TAMPA FL, 33619**



MAP & HOURS (/CONTACT-US)

**(888) 472-9990 (TEL:+18884729990)
(813) 626-8116 (TEL:+18136268116)**

HOME (/HOME)	ALL INVENTORY	TRAILER BRANDS (/TRAILER-BRANDS)	PARTS AND SERVICE (/SERVICE)	FINANCING & PRICING INFO	CONTACT US (/CONTACT-US)	SHOWROOM (/SHOWROOM)
CAR HAULERS <i>(/all-inventory/car-haulers)</i>	DUMP TRAILERS <i>(/all-inventory/dump-trailers)</i>	ENCLOSED CARGO TRAILERS <i>(/all-inventory/enclosed-cargo-trailers)</i>	EQUIPMENT TRAILERS <i>(/all-inventory/equipment-trailers)</i>	FLATBED TRAILERS <i>(/all-inventory/flatbed-trailers)</i>		
		TRUCK BEDS <i>(/all-inventory/truck-beds)</i>	UTILITY TRAILERS <i>(/all-inventory/utility-trailers)</i>			

Home (/) / All Inventory (/all-inventory) / Utility Trailers (/all-inventory/utility-trailers) / Big Tex 35SA 77"x12 Utility Trailer ATV Motorcycle Landscape Hauling

Big Tex 35SA 77"x12 Utility Trailer ATV Motorcycle Landscape Hauling

[Go Back](#)

[Send Us a Text](#)

[Request More Info](#)

Apply For Financing (/financing?itemID=3450586&year=2023&model=35SA-12&stock=BT+35SA-12BK4RGC1&itemStock=BT+35SA-12BK4RGC1&trailerName=Big+Tex+35SA+77%22x12+Utility+Trailer+ATV+Motorcycle+Landscape+Hauling&make=Big+Tex+Trailers&brand=Big+Tex+Trailers+tex-35sa-77-x12-utility-trailer-atv-motorcycle-landscape-hauling-CE3o%257CcVb.html&imageLocation=cdn.com%2FaXCwug%2FQbjMTQ%2FBig_Tex_35SA_77x12_Utility_Trailer_ATV_Motorcycle_Landscape_Hauling_nvpWRU.jpg&ar

[Print Unit Info \(/export-inventory-pdf?id=3450586\)](#)

Item Location
<p>Champion Trailers www.ChampiontrailerUSA.com cornette1@aol.com 6300 E Adamo Drive Tampa, Florida, 33619 (888) 472-9990</p>

Stock No: BT 35SA-12BK4RGC1

[Bid 1 Price](#)

Our Price: \$2,595.00

VIN:	72563
Condition:	new

Search

S. Clearwater Lowe's Open until 10 PM

Delivery to 33763



Bid 2.

Prices, Promotions, styles, and availability may vary. Our local stores do not honor online pricing. Prices and availability of products and services are subject to change without notice. Errors will be corrected where discovered, and Lowe's reserves the right to revoke any stated offer and is correct any errors, inaccuracies or omissions including after an order has been submitted.

Automotive / Towing Equipment / Utility Trailers

Carry-On Trailer 6-ft x 10-ft Treated Lumber Utility Trailer with Ramp Gate

Item #82262 Model #BX10GNHB

Shop Carry-On Trailer: ★★★★★ 276

This item is unavailable. Here are some similar items ...

TRAINING &



Carry-On Trailer 6-ft x 6-ft Wire Mesh Utility Trailer...
★★★★★ 954

\$1,148.00

+ Add to Cart

DK2 6-ft x 7-ft Steel Utility Trailer with Ramp Gate
★★★★★ 18

\$1,899.00

+ Add to Cart

Carry-On Trailer 6-ft x 10-ft Treated Lumber Utility...
★★★★★ 267

\$1,998.00

06.04.14 SAVE 2%

+ Add to Cart

Carry-On Trailer 6-ft x 12-ft Treated Lumber Utility...
★★★★★ 278

\$2,998.00

+ Add to Cart

Carry-On Trailer 5.5-ft x 9-ft Wire Mesh Utility Trailer...
★★★★★ 118

\$2,298.00

+ Add to Cart

Carry-On Tr 6-ft Treated Lumber Utility Trailer...
★★★★★

\$2,948.00

+ Add to Cart



\$2,848.00

\$2,648.00 Bid 2 Price

\$2706.00 when you choose 5% savings on eligible purchases every day. [Learn how](#)

\$46/mo with 84 month financing. [Learn how](#)

THIS ITEM IS OUT OF STOCK
We'll notify you once this item is back in stock.

Enter Email Address

Notify Me

Additional paperwork required at the time of pickup by registered owner. Before pickup, please check your local and state code regulations for specific details. Allow Additional time at your local store during your pickup experience.

Width (Feet)

6

Length (Feet)

10

Haul it away with a utility trailer from Lowe's.

Please allow time at pickup for the registered vehicle owner to complete paperwork. Wait times vary by store location. Check your local state code regulations for specific details before pickup.



Overview

- Additional paperwork required at the time of pickup by registered owner
- Before pickup, please check your local and state code regulations for specific details
- Allow Additional time at your local store during your pickup experience
- Payload capacity: 2,115
- 15-in three rated 1,820 lbs each
- 2-in A-Frame coupler with safety chain
- Made in the USA
- Product is stored outside and is subject to weather conditions. Delivery not available
- The trailer displayed is representative of Carry-On Trailer model# BX10GNHB (Lowe's Item# 82262); if you have questions about the date of manufacture or dealer stock number, please visit your local store

HowTo Manual PDF

Warranty Guide PDF

Operating Manual PDF

Specifications

Compare

Reviews ★★★★★ 276

Nº

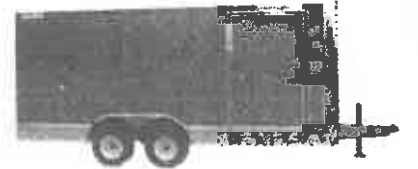
10467

Bid 3

O'DELL TRAILERS, LLC.



Home of Predator Eagle
 8050 Ulmerton Road
 Largo, Florida 33771
 Phone: (727) 531-8944
 www.odelltrailers.com



Quantity	Part No. and Description	Price

Name: Community Service Foundation Date: 3/21/23
 Address: 925 Lakewood Ave City: _____

Phone When Ready Yes No Res Phone: Clear Fl 33256 Bus Phone _____ Cell Phone _____

License No. A27-461-0618 Year _____ Make _____ Model _____

VIN # _____

A storage fee of \$_____ per day may be applied to vehicles which are not claimed within 3 working days of notification of completion.

6'4" x 10 x 2 w/mesh
Tandem Axle
Wood Floor

\$3595.00
 tax 251.65
 tire tax 4.00
\$ 3850.65

THIS CHARGE REPRESENTS COSTS AND PROFITS TO THE TRAILER REPAIR FACILITY FOR MISCELLANEOUS SHOP SUPPLIES OR WASTE DISPOSAL (s.559.904(4))

ANY ITEMS LEFT OVER 5 DAYS OF COMPLETION WILL BE CHARGED A \$25.00 PER DAY STORAGE FEE.

Estimate good for 30 days. Not responsible for damage caused by theft, fire or acts of nature. I hereby authorize the above repairs, including sublet work, along with the necessary materials. You and your employees may operate my vehicle for the purpose of testing, inspection and delivery at my risk. If I cancel repairs prior to their completion for any reason, a tear down and reassembly fee of \$_____ will be applied.

SIGNED: _____ DATE: _____

Total Labor	
Total Parts	
Total Accessories	
Total Sublet	
Sub Total	
Tax	
Total	

U/Used R/Rebuilt RC/Reconditioning NC/No Ch) Warranty RD/Reduced

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: Community Service Foundation, Inc

Proposal Name: CSF Equipment

A Line Item	B Item (Description)	C Price Per Item	D Quantity of Item	E Purchase Total	F ARPA Grant Funds Requested	G Applicant Match	H Funding Total
1	2023 Big Tex Utility Trailer	\$ 2,595.00	1	\$ 2,595	\$ 2,595	\$ -	\$ 2,595
2	2019 Chevy Express G2500	\$ 24,397.00	1	\$ 24,397	\$ 24,397	\$ -	\$ 24,397
3	2020 Chev Express 2500	\$ 37,999.00	1	\$ 37,999	\$ 37,999	\$ -	\$ 37,999
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
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		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
		TOTAL	3	\$ 64,991	\$ 64,991	\$ -	\$ 64,991

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL
 Columns E, H, and the "TOTAL" row are locked and cannot be edited

Key

Item (Description)	<i>Brief name/description of the purchase requested</i>		
Price per item	<i>The individual price of one unit of the proposed purchase</i>		
Quantity of Item	<i>The number of units of the proposed purchase you are requested</i>		
Purchase Total	<i>Total purchase cost of the proposed line item (quantity multiplied by price)</i>		
ARPA Grant Funds Requested	<i>The amount of ARPA funding requested for this line item</i>		
Applicant Match	<i>The amount (if any) that you, the applicant, are contributing towards the purchase of the line item</i>		
Funding Total	<i>Total funding for proposed line item (ARPA grant request plus applicant match)</i>		



PRODUCER TELEPHONE: 727-822-2719
BINGER FINANCIAL SERVICES LLC
146 2ND ST N STE 310
ST PETERSBURG FL 33701-3361

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

*Questions about your policy?
Go to www.bristolwest.com to pay your bill, view your
policy information and much more.*

*Visite www.bristolwest.com para pagar su factura, obtener
información sobre su póliza y mucho más.*

**COMMUNITY SERVICE FOUNDATION INC
925 LAKEVIEW ROAD
CLEARWATER FL 33756**

04/01/2022

Policy Number: M00-0005521-02

Dear COMMUNITY SERVICE FOUNDATION INC:

Thank you for allowing Bristol West to handle your Commercial automobile insurance coverage. Your renewal information is enclosed. Please review it carefully and contact us immediately if you would like to make any changes.

You are currently enrolled in our Paid in Full payment plan, which also applies to this renewal. If you do not wish to change your payment plan, please be sure to send us the entire amount due as indicated on the attached invoice to ensure your insurance coverage remains active.

If you have any questions, please call us at 1-888-888-0080, Monday through Friday 8 a.m. to 5 p.m. or if you prefer, you can contact your producer at 727-822-2719.

You can inquire or pay your bill online using www.bristolwest.com.

Thank you for your business.



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

IMPORTANT NOTICE ACTION MAY BE REQUIRED

Dear Policyholder:

Your Policy Declarations page(s), (hereinafter referred to as "Declarations") which is included in this package, shows the policy information we have on file regarding your business information, drivers on the policy, and vehicle information. Please review all of this information carefully for accuracy. This information is used for the calculation of the renewal premium of your policy. If the information in this package is accurate, no response is required.

However, if any of the information is not accurate, you must update the requested information outlined in this document. **The failure to update the information may result in denial of coverage, rescission, cancellation and/or termination of your policy.** If you have any questions or concerns regarding this package, please feel free to contact us at 1-888-888-0080 or your producer.

Sus páginas de Declaraciones de la Póliza (a las que en lo sucesivo se les denominará "Declaraciones") y las cuales se incluyen en este paquete, muestran la información de la póliza que tenemos en nuestros archivos con respecto a la información de su empresa, los conductores en la póliza y la información del vehículo. Atentamente le solicitamos verificar cuidadosamente la exactitud de toda esta información. Esta información se utilizará para el cálculo de la prima de renovación de su póliza. Si la información incluida en este paquete es exacta, no se requiere ninguna respuesta.

Sin embargo, si parte alguna de la información no es exacta, será necesario actualizar la información descrita en este documento. **El incumplimiento de actualizar la información puede causar la negación de la cobertura, la rescisión, la cancelación y/o la terminación de su póliza.** Si tiene alguna pregunta o inquietud con respecto al contenido de este paquete, no dude en comunicarse con nosotros en 1-888-888-0080 o con su agente de seguros.

BUSINESS INFORMATION: You must disclose to us if your organization type and business type description has changed. The current business information is listed below. Please review this for accuracy and notify us of any changes. Using the space provided below, indicate any change to the business information listed on your policy.

Organization	Indicate New Organization Type	Business Type Description	Indicate New Business Type Description
Corporation or LLC		Social & Health Services	

DRIVER AND HOUSEHOLD MEMBER INFORMATION: You must disclose all household members age 14 or older (licensed or non-licensed) including a spouse, family members, roommates, housemates, and roomers/boarders whether or not they drive. Additionally, you must disclose all non-household members who drive your vehicle at least 4 times in any given month.

You understand and agree that all drivers and household members must be disclosed to us and either rated or excluded. The failure to update this information may result in rescission of the policy from the date of the renewal or a declination of coverage.

In the space provided below, please list any additional vehicle drivers or household members who are not already listed in the Declarations or excluded from coverage under your policy. Please indicate whether we should rate or exclude such persons from coverage under the policy.

Household member or Driver Name	Date of Birth	Relationship to Policyholder	License Number & State/Country of License	CDL Issue Year	Circle One: Rate this person on the policy (OR) exclude this person from coverage?
					Rate / Exclude
					Rate / Exclude
					Rate / Exclude
					Rate / Exclude

If you designate a person to be excluded from coverage above, you acknowledge your selection of the "Named Driver Exclusion" endorsement to be attached to, and be made part of, your commercial automobile policy. You fully understand that you may have received a lower insurance premium in exchange for your promise that the driver(s) listed above will not drive any vehicle covered under the policy for which you are applying. You fully understand that by selecting the "Named Driver Exclusion" endorsement that SECURITY NATIONAL INSURANCE COMPANY will not provide coverage for any possible claim arising out of the above listed driver's operation of any vehicle to which this policy applies. If we are required to make any payments under this policy because of an accident which involves a vehicle that is being driven or operated by an excluded driver, with or without the insured's expressed or implied permission, you must repay us those payments and any expenses. This agreement applies to ALL coverage provided by the policy, including but not limited to: Part I - Liability To Others, Part II - Damage To Your Auto, or under any applicable Uninsured Motorist Coverage, Medical Payments Coverage or other coverage added by endorsement under this policy. These limitations shall apply to any use or operation of a motor vehicle, including the negligent or alleged negligent entrustment of a motor vehicle to those designated as excluded from coverage. You understand and agree that the insurer's obligation to defend under the policy shall NOT apply nor accrue to the benefit of ANY insured or ANY third party claimant while ANY motor vehicle, including an insured car, is being used or operated by such driver.

Garaging Location: The current garaging location (zip code) of each of your vehicles is listed on the declaration page. Please review this for accuracy and notify us of any changes. Using the space provided below, indicate any change to the garaging address of any of the insured vehicles listed on your policy.

Vehicle information - Garaging Zip				
Year	Make/Model		Current Garaging Zip	Indicate New Garaging Address
2008	FORD	ECONOLINE E350	33756	
2012	FORD	TRANSIT COXL	33756	

Vehicle Use: Your Declarations lists the current vehicle use assigned to the insured vehicles. If there has been a change in the listed use of any of these vehicles, please indicate this in the space provided below. **I fully understand and agree that the policy may be rescinded or coverage denied should it be determined that the vehicle(s) for which coverage is requested is (are) used personally, or in a personal endeavor even if the vehicle was not used personally at the time of loss. If a proper premium is paid for the approved vehicle use, the restriction of coverage does not apply.**

Vehicle Information - Usage of Vehicle				
Year	Make/Model		Current Usage	Indicate New Vehicle Use (e.g Personal, Business, Business and Personal)
2008	FORD	ECONOLINE E350	Business	

2012	FORD	TRANSIT COXL	Business	
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Vehicle Radius: Your Declarations lists the current vehicle radius assigned to each insured vehicle. If there has been a change to the listed radius of any of these vehicles, please indicate this in the space provided below.

Vehicle Information - Radius				
Year	Make/Model		Current Radius	Indicate New Vehicle Radius (e.g. 200 miles)
2008	FORD	ECONOLINE E350	50 MILES	
2012	FORD	TRANSIT COXL	50 MILES	

Vehicle Stated Amount: Your Declarations lists the current vehicles with a stated amount assigned. You are responsible for determining the appropriate amount of coverage at every renewal to ensure accurate rating. In the event of a loss, our policy pays the least of the stated amount, actual cash value, or cost to repair or replace. The stated amount should reflect a vehicle's current retail value which includes any special or permanently-attached equipment. To determine stated amount, consider condition, mileage and location. Also consider any vehicle upgrades, engine or major component rebuilds. Bristol West does not automatically depreciate stated amount. Please indicate the revised stated amount value in the space provided below.

Vehicle Information - Stated Amount				
Year	Make/Model		Current Vehicle Stated Amount	Indicate New Vehicle Stated Amount
2008	FORD	ECONOLINE E350	\$7,500.00	
2012	FORD	TRANSIT COXL	ACV	

IMPORTANT!

If we do not receive this verification back to us within 30 days of the date on this letter, we will assume that the information contained in, and referenced by this document is accurate and up to date with respect to business information, drivers on the policy, and vehicle information used for the calculation of the premium for your renewal term.

Si no recibimos esta verificación en un plazo de 30 días posteriores a la fecha de esta carta, supondremos que la información contenida y a la que se hace referencia en este documento es exacta y actualizada con respecto a la información de la empresa, los conductores en la póliza y la información de los vehículos que se utiliza en el cálculo de la prima para su período de renovación.

We rely on the representations made by you when calculating your premiums. Your premium may change based on the information you provide with this document. You understand and agree that the requested information is material to this policy and the continuance of coverage as offered by this renewal. **The failure to update the information may result in the denial of coverage, rescission, cancellation and/or termination of your policy.**

Nos basaremos en sus declaraciones para calcular sus primas. Su prima puede cambiar según la información que usted provea en este documento. Usted entiende y acepta que la información solicitada es fundamental para esta póliza y para la continuación de la cobertura que se ofrece mediante esta renovación. **El incumplimiento de actualizar la información puede causar la negación de la cobertura, la rescisión, la cancelación y/o la terminación de su póliza.**

CONTINUING DUTY: You understand and agree that the policy has been renewed and priced based on the information provided to us including any updated information provided as a result of this notice. You also understand that you have a continuing duty to update us of any of the following: (1) the garaging location of the listed vehicle(s) on the policy(s); (2) member(s) of my household age 14 years and older; (3) driver(s) of the listed vehicle(s) on the policy; (4) the usage of any listed vehicle(s) on the policy; and (5) business information within 30 days of such change. You understand and agree that we may rescind this policy or deny coverage if you fail to notify the company of these changes within the 30 days of the change.

OBLIGACIÓN PERMANENTE: Usted entiende y acepta que la póliza ha sido renovada y el precio está basado en la información que usted nos ha proporcionado, y esto incluye cualquier información actualizada que nos haya brindado como resultado de este aviso. Usted entiende además que tiene la obligación permanente de ponernos al tanto de cualquier cambio en lo siguiente: (1) la ubicación del garaje de los vehículos enumerados en la póliza; (2) los miembros de mi unidad familiar de 14 años o más; (3) los conductores de los vehículos enumerados en la póliza; (4) el uso que se le dé a cualquier vehículo enumerado en la póliza; y (5) la información de la empresa, dentro de los 30 días de la fecha del cambio. Usted entiende y acepta que podemos rescindir esta póliza o negarle la cobertura si usted no notifica a la compañía sobre estos cambios dentro de los 30 días de la fecha del cambio.

Please sign, date, and return this documentation in the attached return envelope or mail to the following address:

BRISTOL WEST INSURANCE GROUP
PO BOX 31029 INDEPENDENCE OH 44131-0029 (or) fax completed form to 1-888-888-0070

You may also email this documentation to: contact@BristolWest.com

COMMUNITY SERVICE FOUNDATION INC

M00-0005521-02

Named Insured

Policy Number

Signature

Date

Provide your best phone number to call if we have any questions: 1-_____-_____-_____

Indicate the best day and time to call: _____



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

COMMERCIAL AUTO RENEWAL DECLARATION

PO BOX 31029
 INDEPENDENCE OH 44131-0029
 1-888-888-0080

Inquire or pay your bill online using www.bristolwest.com

POLICY NUMBER	Policy Period	
	From	To
M00 0005521 02	05/18/22 later of 12:01 a.m. or time application is executed	05/18/23 12:01 a.m. *

* Unless cancelled sooner for valid reasons.

Named Insured:
COMMUNITY SERVICE FOUNDATION INC
925 LAKEVIEW ROAD
CLEARWATER FL 33756

0989890
BINGER FINANCIAL SERVICES LLC
146 2ND ST N STE 310
ST PETERSBURG FL 33701-3361
 Telephone: **727-822-2719**

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits.

POLICY PREMIUM TOTAL : \$6,363.00
 (Includes \$25.00 for MGA Policy fee and a \$10.00 Underwriting fee)

Transaction Description

RENEWAL DECLARATION

Upon payment of the required renewal premium, these coverages will become effective at the date and time listed above.

Business Information

Organization Type Corporation or LLC	Business Type/Class Social & Health Services
--	--

Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	CDL Issue Year	Case Number
WILLIAM F KRANZ	Rated	No	XX/XX/1968	S	NA	
LAWRENCE JR A LINDOW	Rated	No	XX/XX/1961	S	NA	

Forms and Endorsements

CVEN-PP09(10/18) CVEN-CTL99(10/18) 49609(10/18) CVEN-LLG99(10/18) CVEN-MED09(10/18) CVEN-RR99(10/18)
 CVEN-RA99(10/18) CVEN-UM09(10/18)



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle	1	PREMIUM \$3,003.00
Year / Make / Model:	2008 FORD ECONOLINE E350	
Vehicle Identification#:	1FDSE35L28DA15940	
ACV/Stated Amount	(including permanently attached equipment)**	\$7,500.00
Surcharge:	No	
Discounts:	PAID IN FULL, AIR-BAG, ANTI-LOCK BRAKES	
Garaging Zip Code:	33756	
Radius:	50 MILES	
Loss Payee:	N/A	
Additional Interest:	N/A	

**A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amounts of your vehicle at every renewal.

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY AND PROPERTY DAMAGE LIABILITY		\$500,000 CSL		\$1,656.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$83.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000. DEDUCTIBLE APPLIES TO NAMED INSURED ONLY WORK LOSS BENEFITS INCLUDED				
MEDICAL PAYMENTS	\$5,000			\$38.00
UNINSURED MOTORIST BODILY INJURY UNSTACKED COMPREHENSIVE		\$500,000 CSL	\$500	\$1,042.00
COLLISION			\$500	\$53.00
TOWING AND LABOR (\$75 PER INCIDENT / \$300 PER TERM)				\$55.00
RENTAL REIMBURSEMENT (\$30 PER DAY / 30 DAYS MAXIMUM)				\$37.00
				\$39.00

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Vehicle	2	PREMIUM \$3,335.00
Year / Make / Model:	2012 FORD TRANSIT COXL	
Vehicle Identification#:	NM0LS7CN4CT097291	
ACV/Stated Amount	(including \$2,000 permanently attached equipment)**	ACV
Surcharge:	No	
Discounts:	PAID IN FULL, AIR-BAG, ANTI-LOCK BRAKES	
Garaging Zip Code:	33756	
Radius:	50 MILES	
Loss Payee:	N/A	
Additional Interest:	N/A	

**A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amounts of your vehicle at every renewal.

Coverage	Per Person Limit	Per Accident Limit	Deductible	Premium
BODILY INJURY AND PROPERTY DAMAGE LIABILITY		\$500,000 CSL		\$1,921.00
BASIC PERSONAL INJURY PROTECTION*	\$10,000			\$83.00
Medical Benefits will be limited to a maximum of \$2,500 if there is no Emergency Medical Condition as defined in our Policy. Under Personal Injury Protection Coverage, you are also entitled to a \$5,000 Death benefit, which is in excess of the maximum Personal Injury Protection Limit of \$10,000. DEDUCTIBLE APPLIES TO NAMED INSURED ONLY WORK LOSS BENEFITS INCLUDED				
MEDICAL PAYMENTS	\$5,000			\$41.00
UNINSURED MOTORIST BODILY INJURY UNSTACKED COMPREHENSIVE		\$500,000 CSL	\$500	\$1,042.00
COLLISION			\$500	\$73.00
TOWING AND LABOR (\$75 PER INCIDENT / \$300 PER TERM)				\$105.00
RENTAL REIMBURSEMENT (\$30 PER DAY / 30 DAYS MAXIMUM)				\$31.00
				\$39.00



Authorised Representative

Additional Fee Information

In addition to the "Fees" identified in the "Policy Premium Total" section above, the following additional fees also apply:

In consideration of our agreement to allow you to pay in installments, the following service fee(s) will apply:

For all EFT payment plans, I agree to pay an interest charge equal to (18) percent simple interest per year, subject to a \$10.00 cap, on the unpaid balance of my policy per installment that becomes due during the policy term and during each renewal policy term in accordance with the payment plan.

For all Non-EFT payment plans, I agree to pay an interest charge equal to (18) percent simple interest per year, subject to a \$20.00 cap, on the unpaid balance of my policy per installment that becomes due during the policy term and during each renewal policy term in accordance with the payment plan.

In addition, the following fees also apply:

LATE FEE: \$10.00 (applied per policy term and each renewal policy for any payment that is not postmarked by the scheduled due date)

NSF/RETURNED PAYMENT CHARGE: \$15.00 (applied per each check or draft which is returned for non-sufficient funds.

PAPER DOCUMENTS FEE: \$10.00 (applied per policy when paper documents are sent instead of receiving electronic documents through our Go Paperless feature)

Important Coverage Notices:

Please inform us if your business owns any vehicle that are not currently described on the Declarations Page. Remember that all vehicles owned by your business must be specifically described on the Declarations Page at the beginning of each policy term for coverage to apply.

Important information regarding excluded drivers:

This policy provides no coverage for any claim arising from an accident or loss involving a motorized vehicle being operated by any person shown as an excluded driver on this insurance coverage summary. However, this exclusion does not apply to any claim under Personal Injury Protection coverage (with a limit of \$10,000), and Property Damage Liability coverage (with a limit of \$10,000). If the named insured is a natural person, this exclusion does not apply to Uninsured Motorist Coverage if purchased by the insured.

Uninsured Motorist Coverage Options

Florida law gives you the right to select the limits for Uninsured Motorist coverage. Uninsured Motorist coverage may be purchased with any available limits, up to your Bodily Injury coverage limits. You also have the right to reject Uninsured Motorists coverage. Please contact your producer, listed on this notice, for more information. Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages. Available limits include stacked and non-stacked for sole proprietors and non-stacked for corporations or partnerships. Stacked coverage means that your policy limits for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

Available coverage options include per person and per accident amounts respectively as follows: \$10,000/\$20,000, \$25,000/\$50,000, \$50,000/\$100,000, \$50,000 CSL, \$100,000/\$300,000, \$100,000 CSL, \$125,000/\$250,000, \$250,000/\$500,000, \$300,000 CSL, \$500,000 CSL, \$750,000 CSL and \$1,000,000 CSL.

FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY			FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE		EFFECTIVE DATE	POLICY NUMBER / COMPANY CODE		EFFECTIVE DATE
M00 0005521 02 - 01952		05/18/22	M00 0005521 02 - 01952		05/18/22
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED COMMUNITY SERVICE FOUNDATION INC			<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED COMMUNITY SERVICE FOUNDATION INC		
YEAR	MAKE	MODEL	YEAR	MAKE	MODEL
2008	FORD	ECONOLINE E350	2008	FORD	ECONOLINE E350
VEHICLE IDENTIFICATION NO.			VEHICLE IDENTIFICATION NO.		
1FDSE35L28DA15940			1FDSE35L28DA15940		
Not Valid More than One Year from Effective Date			Not Valid More than One Year from Effective Date		
CV-ID09 05/21			CV-ID09 05/21		

FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY			FLORIDA COMMERCIAL AUTOMOBILE INSURANCE IDENTIFICATION CARD SECURITY NATIONAL INSURANCE COMPANY		
POLICY NUMBER / COMPANY CODE		EFFECTIVE DATE	POLICY NUMBER / COMPANY CODE		EFFECTIVE DATE
M00 0005521 02 - 01952		05/18/22	M00 0005521 02 - 01952		05/18/22
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED COMMUNITY SERVICE FOUNDATION INC			<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY <input checked="" type="checkbox"/> BODILY INJURY LIABILITY INSURED COMMUNITY SERVICE FOUNDATION INC		
YEAR	MAKE	MODEL	YEAR	MAKE	MODEL
2012	FORD	TRANSIT COXL	2012	FORD	TRANSIT COXL
VEHICLE IDENTIFICATION NO.			VEHICLE IDENTIFICATION NO.		
NM0LS7CN4CT097291			NM0LS7CN4CT097291		
Not Valid More than One Year from Effective Date			Not Valid More than One Year from Effective Date		
CV-ID09 05/21			CV-ID09 05/21		



This card must be carried in the possession of or in the vehicle of the named insured at all times that the named insured is operating a vehicle. This policy provides the minimum insurance prescribed by law.

In the event of a loss, you can submit your loss information 24/7 at www.bristolwest.com or call us Toll-Free during business hours at 1-800-274-7865

Misrepresentation of insurance is a first-degree misdemeanor.



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Misrepresentation of insurance is a first-degree misdemeanor.



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

IMPORTANT NOTICE REGARDING OUR USE OF A FEE SCHEDULE FOR PERSONAL INJURY PROTECTION COVERAGE

In accordance with Florida Statute 627.736, please note that your policy endorsement, **Personal Injury Protection Coverage** defines “reasonable expenses” as follows:

Reasonable expenses means the lesser of the amount provided by any fee schedule or schedule of payment, whether mandatory or permissive, as contained in the Florida Motor Vehicle No-Fault Law (§627.730-627.7405, Florida Statutes) as may be amended from time to time, which was in effect on the date that this policy was issued. We shall not pay any amount in excess of the amount the person or institution customarily charges for like services or supplies.

Please further note the **Personal Injury Protection Coverage** Limits of Liability section of your policy endorsement, Section A.1, limits reimbursement as follows: **Medical benefits** payable under this endorsement shall be limited to and shall not exceed 80 percent of the following schedule of maximum charges set forth in Florida Statute §627.736(5)(a)1:

- a) For emergency transport and treatment by providers licensed under Florida Statutes, Title 29, chapter 401, 200 percent of Medicare.
- b) For emergency services and care provided by a hospital licensed under Florida Statutes, Title 29, chapter 395, 75 percent of the hospital's usual and customary charges.
- c) For emergency services and care as defined by Florida Statutes, Title 29, §395.002 provided in a facility licensed under chapter 395 rendered by a physician or dentist, and related hospital inpatient services rendered by a physician or dentist, the usual and customary charges in the community.
- d) For hospital inpatient services, other than emergency services and care, 200 percent of the Medicare Part A prospective payment applicable to the specific hospital providing the inpatient services.
- e) For hospital outpatient services, other than emergency services and care, 200 percent of the Medicare Part A Ambulatory Payment Classification for the specific hospital providing the outpatient services.
- f) For all other medical services, supplies, and care, 200 percent of the allowable amount under the participating physicians' fee schedule of Medicare Part B except as provided below:
 1. Medicare Part B in the case of services, supplies, and care provided by ambulatory surgical centers and clinical laboratories.
 2. The Durable Medical Equipment Prosthetics/Orthotics and Supplies fee schedule of Medicare Part B, in the case of durable medical equipment.

For purposes of Florida Statute §627.736(5)(a)1, the applicable fee schedule or payment limitation under Medicare is the fee schedule or payment limitation in effect on March 1 of the year in which the services, supplies, or care is rendered and for the area in which such services, supplies or care is rendered. The applicable fee schedule or payment limitation applies until March 1 of the following year, notwithstanding any subsequent change made to the fee schedule or payment limitation. However, the applicable fee schedule or payment limitation may not be less than the allowable amount under the applicable schedule of Medicare Part B for 2007 for medical services, supplies, and care subject to Medicare Part B.



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

UNINSURED/UNDERINSURED MOTORIST COVERAGE LIMITS NOTICE - COMMERCIAL AUTO

We do not offer a multiple vehicle policy with Uninsured (UM), Underinsured (UIM) or Uninsured/Underinsured Motorist (UM/UIM) coverage limits that exceed \$1,000,000, due to stacked limits, for a single accident or loss. If a change to any of these coverages results in a limit greater than \$1,000,000 during a policy period, the policy will be subject to cancellation or nonrenewal.

PRODUCER TELEPHONE: 727-822-2719
 BINGER FINANCIAL SERVICES LLC
 146 2ND ST N STE 310
 ST PETERSBURG FL 33701-3361

RENEWAL INVOICE



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

COMMUNITY SERVICE FOUNDATION INC
925 LAKEVIEW ROAD
CLEARWATER FL 33756

Questions about your policy?
 Go to www.bristolwest.com to pay your bill, view your policy information and much more.

Visite www.bristolwest.com para pagar su factura, obtener información sobre su póliza y mucho más.

Billing Summary For:

Policyholder	Policy Number	Effective Date	Expiration Date	Issue Date	Installment #
COMMUNITY SERVICE	M00 0005521 02	05/18/22	05/18/23	03/31/22	01

Summary	Amount
Last Payment Received	\$0.00
Total Amount Paid	\$0.00
Outstanding Policy Balance	\$6,363.00
Detail	Amount
Previous Balance	\$0.00
New Charges/Credits	\$0.00
Interest Charge	\$8.00
Amount Due by*	05/17/22 \$6,363.00
Fecha de Vencimiento**	05/17/22

SCHEDULE OF FUTURE PAYMENTS

Install No.	Due Date	Amount*
*Includes installment fee		

*Please note that the interest charges listed above are based on your remaining balance due as of the date of this notice. Interest is calculated at 18% simple interest per year on your unpaid balance. Any modifications to your policy that result in an increase or decrease to your remaining balance due will affect the amount of future interest charges

We are pleased to offer you a renewal policy. Your policy premium is \$6,363.00. In order to renew this policy, please postmark payment of at least \$6,363.00 by 05/17/22. **If you do not postmark your payment by the Due Date indicated below, your policy will expire at 12:01a.m. on 05/18/22.** This renewal offer is revoked if all payments on your previous policy with us have not been made. Thank you for your business
 CV-RNINV99 10/18

DETACH ALONG PERFORATION RETURN BOTTOM PORTION WITH YOUR PAYMENT
 Desprenda esta nota en el area perforda y regrésela con su pago.

INSURED	BP	LOC	MCO	PCO	ST	POLICY NUMBER
COMMUNITY SERVICE FOUNDATION INC 925 LAKEVIEW ROAD CLEARWATER FL 33756	D2	00	62	00	FL	M00 0005521 02

Payment Due Date: 05/17/22

Minimum Amount Due: \$6,363.00

Pay your bill online at www.bristolwest.com

SEND PAYMENT TO:

BRISTOL WEST INSURANCE
 PO BOX 371329
 PITTSBURGH, PA 15250-7329

Amount Enclosed:

Change of Address
 See reverse side

Payment Options

Bristol West offers a variety of convenient payment options. Regardless of the payment option you choose, your Minimum Amount Due must be postmarked on or before the Due Date or a late fee of \$10.00 will be charged. If your bank does not honor your payment, a \$15.00 NSF fee will be charged and the late fee will be incurred.

To ensure timely payment, please use one of the following payment options.

- **DIRECT DEBIT YOUR ACCOUNT:** This "Electronic Funds Transfer" enables the Amount Due, for all FUTURE invoices, to be automatically withdrawn from your checking account, savings account or credit card. Due to the setup time involved with your bank, you must use another method to pay this invoice. To setup this feature, please visit us on-line at www.bristolwest.com or call your producer.
- **CHECK BY PHONE:** Use our convenient "check by phone" service by calling 1-888-888-0080, 24 hours a day - 7 days a week. Please have your policy number ready when you call. You will also need your Bank Routing Number, Account Number and check number, which can be found on your check. If the Check by Phone service is used and you speak to a Customer Service representative a Payment Convenience fee of \$0.00 will apply.
- **CREDIT CARD PAYMENT:** You may charge your payment using your Discover, MasterCard or VISA card by calling 1-888-888-0080, 24 hours a day - 7 days a week. Please have your policy number, credit card number and card expiration date ready when you call. If you call to make a one-time payment by credit card and you speak to a Customer Service representative a Payment Convenience fee of \$0.00 will apply.
- **MAKE YOUR PAYMENT ONLINE VIA WEBPAY:** You may make your payment online using www.bristolwest.com. With your policy number and either your driver's license number or date of birth, you can access your policy billing summary online in our Customer Information section. If paying by credit or debit card, you will need your credit card number, expiration date and your three digit security number. If you are paying by check, you will also need your Bank Routing Number, Account Number and check number, which can be found on your check. Using WebPAY can also save you money. If you also make your next payment before your invoice is issued, you will not incur a monthly service charge for that installment. If you make a payment using WebPAY we do not charge a Payment Convenience fee.
- **MAIL YOUR PAYMENT TO US:** In the envelope provided, please enclose your check for the Minimum Amount Due with the payment coupon. Your Minimum Amount Due must be paid in full and postmarked by the Due Date, or your policy will be canceled.

I didn't pay by the due date, what can I do?

- In the unfortunate event your policy has already expired due to non-payment of premium, you may be eligible to **RENEW YOUR POLICY WITH OR WITHOUT A LAPSE IN COVERAGE:** Should your policy expire for non-payment of premium, you have the option to renew your policy without a lapse in coverage if you did not have any accidents during the cancelled period and if the Minimum Amount Due is postmarked within 5 days of the effective date reflected on this notice. You will be charged a reinstatement fee of \$0.00, which will appear on your next bill. Should your policy expire for non-payment of premium, you also have the option to renew your policy with a lapse in coverage if the Minimum Amount Due is postmarked within 30 days of the effective date reflected on this notice. You will be charged a reinstatement fee of \$0.00, which will appear on your next bill. If you renew with a lapse, no coverage will be provided from the original effective date reflected on this notice to the revised effective date. Your revised effective date will be one day after the postmark date of your payment. Once your payment is processed, you will receive a notice confirming coverage and the new effective date. **By accepting this offer, you hereby agree that any coverage options, coverage limits, exclusions and rejections chosen, as part of your previous policy, shall apply to any subsequent policy rewritten or renewed.**

Opciones de Pago

Bristol West ofrece una variedad de convenientes opciones de pago. Sin tener en cuenta la opción de pago que usted elija, la cantidad mínima debida debe ser timbrada en o antes de la fecha de vencimiento o un honorario tardío de \$10.00 será cargado a su cuenta. Si su banco rechaza su pago se le cobrará un recargo de \$15.00 por Insuficiencia de Fondos (NSF) e incurrirá en honorarios tardíos.

Para asegurarse de realizar su pago a tiempo, por favor utilice una de las siguientes opciones de pago.

- **DEBITO DIRECTO A SU CUENTA:** El método de "Transferencia de Fondos Electronicos" permite que la Cantidad Debida, para todas facturas FUTURAS, puedan ser retiradas automáticamente de su cuenta bancaria de cheques. Debido al tiempo que se toma en establecer este método de pago con su banco, usted debe utilizar otro método para pagar esta factura. Para establecer la opción de débito directo a su cuenta, por favor visítenos en el internet en www.bristolwest.com o **puede llamar a su agente.**
- **DCHEQUE POR TELEFONO:** Utilice nuestro conveniente servicio de "Cheque por telefono" llamando al 1-888-888-0080, los 7 días de la semana y las 24 horas al día. Por favor tenga listo su número de póliza cuando llame. También necesitará el código de ruta bancaria (ABA) de su cuenta, junto con su número de cuenta y el número de cheque, los cuales se encuentran en su cheque.
- **HAGA SU PAGO EN LINEA UTILIZANDO EL SISTEMA WEBPAY:** Usted puede hacer su pago en línea utilizando nuestro servicio WebPAY en el página de internet www.bristolwest.com. Usted tiene acceso al estado de cuenta de su póliza en línea en la sección de Información al Consumidor utilizando su número de póliza y su licencia de conducir o su fecha de nacimiento. Si desea pagar con su tarjeta de crédito o con su tarjeta de débito, necesitará el número de tarjeta, la fecha de expiración y el número de seguridad de tres dígitos. Si desea pagar con cheque, necesitará el código de ruta bancaria (ABA) de su cuenta, junto con su número de cuenta y el número de cheque, los cuales se encuentran en su cheque. El utilizar el sistema WebPAY además le puede ayudar a ahorrar dinero. Si efectúa el próximo pago de su cuota antes que se le expida su factura, no se le impondrá el cargo por servicio por esa cuota.
- **ENVIENOS SU PAGO POR CORREO:** Por favor envíe su pago por la cantidad mínima requerida junto con el cupón de pago en el sobre adjunto. Su pago deberá ser por el monto total de la Cantidad Mínima Requerida y deberá tener sello postal estampado a más tardar en la fecha de vencimiento del pago o antes, de lo contrario se le cancelará su póliza.
- **FAVOR DE HACER SU PAGO MEDIANTE SU PRODUCTOR/AGENTE DE SEGUROS (SI CORRESPONDE):** Si está haciendo su pago mediante su Productor de Seguros, la cantidad mínima pagadera debe enviarse por este para su fecha de vencimiento del pago.

Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Purpose of Use	What may be included in this category	Some examples
Internal	Authenticate your identity; create, maintain and secure your account with us; maintain your preferences.	Knowledge and Belief, Authenticating, Preference	Passwords, PIN, mother's maiden name, individual interests
Historical	Complete a transaction or provide a service for which the personal information was collected; conduct analytics and modeling.	Personal history	Past claims, prior insurance carriers, prior addresses, medical history, criminal history
Financial	Process your billing; make payments; complete a transaction or provide a service for which the personal information was collected.	Account, Ownership, Transactional, Credit	Credit card number, bank account, records of real or personal property, credit, income, loan records, taxes
External	Identify information to verify you; complete a transaction or provide a service for which the personal information was collected; deliver product offerings that may be relevant to you; conduct analytics.	Identifying, Ethnicity, Gender, Demographic, Medical and Health, Physical Characteristics	Name, username, government issued identification, social security number, gender, browsing behavior, age range, income bracket, physical and mental health, medical records
Social	Establish your communication preferences; complete a transaction or provide a service for which the personal information was collected; process your policy, account or claim.	Professional, Criminal, Public Life, Family, Social Network, Communication	Job titles, work history, school attended, convictions, charges, marital and family status, email, telephone recordings
Tracking	Contact you; provide relevant information; provide a location-based product or service requested by you; conduct analytics.	Computer or Mobile Device, Contact, Location	IP Address, geolocation, email address, physical address, telephone number, country

We collect certain information ("nonpublic personal information") about you and the members of your household ("you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information;
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums, and payment history;
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our online advertisements;
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information and insurance claims history; and
- If you obtain a life, long-term care or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, all as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization, and
- (3) otherwise as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

The Farmers Insurance Group[®] of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

For 21st Century customers: We are offering you an Opt-Out opportunity which is provided on the Opt-Out Form provided with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures --other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-out form below. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an Opt-Out or respond to us in any way.

For Farmers customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.

Additionally, under the California Consumer Privacy Act (“CCPA”), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at <https://www.farmers.com/california-consumer-privacy/>.

Modifications to our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

More Information about these Laws?

This notice is required by applicable federal and state law. For more information, please contact us.

Signed

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, and Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc.; Coast National Holding Company, Coast National Insurance Company; Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX).

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

*For more background information on Farmers Financial Solutions, LLC (“FFS”) or its registered representatives/Agents, visit FINRA’s BrokerCheck at www.finrabrokercheck.com or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at www.sipc.org. FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at www.msrb.org and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.

-----><----- **Cut here** -----><-----

Please do not share consumer report information about me with your affiliates except as otherwise permitted by law.

Insured:
COMMUNITY SERVICE FOUNDATION INC
925 LAKEVIEW ROAD
CLEARWATER FL 33756

Policy Number: **M00-0005521-02**

Mail the opt-out to:

Bristol West Service Operations
C/O Opt Out
PO Box 31029
Independence, Ohio 44131-0029



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Notice of Underwriting Decision & Information Practices

Dear SECURITY NATIONAL INSURANCE COMPANY Customer,

In addition to the information provided to us by you when you applied for insurance, we have collected consumer reports in connection with your insurance transaction with us, which may include driver history, credit reports, credit scores, or personal or privileged information obtained from the following consumer reporting agencies:

Driver History Report:
LexisNexis Risk Solutions
C.L.U.E. National Service Center
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004

Credit Report:
Equifax Information Services
P.O. Box 740241
Atlanta, GA 30374
1-800-685-1111
www.equifax.com/fcra

In certain circumstances, the information contained in consumer reports, and other personal or privileged information subsequently collected by us, may be legally disclosed to third parties without your consent.

We have used this information to underwrite and/or rate your insurance, and any rate increase or other adverse underwriting decision may be attributable, in part, to our use of this information. That authorization remains in effect unless revoked by you. With respect to your driving history, please see the Accident and Violation Disclosure page if one is included with these policy documents. No consumer-reporting agency made any decision to take any adverse action against you regarding your insurance transaction with us. Therefore, no consumer-reporting agency will be able to provide you with the specific reason why any action was taken.

Your credit-based insurance score was one of the factors used to determine your insurance rate. If you receive this notice as a new policyholder, it is to inform you that your insurance score, as calculated based on information provided by the consumer-reporting agency, was less than the score required to receive our lowest available rate. If you receive this notice upon renewal of your policy, it means that either a new or previous insurance score was used, in part, to determine your current rate, which was less than the score required to receive our lowest available rate. At the time your credit information was reported to us, your score was most impacted by the following items:

- 010: Percentage of Credit Outstanding = MISSING: Best Possible is 0-90%
- 250: Number of Auto Inquiries = MISSING: Best Possible is MISSING
- 260: Number of Auto Inquiries = MISSING: Best Possible is MISSING
- 151: Average Trade Months/Age = 120-239/59-99: Best Possible is 240+

At your request, we will (1) provide you more detailed information regarding our collection, use, and disclosure of personal information, and your rights to access and correct such information; and (2) identify any third parties to whom we may have disclosed this information. You may contact us by calling us at 1-888-888-0080. Upon your request, we will provide you a more detailed notice regarding our information practices.

You have the right to: (1) obtain information regarding the nature and substance of recorded personal information about you; (2) access this information; (3) dispute the accuracy of completeness and request the correction of this information; and (4) file a statement setting forth what you think is the correct information, and why you disagree with any refusal to correct the information. Also, for 60 days after you receive this notice, you may obtain a free copy of any consumer report resulting in any adverse action. To exercise any of these rights, simply call us or the appropriate consumer reporting agency identified above. We will also, at your request, once per policy term, re-order your credit report and adjust our underwriting at renewal to reflect any change in credit score.



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

BRISTOL WEST INSURANCE SERVICES, INC. OF FLORIDA

Underwritten by:
SECURITY NATIONAL INSURANCE COMPANY
PO BOX 31029
INDEPENDENCE, OH 44131-0029

ACCIDENT AND VIOLATION DISCLOSURE

Your premium rate is based, in part, on the driving record of the drivers listed on this policy. The following lists - Accidents and/or traffic violations of these drivers. If you have Any questions about your premium rates, please contact your insurance producer. Your producer's phone number is: 727-822-2719

Policy Number: M00 0005521 02
Named Insured: COMMUNITY SERVICE FOUNDATION INC

WILLIAM F KRANZ
Date of Birth: 06/15/1968
License State: FL
License Number: K652926682150

LAWRENCE JR A LINDOW
Date of Birth: 02/08/1961
License State: FL
License Number: L530521610480

ACCIDENT/VIOLATION	DATE	WAIVE	ACCIDENT/VIOLATION	DATE	WAIVE
Comprehensive Claim>1000	12/22/17		Comprehensive Claim<=1000	12/30/19	
Not-At-Fault Accident	12/12/20				

As a result of the above driving history, you did not receive our lowest available rate.



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Dear Customer: These options may be available to you and may represent a premium savings in your policy. If you would like to change your PIP coverage, please contact your producer who can advise you which coverages are appropriate for your situation.

**ELECTION OF MODIFIED PERSONAL INJURY PROTECTION - COMMERCIAL AUTO
(INCLUDING ANY DEDUCTIBLE AMOUNT)**

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

NO-FAULT OPTIONS AVAILABLE TO YOU

- BASIC PERSONAL INJURY PROTECTION COVERAGE
(80% Medical, 60% Work Loss, \$5,000 Death Benefit, \$10,000 aggregate limit)

DEDUCTIBLES AND EXCLUSIONS

PIP premium may be reduced through use of available deductibles and exclusions. If you select a deductible or exclusion to reduce PIP benefits you should carefully review your hospital, health, or disability (work loss) insurance to determine if such insurance will absorb the reduction. Reduction of PIP benefits is not recommended if such insurance is not available.

DEDUCTIBLES

Deductibles are offered in the amounts of \$250, \$500 and \$1,000. PIP will pay for amounts up to \$10,000. The deductibles apply only to the named insured, or to the named insured and all dependent resident relatives. With this knowledge.

THE FOLLOWING DEDUCTIBLE OPTIONS ARE AVAILABLE TO YOU:

1. No Deductible
2. Deductible \$250, \$500 or \$1,000
Applicable to: Named Insured Only; or
Named Insured and Dependent Resident Relatives

WORK LOSS EXCLUSION

You can choose to exclude work loss or loss of income due to disability. This option may apply to the named insured or to residing dependent relatives as well. The exclusion was designed principally for retired or other persons who will have no income loss if injured in an auto accident.

1. Work Loss Benefit Exclusion
Applicable to: Named Insured Only; or
Named Insured and Dependent Resident Relatives



BRISTOL WEST
INSURANCE GROUP

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

PO BOX 31029, INDEPENDENCE, OH 44131-0029

Save time and money!

Make your payments electronically. No more hand written checks, no more late fees. Direct debit your account with an electronic funds transfer (EFT)! To apply, follow these easy steps, or you can save time by enrolling directly through www.bristolwest.com:

1. Complete this form with your name, bank information and signature.
2. Enclose a blank check from your current checking account and mark this check "VOID" or provide your savings account information.
3. Mail to the address indicated above or fax to 1-800-682-0817.
4. PLEASE, **do not** return the form with your payment.

Direct Debit Authorization Agreement

In this Agreement, the term "Company" shall mean Bristol West Insurance Company (in AL, AR, CO, FL, GA, ID, IL, IN, IA, KY, KS, ME, MI, MO, MT, NE, NH, NM, ND, OK, PA, SC, SD, UT, VA and WI), Bristol West Casualty Insurance Company (in OH, MN, VA and WY), Coast National Insurance Company (in AZ, CA, GA, MS, NV, OR, PA, TN and WA), Security National Insurance Company in FL, Bristol West Preferred Insurance Company in MI, Home State County Mutual Insurance Company in TX or Bristol West Specialty Insurance Company (in TX), Foremost Insurance Company Grand Rapids, Michigan (in CT, LA, MD, NJ and NY), Foremost Signature Insurance Company (NY), Foremost County Mutual Insurance Company (TX). Please refer to your Declarations page to determine which entity pertains to you.

<p>By signing below, I hereby agree to the terms and conditions of this authorization agreement as follows: As the Named Insured, I hereby authorize the Company to electronically deduct monthly installments for payment of my insurance policy premiums, subsequent renewal down payment, if I am offered and accept the renewal, and monthly installments, and to initiate credit entries in the event of erroneous charges. I hereby authorize the Financial Institution indicated below to accept and post these transactions to my account, shown below.</p> <p>I certify that I am an owner of, or authorized signer for, this bank account or payment card.</p> <p>I authorize the Company to adjust said transactions to reflect any premium changes and policy renewals that may be offered, if I accept them. The Company agrees to notify me, at least 10 days in advance, in the event that the electronic transaction will be greater than the previous electronic transaction.</p> <p>In the event that my Financial Institution or account number changes, I acknowledge that 3 days advance notice must be given to the Company before the changes take effect. I understand that I will be receiving a payment schedule shortly with the due dates, amounts of future withdrawals, and applicable fees. Upon receipt, I will retain the payment schedule for future reference since the Company will not send out monthly notifications.</p>	<p>This authorization will remain in effect until I provide written notice to the Company of its termination. I understand that, in the event I decide to terminate this payment method, I must advise the Company at least 3 days prior to the installment due date. In the event that I do terminate it, I understand that I continue to be obligated to make the current payment due as outlined on the payment schedule, and my bill plan and premium may change, requiring a larger down payment and different installment payments.</p> <p>In the event that this enrollment occurs after the inception of the policy, we will debit your account the amount reflected on your current invoice, as long as we receive the authorization form at least 3 days prior to the current due date.</p> <p>I understand and agree that an installment fee will be charged and deducted with each monthly installment payment. I further understand that if my financial institution does not honor any payment, an NSF fee will be assessed to the balance due on my policy. For the specific amount of each fee, please contact your producer or call the Company at 1-888-888-0080. In addition, these fees will be reflected on the payment schedule that will be sent to you after the Company processes this request.</p>
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To ensure accuracy, if using a checking account, please attach a sample check and mark it as VOID. Customers of credit unions should verify their account numbers as some credit unions use different account numbers than the numbers printed on checks.

Customer Information

Insured Name: _____

Policy Number: _____

For Checking and Savings, complete:

Name(s) on Account: _____

Financial Institution: _____

Financial Institution Address: _____

Account Number: _____

Type of Account: Checking Savings

Routing Number: _____

For Credit Card, complete:

Type of Account MC Visa Discover

Name(s) on Card: _____

Account Number: _____

Expiration Date: _____



Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

Understanding those numbers at the bottom of your check

1. Your **Routing Number** is on the left and **between** symbols that look like “].”. It’s a 9-digit number.
2. Your **bank account number** may be up to 17 digits in length and is between the Routing number and the check number.
3. Your check number may be encoded on this line. Do **not** include this number.

Account Holder/Authorized Signer Signature

Date

Second Account Holder/Authorized Signer Signature (If applicable)

Date

If using a checking account, remember to attach a blank check marked as VOID

277-mid-term cc (Rev. 3/2007)

Community Service Foundation, Inc
Operating Budget - October 1, 2022 - September 30, 2023

EXPENSES

EXPENSES

Salaries & Benefits	\$273,605.00	
Other Expenses/Administration	\$158,320.00	
Homeowners & Fair Housing Programs Misc.	\$2,200.00	
Community Relations	\$2,500.00	
Rental Property Operations	\$1,319,896.00	
		\$1,766,271.00

TOTAL EXPENSES



COMMUNITY SERVICE FOUNDATION, INC

“Creating Community”

NAME, BUSINESS & MAILING ADDRESS	2019-2020 OFFICERS	AREA OF EXPERTISE	TELEPHONES, FAX & EMAIL
WILLIAM R MANTOOTH 2519 N McMullen Booth Rd #510 Clearwater, FL 33761	<i>President</i>	Area Manager/Loan Depot	CELL (727) 639-6690 EMAIL: BillMantooth1@gmail.com
LISA LANGAN 2003 Long Branch Lane Clearwater, FL 33760	<i>Vice President</i>	Commercial Bank Management	CELL 727-420-7916 EMAIL lisalangan59@gmail.com
HARRY JAMIESON 301 Jasmine Way Clearwater, FL 33756	<i>Treasurer</i>	CPA/Accounting	HOME 727-441-4686 CELL 727-420-2463 EMAIL hbjcpa@gmail.com
CURTIS CHAMBERS Chambers Financial Group 285 Clearwater Largo Road North Largo, FL 33770	<i>Secretary</i>	Financial management	WORK 727-216-6280 CELL 727-430-7279 EMAIL curtis@chambersfinancialgroup.com
CHARLES (CHUCK) GARGOLA 2408 Fairbanks Drive Clearwater, FL 33764	<i>Immediate Past President</i>	Small Business Ownership & Rental Properties	HOME 727-536-3451 CELL 727-430-4011 EMAIL shin2ger@gmail.com
BILL DRUGASH 10215 127 Pl. N. Largo, FL 33773		Commercial Bank Management/Mortgage Lender	HOME 727-560-3398 EMAIL bdrugash@tampabay.rr.com
JOHN P. CUNNINGHAM, ESQ. 3178 Eagles Landing Circle W. Clearwater, FL 33761		Attorney/Legal Ex. Dir./Non-Profit	HOME 727-724-8809 EMAIL jpc0413@gmail.com
DEREK C. JOHNSON Fairway Independent Mortgage Corp. 1899 Mary's Meadow Lane Palm Harbor, FL 34683		Corporate Relations & Account Executive	CELL 727-777-7297 EMAIL derek.johnson1@yahoo.com
SUSAN LINDELOF 10685 Park Place Drive Seminole, FL 33778		Human Resources/ Employee Services Management	HOME 727-397-6108 CELL 727-244-1468 EMAIL susanlindelof@gmail.com
BRIDGETTE M. DOMINGOS, ESQ. 801 West Bay Drive, Suite 705 Largo, FL 33770		Attorney /Legal Managing Attorney	Cell 727-755-8448 EMAIL bridgette@domingoslaw.com

Updated: 03/01/2023



August 15, 2022

COMMUNITY SERVICE FOUNDATION, INC.
925 LAKEVIEW ROAD
CLEARWATER, FL 33756

COMMUNITY SERVICE FOUNDATION, INC.:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Carr, Riggs & Ingram, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

September 30, 2021

Prepared For:

COMMUNITY SERVICE FOUNDATION, INC.
925 LAKEVIEW ROAD
CLEARWATER, FL 33756

Prepared By:

Carr, Riggs & Ingram, LLC
600 Cleveland Street, Suite 1000
Clearwater, FL 33755

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – <https://cricpa.sharefile.com/share/filedrop> . We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by August 15, 2022

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization or person subject to tax

Taxpayer identification number

COMMUNITY SERVICE FOUNDATION, INC.

**** - *** 6939**

Name and title of officer or person subject to tax

**ED THIEBE
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,183,927.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

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

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

PIN: check one box only

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 07713
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

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

61989636331

Do not enter all zeros

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

ERO's signature ▶ CARR, RIGGS & INGRAM, LLC Date ▶ 08/15/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021

Form sections B through M: B Check if applicable; C Name of organization (COMMUNITY SERVICE FOUNDATION, INC.); D Employer identification number (**-***6939); E Telephone number (727-461-0618); F Name and address of principal officer (ED THIEBE); G Gross receipts (\$2,534,846); H(a) Is this a group return; H(b) Are all subordinates included?; I Tax-exempt status; J Website (WWW.CSFHOME.ORG); K Form of organization (Corporation); L Year of formation (1957); M State of legal domicile (FL)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and Preparer information: Sign Here (ED THIEBE, EXECUTIVE DIRECTOR); Paid Preparer (CATHERINE HAUG); Preparer Use Only (CARR, RIGGS & INGRAM, LLC)

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: PROVIDE HOUSING AND RELATED ASSISTANCE TO LOW INCOME FAMILIES AND INDIVIDUALS.

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

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

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

4a (Code:) (Expenses \$ 1,979,384. including grants of \$) (Revenue \$ 1,835,439.) PROVIDE HOUSING, FINANCIAL EDUCATION AND RELATED ASSISTANCE TO LOW-INCOME FAMILIES AND INDIVIDUALS.

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

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

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

4e Total program service expenses 1,979,384.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-10b (local chapters), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest), 13 (whistleblower), 14 (document retention), 15 (compensation), 16a-16b (joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records LYNN VALLONE - 727-461-0618 925 LAKEVIEW ROAD, CLEARWATER, FL 33756

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ED THIEBE EXECUTIVE DIRECTOR	40.00	X					63,500.	0.	10,391.	
(2) CHARLES GARGOLA PRESIDENT	2.00	X		X			0.	0.	0.	
(3) LISA LANGAN VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) HARRY JAMIESON TREASURER	1.00	X					0.	0.	0.	
(5) CURTIS CHAMBERS SECRETARY	1.00	X					0.	0.	0.	
(6) JOHN CUNNINGHAM, ESQ TRUSTEE	1.00	X					0.	0.	0.	
(7) BILL DRUGASH TRUSTEE	1.00	X					0.	0.	0.	
(8) DEREK C. JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
(9) SUSAN LINDELOF TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							63,500.	0.	10,391.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							63,500.	0.	10,391.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	81,035.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	33,110.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		114,145.			
Program Service Revenue	2 a	RENTS - LOW INCOME HOU	Business Code 531110	1,834,778.	1,834,778.		
	b	RENTAL RELATED CHARGES	532000	371.	371.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,835,149.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		156,404.		156,404.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		423,158.		
b	Less: cost or other basis and sales expenses	7b	350,686.				
c	Gain or (loss)	7c	72,472.				
d	Net gain or (loss)		72,472.		72,472.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
			5,700.				
b	Less: direct expenses	8b	233.				
c	Net income or (loss) from fundraising events		5,467.		5,467.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 900099	290.	290.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		290.			
12	Total revenue. See instructions		2,183,927.	1,835,439.	0.	234,343.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	66,749.	59,413.	6,601.	735.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	146,651.	130,532.	14,503.	1,616.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	44,110.	39,262.	4,362.	486.
10 Payroll taxes	60,599.	53,938.	5,993.	668.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,720.		16,720.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	33,282.		33,282.	
12 Advertising and promotion	1,272.	1,272.		
13 Office expenses	7,410.	7,030.	347.	33.
14 Information technology				
15 Royalties				
16 Occupancy	476,931.	470,860.	6,071.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	386,947.	386,947.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	407,515.	402,327.	5,188.	
23 Insurance	131,968.	130,288.	1,680.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM	293,366.	289,632.	3,734.	
b BAD DEBT	41,145.		41,145.	
c EQUIPMENT COSTS	7,293.	7,200.	93.	
d TRAINING EXPENSE	768.	683.	76.	9.
e All other expenses	103.		103.	
25 Total functional expenses. Add lines 1 through 24e	2,122,829.	1,979,384.	139,898.	3,547.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	295,551.	1	303,163.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	26,454.	4	41,144.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,189,988.	7	740,708.
	8 Inventories for sale or use	234,687.	8	0.
	9 Prepaid expenses and deferred charges	9,028.	9	15,015.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,142,988.		
	b Less: accumulated depreciation	10b 3,454,627.	10c	8,688,361.
	11 Investments - publicly traded securities	174,196.	11	225,581.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	76,924.	14	61,914.
	15 Other assets. See Part IV, line 11	1,149,030.	15	1,346,615.
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,470,386.	16	11,422,501.	
Liabilities	17 Accounts payable and accrued expenses	252,791.	17	359,826.
	18 Grants payable		18	
	19 Deferred revenue		19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	10,288,453.	23	8,925,769.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	88,967.	25	98,316.
	26 Total liabilities. Add lines 17 through 25	10,630,211.	26	9,383,911.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	725,600.	27	924,015.
	28 Net assets with donor restrictions	1,114,575.	28	1,114,575.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,840,175.	32	2,038,590.
	33 Total liabilities and net assets/fund balances	12,470,386.	33	11,422,501.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,183,927.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,122,829.
3	Revenue less expenses. Subtract line 2 from line 1	3	61,098.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,840,175.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	34,051.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	103,266.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,038,590.

Part XII Financial Statements and Reporting

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

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

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	65,273.	74,753.	186,114.	53,375.	114,145.	493,660.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	65,273.	74,753.	186,114.	53,375.	114,145.	493,660.
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.						493,660.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	65,273.	74,753.	186,114.	53,375.	114,145.	493,660.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,252.	63,390.	39,538.	80,892.	228,876.	425,948.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						919,608.
12 Gross receipts from related activities, etc. (see instructions)					12	3,314,615.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	53.68	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	69.21	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

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

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

COMMUNITY SERVICE FOUNDATION, INC.

Employer identification number

**** - *** 6939**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization COMMUNITY SERVICE FOUNDATION, INC.	Employer identification number ** - ***6939
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>GEHRAND FAMILY TRUST</u> <u>2980 PHILLIPPE PKWY</u> <u>SAFETY HARBOR, FL 34695</u>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>VALLEY BANK</u> <u>1455 VALLEY ROAD</u> <u>WAYNE, NJ 07470</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>SBA - PPP LOAN</u> <u>409 THIRD STREET SW</u> <u>WASHINGTON, DC 20416</u>	\$ <u>81,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY SERVICE FOUNDATION, INC.	Employer identification number ** - *** 6939
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization COMMUNITY SERVICE FOUNDATION, INC.	Employer identification number ** - *** 6939
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: COMMUNITY SERVICE FOUNDATION, INC. Employer identification number: **-***6939

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,863,803.		1,863,803.
b Buildings		9,260,805.	2,817,092.	6,443,713.
c Leasehold improvements		921,382.	585,389.	335,993.
d Equipment		42,133.	15,086.	27,047.
e Other		54,865.	37,060.	17,805.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,688,361.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	1,305,841.
(2) DEPOSITS	40,774.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,346,615.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY AND OTHER DEPOSITS	98,316.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	98,316.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,206,632.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	113,218.
e	Add lines 2a through 2d	2e	113,218.
3	Subtract line 2e from line 1	3	2,093,414.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	90,513.
c	Add lines 4a and 4b	4c	90,513.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,183,927.

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

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

1	Total expenses and losses per audited financial statements	1	2,042,268.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,042,268.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	80,561.
c	Add lines 4a and 4b	4c	80,561.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,122,829.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF INTEREST IN TRUST	125,457.
TRUST FUND DISTRIBUTION	-12,239.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	113,218.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSETS	72,472.
OTHER INCOME	290.
INVESTMENT EXPENSES	17,984.
FUNDRAISING EXP	-233.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	90,513.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSETS	72,472.
OTHER INCOME	290.
INVESTMENT EXPENSES	17,984.
FUNDRAISING EXP	-233.
RECONCILIATION DISCREPANCIES	-9,953.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	80,561.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COMMUNITY SERVICE FOUNDATION, INC.

Employer identification number

** - *** 6939

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

FORM 990 MADE AVAILABLE TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

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

BOARD ENFORCES POLICY REQUIRING DISCLOSURE OF ANY POSSIBLE CONFLICTS AND
ADDRESSES ISSUES AS THEY ARISE.

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

POLICY IS TO PROVIDE COMPENSATION THAT IS COMPETITIVE AND REASONABLE TO
ACCOMPLISH THE ORGANIZATION'S MISSION AND TAX-EXEMPT PURPOSE. THE BOARD
REVIEWS AND DETERMINES THE COMPENSATION OF TOP MANAGEMENT ON AN ANNUAL
BASIS. IT CONSIDERS WHAT IS BEING DONE IN COMPARABLE ORGANIZATIONS AND
STRIVES TO BE COMPETITIVE WHILE WORKING WITHIN BUDGET CONSTRAINTS.

FORM 990, PART VI, SECTION C, LINE 18:

NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.

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

NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING	1.
CHG IN VALUE PERP INT IN TRUST	125,457.
TRUST FUND DISTRIBUTION	-12,239.
RECONCILIATION DISCREPANCIES	-9,953.
TOTAL TO FORM 990, PART XI, LINE 9	103,266.

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Schedule O (Form 990 or 990-EZ) 2020



Community Service Foundation, Inc.

FINANCIAL STATEMENTS

September 30, 2021



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REPORT





Carr, Riggs & Ingram, LLC
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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Community Service Foundation, Inc.

Opinion

We have audited the accompanying financial statements of Community Service Foundation, Inc. (a nonprofit organization), which comprise the statement of financial position as of September 30, 2021, and the related statement of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Service Foundation, Inc. as of September 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Community Service Foundation, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

Adoption of New Accounting Pronouncement

As described in Note 2 to the financial statements, Community Service Foundation, Inc. adopted *FASB ASC 606, Revenue from Contracts with Customers*, in the 2021 financial statements. Our opinion is not modified with respect to the implementation of the new accounting guidance.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Service Foundation, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and Government Auditing Standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Community Service Foundation Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Service Foundation, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS & INGRAM, LLC

Tampa, Florida

November 29, 2022



FINANCIAL STATEMENTS



Community Service Foundation, Inc.
Statement of Financial Position

<i>September 30,</i>	2021
Assets	
Current assets	
Cash and cash equivalents	\$ 230,202
Restricted cash	86,664
Accounts receivable, net	86,092
Investments	225,581
Prepaid expenses and other assets	15,015
Due from related party, current portion	206,033
Total current assets	849,587
Non-current assets	
Deposits	40,774
Endowment investments	1,305,841
Property and equipment, net	8,808,982
Due from related party, net of current portion	514,547
Total non-current assets	10,670,144
Total assets	\$ 11,519,731
Liabilities and Net Assets	
Current liabilities	
Accounts payable	\$ 94,896
Accrued liabilities	50,634
Accrued interest	242,060
Notes payable, current portion	1,017,465
Security and other deposits	98,316
Total current liabilities	1,503,371
Long-term liabilities	
Notes payable, net of current portion, less unamortized discount and debt issuance costs	7,865,641
Total long-term liabilities	7,865,641
Total liabilities	9,369,012
Net assets	
Without donor restrictions	
Board designated for specific purposes	86,664
Undesignated	758,214
With donor restrictions	1,305,841
Total net assets	2,150,719
Total liabilities and net assets	\$ 11,519,731

The accompanying notes are an integral part of these financial statements.

Community Service Foundation, Inc.
Statement of Activities

<i>For the year ended September 30,</i>	Without Donor Restrictions	With Donor Restrictions	2021 Total
Revenue and other support			
Contributions and other grants	\$ 57,700	\$ -	\$ 57,700
Other contributions of property and equipment	15,337	-	15,337
Special events, net of direct costs totaling \$233	5,467	-	5,467
Rent and utility charges	1,824,891	-	1,824,891
Net assets released from restrictions	3,882	(3,882)	-
Total revenue and other support	1,907,277	(3,882)	1,903,395
Expenses			
Program services	1,923,575	-	1,923,575
General and administrative	76,507	-	76,507
Fundraising	3,569	-	3,569
Total expenses	2,003,651	-	2,003,651
Other income			
Investment return, net	56,490	195,148	251,638
Gain on disposal of fixed assets	77,837	-	77,837
Loan forgiveness	81,035	-	81,035
Other income	290	-	290
Total other income	215,652	195,148	410,800
Change in net assets	119,278	191,266	310,544
Net assets at beginning of year	725,600	1,114,575	1,840,175
Net assets at end of year	\$ 844,878	\$ 1,305,841	\$ 2,150,719

The accompanying notes are an integral part of these financial statements.

Community Service Foundation, Inc.
Statement of Functional Expenses

For the year ended September 30, 2021

	Program Services	General and Administrative	Fundraising	2021 Total
Advertising	\$ 1,272	\$ -	\$ -	\$ 1,272
Building and grounds maintenance	236,160	3,000	-	239,160
Depreciation	387,219	5,287	-	392,506
Employee benefits	39,262	4,362	486	44,110
Equipment rental and repairs	7,157	136	-	7,293
Insurance and taxes	130,588	1,380	-	131,968
Interest	390,878	-	-	390,878
Other rental expenses	264,179	2,542	-	266,721
Payroll taxes	15,762	1,753	195	17,710
Postage	2,114	44	-	2,158
Professional fees	-	32,018	-	32,018
Salaries	228,120	25,346	2,823	256,289
Staff training	683	76	8	767
Supplies	687	76	8	771
Telephone	3,989	443	49	4,481
Utilities	215,505	44	-	215,549
Total expenses by function	\$ 1,923,575	\$ 76,507	\$ 3,569	\$ 2,003,651

The accompanying notes are an integral part of these financial statements.

Community Service Foundation, Inc.
Statement of Cash Flows

<i>For the year ended September 30,</i>	2021
Operating Activities	
Change in net assets	\$ 310,544
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities	
Depreciation	7,293
Amortization of debt issuance costs and discount included in interest expense	255,661
Other contributions of property and equipment	(15,337)
Gain on disposal of property and equipment	(77,837)
Loan forgiveness	(81,035)
Loan discount	(24,590)
Unrealized gain on investments	(242,651)
Changes in operating assets and liabilities	
Accounts receivable	(61,796)
Deposits	(6,319)
Prepaid expenses and other assets	(5,987)
Related party receivable	469,408
Accounts payable	62,901
Accrued expenses	71,898
Securities and other deposits	9,349
Net cash provided by operating activities	673,660
Investing Activities	
Purchase of property and equipment	(117,025)
Net cash used in investing activities	(117,025)
Financing Activities	
Payments on note payable	(772,593)
Proceeds from note payable	81,035
Net cash used in financing activities	(691,558)
Net change in cash, cash equivalents and restricted cash	(134,923)
Cash, cash equivalents and restricted cash at beginning of year	295,551
Cash, cash equivalents and restricted cash at end of year	\$ 160,628
Schedule of Certain Cash Flow Information	
Cash paid for interest	\$ 252,662

The accompanying notes are an integral part of these financial statements.

Community Service Foundation, Inc. Notes to Financial Statements

Note 1: DESCRIPTION OF THE ORGANIZATION

Community Service Foundation, Inc. (the Organization) was chartered as a Florida corporation, not-for-profit on October 29, 1957. The Organization administers housing related programs for lower and moderate-income families in Pinellas County, Florida. Homeownership programs include comprehensive First Time Homebuyers and Household Budgeting classes, pre-purchase and post-purchase counseling. Community Service Foundation, Inc. also owns and operates apartments, and houses that are rented to low-income families.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

Restricted Cash

Amounts included in restricted cash represent those required to be set aside by rental agreements with tenants for security deposits. Restricted cash is included in current assets on the statement of financial position. The restriction will lapse when the rental agreement ends and security deposit returned to the tenant.

Community Service Foundation, Inc.
Notes to Financial Statements

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounts Receivable

Accounts receivable are stated at unpaid balances, less an allowance for doubtful accounts. The Organization considers accounts receivable to be substantially collectible. A reserve for doubtful accounts is established for accounts receivable when collection is doubtful. Accounts receivable are monitored continuously and are written off when deemed uncollectible based on contractual terms and age of the account. The Organization did not report an allowance for doubtful accounts as of September 30, 2021.

Property and Equipment

All acquisitions of property and equipment in excess of \$1,000 and all expenditures for maintenance, renewals, and betterments that materially prolong the useful lives of assets are capitalized. Repairs and maintenance are expensed as incurred. Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation, less accumulated depreciation. Depreciation is computed using the straight-line method.

Related Party Receivable

Related party receivable balance represents the amount due from a local non-profit organization related to mortgage liabilities on properties jointly purchased at 50%. The terms of the receivable follow the respective notes payable included in Note 7 for the 11 properties located in Largo, Florida. The balance includes accrued interest of \$88,549 as of September 30, 2021.

Net Assets

The Organization reports information regarding its financial position and activities according to two classes of net assets that are based upon the existence or absence of restrictions on use that are placed by its donors: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are resources available to support operations and not subject to donor restrictions. The only limits on the use of net assets without donor restrictions are the broad limits resulting from the nature of the Organization, the environment in which it operates, the purposes specified in its corporate documents and its application for tax-exempt status, and any limits resulting from contractual agreements with creditors and others that are entered into in the course of its operations. The governing board has designated, from net assets without donor restrictions, net assets for an operating reserve and capital assets reserve.

Community Service Foundation, Inc.
Notes to Financial Statements

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Assets (Continued)

Net assets with donor restrictions are resources that are subject to donor-imposed restrictions. Some restrictions are temporary in nature, such as those that are restricted by a donor for use for a particular purpose or in a particular future period. Other restrictions may be perpetual in nature; such as those that are restricted by a donor that the resources be maintained in perpetuity.

When a donor's restriction are satisfied, either by using the resources in the manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the financial statements by reclassifying the net assets from net assets with donor restrictions to net assets without donor restrictions

Revenue Recognition

Contributions are recognized when cash, other assets, an unconditional promise to give, or notification of a beneficial interest is received. Contributions received are recorded depending on the existence and/or nature of any donor restrictions that limit the use of the donated asset. Contributions that are received and released in the same period are reflected as net assets without donor restrictions. Donated investments and other noncash donations are recorded as contributions at their fair values at the date of donation. The Organization received \$15,337 in property and equipment for the year ended September 30, 2021, which was capitalized and will be utilized by the Organization.

Revenue related to rental units and utilities is recognized monthly based on terms established in the related rental agreements.

The Organization holds special events to raise additional revenue. Special event revenue comprise an exchange element based on the value of benefits provided and a contribution element for the difference between the total support and the exchange element. The exchange element includes the services provided to participants. All services are recognized as of the date of the event. There are no returns or refunds so no need for variable consideration of discounts or non-collection of revenue.

Payroll Protection Program Loan Forgiveness

In February 2021, in response to the global pandemic, the Organization applied for, and received, an \$81,035 loan through the Paycheck Protection Program (PPP) pursuant to the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and administered by the Small Business Administration (SBA). The PPP provides for forgivable loans to qualifying organizations. The loan and accrued interest are forgivable as long as the borrower uses the loan proceeds for eligible purposes, including payroll costs, rent and utilities and the borrower maintains specified levels of payroll and employment.

Community Service Foundation, Inc.
Notes to Financial Statements

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payroll Protection Program Loan Forgiveness (Continued)

The Organization is recognizing revenue from the PPP loan following the guidance under FASB ASC 958-605, government grant model. PPP loans are considered a conditional contribution and recorded as deferred revenue on the statement of financial position until all the barriers to entitlement are met. The Organization considers the barriers to be incurrence of eligible costs and maintaining specified levels of payroll and employment. Revenue is recognized once conditions have been substantially met or explicitly waived.

The Organization applied for forgiveness of the debt in full and received notification in November 2021, that the \$81,035 and related interest had been forgiven. For the year ended September 30, 2021, the Organization recorded the PPP loan forgiveness as other income on the statement of activities.

Functional Allocation of Expenses

Directly identifiable expenses are charged to programs and supporting services. Expenses related to payroll, payroll taxes, and employee benefits are allocated based on actual percentages of time spent in each functional area. Expenses related to maintenance and upkeep of the entire facility are allocated across functional areas based on a fixed percentage based on square footage.

Advertising

The Organization uses advertising to promote its programs among the audiences it serves. The production costs of advertising are expensed as incurred. During the year ended September 30, 2021, advertising costs totaled \$1,272.

Income Taxes

Under section 501(c)(3) of the Internal Revenue Code, the Organization is exempt from taxes on income other than unrelated business income. Unrelated business income results from rent, administration of self-insurance activities, and commissions.

The Organization utilizes the accounting requirements associated with uncertainty in income taxes using the provisions of Financial Accounting Standards Board (FASB) ASC 740, Income Taxes. Using that guidance, tax positions initially need to be recognized in the financial statements when it is more-likely-than-not the positions will be sustained upon examination by the tax authorities. It also provides guidance for de-recognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. As of September 30, 2021, the Organization has no uncertain tax provisions that qualify for recognition or disclosure in the financial statements.

Community Service Foundation, Inc.
Notes to Financial Statements

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Events

Management has evaluated subsequent events through November 29, 2022, the date the financial statements were available to be issued. See Note 11 for relevant disclosures. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Recent Accounting Pronouncements

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers* (Topic 606). This guidance specifies that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. This ASU and its amendments supersede the revenue recognition requirements in Topic 605, *Revenue Recognition*, and most industry specific guidance. This change in accounting principle did not have a material impact on the financial statements.

In February 2016, the FASB issued an accounting standard which requires the recognition of assets and liabilities arising from lease transactions on the statement of financial position and the disclosure of additional information about leasing arrangements. Under the new guidance, for all leases, interest expense and amortization of the right to use asset will be recorded for leases determined to be financing leases and straight-line lease expense will be recorded for leases determined to be operating leases. Lessees will initially recognize assets for the right to use the leased assets and liabilities for the obligations created by those leases. The new accounting standard must be adopted using a modified retrospective approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The accounting standard is effective for the Organization beginning with the year ended June 30, 2022, with early adoption permitted. The Organization is currently in the process of assessing what impact this new standard may have on its financial statements.

Community Service Foundation, Inc.
Notes to Financial Statements

Note 3: LIQUIDITY AND FINANCIAL ASSET AVAILABILITY

The Organization maintains its financial assets primarily in cash and cash equivalents to provide liquidity to ensure funds are available as the Organization's expenditures come due. The following reflects the Organization's financial assets as of the statement of financial position date, reduced by amounts not available for general use within one year of the statement of financial position date because of contractual or donor-imposed restrictions.

<u>September 30,</u>	<u>2021</u>
Total assets at year end	\$ 11,519,731
Less non-financial assets	
Prepaid expenses and other assets	(15,015)
Deposits	(40,774)
Due from related party, net of current portion	(720,580)
Property and equipment, net	(8,808,982)
<hr/>	
Financial assets at year-end	1,934,380
Less those not available for general expenditures within one year, due to contractual or donor-imposed restrictions	
Restricted by donor with time or purpose restrictions	(1,305,841)
Board designations	(86,664)
<hr/>	
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 541,875</u>

The Organization is principally supported by contractual rents charged to tenants through rental agreements. The Organization prepares an annual budget that is approved by the Board of Directors for the upcoming year. The annual budget includes projected revenue based on current grants, contracts and contributions. Internally prepared financial statements, comparing budget to actual results, are reviewed by management on a monthly basis and cash flow is monitored daily. As part of the Organization's liquidity management, financial assets are structured to be available as general expenditures, liabilities and other obligations come due.

Note 4: ENDOWMENT INVESTMENTS

The Organization was endowed by the Community Service Foundation Trust, which was established in 1967 for purposes of creating a perpetual, public charitable trust for the use and benefit of the Organization. The endowment is all donor-restricted endowment funds. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Community Service Foundation, Inc.
Notes to Financial Statements

Note 4: ENDOWMENT INVESTMENTS (CONTINUED)

The Board of Directors of the Organization has interpreted the State of Florida’s Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as donor restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund and (d) all realized and unrealized gains and losses as with donor restrictions.

The donors have stipulated that earnings on the funds be without donor restriction and are, therefore, classified as without donor restrictions. The Organization has adopted a discretionary spending policy to be applied to endowed funds, which is within prudent limits as outlined by SPMIFA. Management can determine each year how much to distribute from its designated endowment for the use and benefit of the Organization. This policy enables the Organization to preserve and strengthen its endowment for the future.

Endowment assets are invested in a well-diversified asset mix, which includes equity and debt securities. Actual returns in any given year may vary from this amount. Investment risk is measured in terms of the total endowment fund; investment assets and allocation between asset classes and strategies are managed to prevent exposing the fund to unacceptable levels of risk.

The Organization’s investment policy is based on maximizing the total return with a balance between income and capital appreciation, as income is required for annual spending needs while principal provides long-term growth of assets.

Endowment net assets consist of the following as of September 30, 2021:

<u>September 30,</u>	<u>2021</u>
Endowment funds with donor restrictions	\$ 1,305,841
<u>Total endowment funds</u>	<u>\$ 1,305,841</u>

The changes in endowment net assets for the year ended September 30, 2021 is the following:

<u>September 30,</u>	<u>Without Donor</u>	<u>With Donor</u>	<u>2021</u>
	<u>Restriction</u>	<u>Restriction</u>	
October 1, 2020	\$ -	\$ 1,114,575	\$ 1,114,575
Investment return, net	14,431	195,148	209,579
Amounts appropriated for expenditure	3,882	(3,882)	-
Distributions	(18,313)	-	(18,313)
<u>September 30, 2021</u>	<u>\$ -</u>	<u>\$ 1,305,841</u>	<u>\$ 1,305,841</u>

Community Service Foundation, Inc.
Notes to Financial Statements

Note 5: PROPERTY AND EQUIPMENT

The components of property and equipment at September 30, 2021, are as follows:

	Estimated Useful Lives (in years)	2021
Land	N/A	\$ 1,863,803
Building and related improvements	7-30	10,131,277
Furniture, fixtures and equipment	5-7	213,664
Vehicles	5	54,865
		12,263,609
		(3,454,627)
		\$ 8,808,982

Depreciation expense for the year ended September 30, 2021 amounted to \$392,506.

Note 6: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are:
 - observable; or
 - can be corroborated by observable market data.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Community Service Foundation, Inc.
Notes to Financial Statements

Note 6: FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2021.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Organization are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Organization are deemed to be actively traded.

Equities: Comprised of common stock valued at the closing price reported in the active market in which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Assets and liabilities measured at fair value on a recurring basis, are summarized for the year ended September 30, 2021:

<i>September 30, 2021</i>	Quoted Market in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)	Total
Mutual funds	\$ 225,581	\$ -	\$ -	\$ 225,581
Total investments	225,581	-	-	225,581
Equity securities	986,450	-	-	986,450
Corporate Bonds	-	319,391	-	319,391
Total Endowment	986,450	319,391	-	1,305,841
Total	\$ 1,212,031	\$ 319,391	\$ -	\$ 1,531,422

Community Service Foundation, Inc.
Notes to Financial Statements

Note 7: NOTES PAYABLE

Notes payable consists of the following:

<i>September 30,</i>	<i>2021</i>
Mortgage payable to Neighborhood Lending Partners, Inc., a non-profit corporation, secured by Foundation Oaks and Foundation Village apartment complex with a carrying value of \$174,343 as of September 30, 2021, repayable in monthly installments of \$2,618 including interest equal to 6% or the five-year LIBOR plus 3%, whichever is greater. A final payment of remaining principal and accrued interest balance is due on July 31, 2022, the maturity date.	\$ 159,260
Mortgage payable to Pinellas County, secured by second mortgage on Foundation Village apartment complex with a carrying value of \$57,487 as of September 30, 2021, repayable in monthly installments of \$375, including interest fixed at 3% through December 1, 2024, the maturity date.	15,903
Noninterest bearing note payable to Pinellas County, secured by a mortgage on rental property with a carrying value of \$237,491 as of September 30, 2021. However, to reflect the time value of money, the liability recorded in the financial statements reflects future payments discounted at an imputed rate of 2%, which was the prevailing rate for similar transactions at the inception of the note. The note is repayable in annual installments of \$12,210 through April 30, 2050, the maturity date.	207,282
Noninterest bearing note payable to the City of Clearwater, secured by a mortgage on rental property with a carrying value of \$233,101 as of September 30, 2021. However, to reflect the time value of money, the liability recorded in the financial statements reflects future payments discounted at an imputed rate of 2%, which was the prevailing rate for similar transactions at the inception of the note. The note is repayable in monthly installments of \$1,317 through June 30, 2032, the maturity date.	142,960
Mortgage payable to City of Clearwater, secured by a mortgage on Leo Lane Apartment complex with a carrying value of \$884,730 as of September 30, 2021, repayable in monthly installments of \$1,109, including interest fixed at 2% through November 30, 2037, the maturity date. The property is subject to a land use restriction agreement that requires percentages of apartment units be leased to very low and low income persons.	144,258
Noninterest bearing note payable to the City of Clearwater, secured by a second mortgage on Fulton Apartment complex with a carrying value of \$487,685 as of September 30, 2021. However, to reflect the time value of money, the liability recorded in the financial statements reflects future payments discounted at an imputed rate of 2%, which was the prevailing rate for similar transactions at the inception of the note. The note is repayable in annual installments of \$8,000 through October 1, 2041, the maturity date. The property is subject to a land use restriction agreement that requires percentages of apartment units be rented to very low and low income persons.	132,072
Subtotal	\$ 801,735

Community Service Foundation, Inc.
Notes to Financial Statements

Note 7: NOTES PAYABLE (CONTINUED)

<i>September 30,</i>	2021
Subtotal from previous page	\$ 801,735
Mortgage payable to Pinellas County, secured by a mortgage on Leo Lane Apartment complex with a carrying value of \$884,730 as of September 30, 2021, repayable in monthly installments of \$1,403, including fixed interest at 2% through December 31, 2037, the maturity date. The property is subject to a land use restriction agreement that requires percentages of apartment units be leased to very low and low income persons.	244,220
Mortgage payable to Pinellas County, secured by a mortgage on Leo Lane Apartment complex with a carrying value of \$884,730 as of September 30, 2021, repayable in monthly installments of \$3,011 including interest fixed at 2% through August 31, 2042, the maturity date. The property is subject to a land use restriction agreement that requires percentages of apartment units be leased to very low and low income persons.	730,431
Mortgage payable to a local bank, secured by Fulton Apartment complex with a carrying value of \$487,685 as of September 30, 2021, repayable in monthly installments of \$4,113 including interest fixed at 6.5%. A final payment of remaining principal and accrued interest balance is due on June 18, 2022, the maturity date.	439,803
Mortgage payable to a local bank, secured by a mortgage on 11 properties located in Largo, Florida, with a carrying value of \$1,101,439 as of September 30, 2021, repayable in monthly installments of \$4,235 including interest fixed at 4.75% through March 29, 2033, the maturity date.	605,465
Mortgage payable to Pinellas County, secured by a mortgage on 11 properties located in Largo, Florida, with a carrying value of \$1,101,439 as of September 30, 2021, repayable in monthly installments of \$2,108 including interest at 3%. A final payment of remaining principal and accrued interest balance is due on March 29, 2050, the maturity date.	498,510
Mortgage payable to a nonprofit lender, secured by a mortgage on 6 rental properties located in Largo, Florida, with a carrying value of \$470,936 as of September 30, 2021, repayable in monthly installments of \$3,783 including fixed interest at 5.5% through February 15, 2038, the maturity date.	142,751
Mortgage payable to a nonprofit lender, secured by a mortgage on rental properties located in Pinellas County, Florida, with a carrying value of \$1,024,156 as of September 30, 2021, repayable in monthly installments of \$6,739 including fixed interest at 5.25% through August 31, 2028, the maturity date.	964,206
Subtotal	\$ 4,427,121

Community Service Foundation, Inc.
Notes to Financial Statements

Note 7: NOTES PAYABLE (CONTINUED)

<i>September 30,</i>	2021
Subtotal from previous page	\$ 4,427,121
Mortgage payable to an individual, secured by a mortgage on 5 rental properties located in Pinellas County, Florida, with a carrying value of \$1,024,156 as of September 30, 2021, repayable in a balloon payment of principal and accrued interest calculated at 5% on August 31, 2022, the maturity date.	60,282
Mortgage payable to a nonprofit lender, secured by a mortgage on rental properties located in Pinellas County, Florida, with a carrying value of \$4,231,320 as of September 30, 2021, repayable in monthly installments of \$22,236 including fixed interest at 5.25% through September 9, 2029, the maturity date.	3,904,707
Noninterest bearing note payable to a nonprofit lender, secured by a mortgage on rental properties located in Pinellas County, Florida, with a carrying value of \$4,231,320 as of September 30, 2021. However, to reflect the time value of money, the liability recorded in the financial statements reflects future payments discounted at an imputed rate of 2%, which was the prevailing rate for similar transactions at the inception of the note. The note is repayable in a balloon payment of principal on September 9, 2024, the maturity date.	421,595
Unsecured mortgage payable to a nonprofit lender, repayable in monthly installments of \$876 including fixed interest at 2% through September 4, 2026, the maturity date.	50,000
Noninterest bearing mortgage payable to City of Clearwater, secured by a mortgage on Tangerine complex with a carrying value of \$105,284 discounted back to \$81,315 as of September 30, 2021, with recorded contribution of \$24,590. To reflect the time value of money, the liability recorded in the financial statements reflects future payments discounted at an imputed rate of 2.3%, which was the prevailing rate for similar transactions at the inception of the note. The note is payable in monthly installments of \$439 beginning in May 2023 and ending in April 2043.	81,315
Notes payable	8,945,020
Less unamortized debt issuance costs	(61,914)
Notes payable, less debt issuance costs	8,883,106
Less current portion	(1,017,465)
Notes payable, less current portion	\$ 7,865,641

Community Service Foundation, Inc.
Notes to Financial Statements

Note 7: NOTES PAYABLE (CONTINUED)

Interest expense incurred for the year ended September 30, 2021 totaled \$395,964, which includes \$26,483 in amortized discount and \$15,009 in amortized debt issuance costs.

Future maturities of notes payable are as follows:

<i>For the years ending September 30,</i>	<u>2021</u>
2022	\$ 1,017,465
2023	225,218
2024	683,712
2025	243,535
2026	248,909
Thereafter	6,526,179
Total future payments	<u>8,945,020</u>

Note 8: NET ASSETS

A summary of net assets without donor restrictions follows:

Without donor restrictions

<i>September 30,</i>	<u>2021</u>
Undesignated	\$ 758,214
Board designated for security deposits	86,664
Total net assets without donor restrictions	<u>\$ 844,878</u>

A summary of net assets with donor restrictions follows:

With donor restrictions

<i>September 30,</i>	<u>2021</u>
Time restricted	\$ 1,305,841
Total net assets with donor restrictions	<u>\$ 1,305,841</u>

Community Service Foundation, Inc.
Notes to Financial Statements

Note 8: NET ASSETS (CONTINUED)

Net assets were released from donor restrictions by occurrence of events specified by donors as follows:

<u>September 30,</u>	<u>2021</u>
Time restricted	\$ 3,882
Total net assets released from restrictions	<u>\$ 3,882</u>

Note 9: CONCENTRATIONS OF CREDIT RISK

The Organization maintains cash deposits with financial institutions at September 30, 2021 in excess of federally insured limits of \$99,478.

Note 10: COMMITMENTS

The Organization leases land from Pinellas County associated with rental properties. The land leases are accounted for as operating leases with original terms of 99 years and expire in 2115. Rent expense totaled \$5,929 for the year ended September 30, 2021.

Minimum lease payments under noncancellable operating leases are as follows:

<u>For the year ending September 30,</u>	<u>2021</u>
2022	\$ 5,929
2023	5,929
2024	6,232
2025	6,232
Thereafter	902,814
Total future minimum lease payments	<u>\$ 927,136</u>

Note 11: SUBSEQUENT EVENTS

The Organization sold eight properties subsequent to September 30, 2021. Under the Orange Lake Project, four properties were sold with an original cost of approximately \$500,000. The first property under the Orange Lake Project sold on December 20, 2021 and the fourth property sold on April 30, 2022. The cumulative selling price for all four properties under this project amounted to approximately \$708,000. The Organization also paid off one mortgage for a total of approximately \$172,000.

Community Service Foundation, Inc.
Notes to Financial Statements

Note 11: SUBSEQUENT EVENTS (CONTINUED)

An additional four properties from a separate project were sold with an original cost of approximately \$1,120,000. The first property sold on November 19, 2021 and the fourth property sold on March 25, 2022. The cumulative selling price for all four properties under this project amounted to approximately \$2,100,000. The Organization also paid off one mortgage for a total of approximately \$1,050,000.

The Organization entered into a sub-license agreement for Plumb House on June 23, 2022 for a period of five years, with an option for an additional term of five years. The Organization will be responsible for certain expenses such as maintenance of the structure, landscaping, utilities, insurance, and improvements. As part of the agreement, the property and any improvements made will not be owned by the Organization.

On April 1, 2022, the Organization refinanced existing debt with Lake Michigan Credit Union, secured by the Foundation Oaks and Foundation Village apartment complex for \$161,378. Monthly interest and principal payment to be made over 120 month with a fixed interest rate of 4.3%. In addition, a line of credit of up to \$200,000 was issued. The line of credit is also secured by the same property and will bear maturity of 24 months with a floating interest rate at prime +1%.

On September 27, 2022, the Organization refinanced the mortgage payable with Truist Bank, secured by Fulton Apartment complex for \$428,721. The maturity date was extended through June 18, 2025 with monthly principal payments of \$4,081 including fixed interest rate of 5.48%.

On October 31, 2022, the Organization issued a consent to adjust the Community Service Foundation Trust into a unitrust with Regions Bank.

ARPA GRANT SUPPLEMENT NO. 1



North Greenwood Neighborhood Revitalization Area

Prepared by: Engineering Geo-Tech Div.



Legend

- Water
- Revitalization Area Parcels
- Surrounding Areas
- Unincorporated PC

North Greenwood NRSA

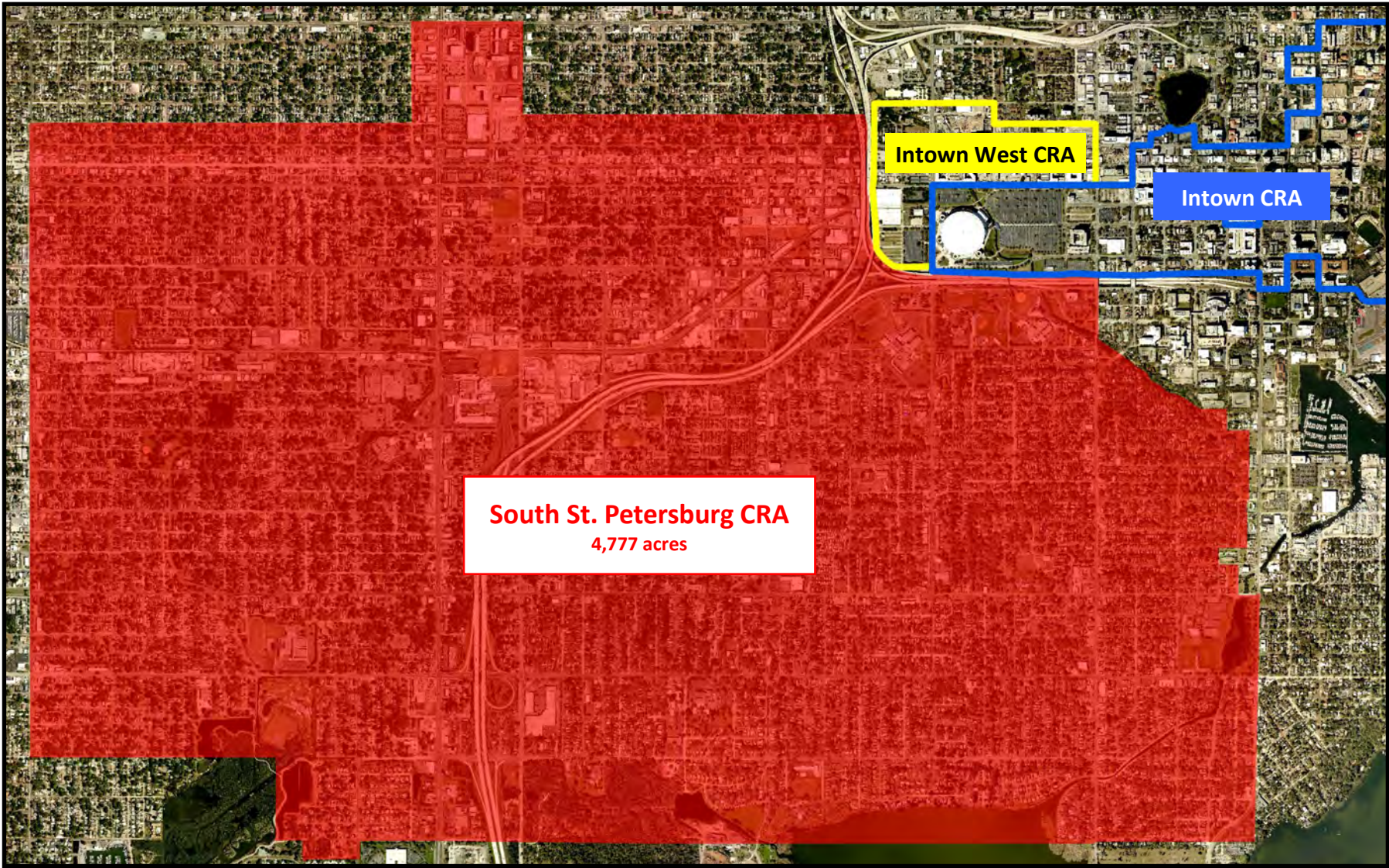
City of Clearwater, FL 2020/2021 – 2024/2025 Consolidated Plan Data

The North Greenwood Neighborhood Revitalization Strategy Area (NRSA) is bounded by Kings Highway to the east, N. Osceola Avenue to the west, Union Street/Sunset Point Road to the north, and Drew Street/Maple Street/Palmetto Street to the south.

The North Greenwood NRSA corresponds to Census Tract 261.01, Block Groups 2 and 3; Census Tract 261.02, Block Group 2; Census Tract 262.00, Block Groups 1 and 2; and Census Tract 263.00, Block Group 4.

All of the City's NRSA's are characterized by older housing stock, a lack of owner equity, sporadic "strip" commercial development that is not compliant with City codes for zoning conformity or accessibility, and property values that are generally depressed in comparison to the balance of the City. The North Greenwood NRSA is predominately residential. A large percentage of the population is considered low- to moderate-income and a significant percentage of the population is living below poverty level. According to HUD FY 2020 LMISD, the North Greenwood NRSA has a low- and moderate-income population of 58%.

The needs of the North Greenwood NRSA include (1) Housing activities such as affordable owner and rental housing, housing rehabilitation and repair (including energy efficiency), utility assistance, and down payment assistance; (2) Homeless activities such as improved shelter facilities and services, equitable distribution of homeless resources, affordable housing, and shelter locations, improved coordination with Continuum of Care, and outreach for homeless families and homeless families living with non-homeless families; (3) Non-homeless special needs activities such as mental/behavioral health services and substance abuse treatment programs; and (4) Community development activities such as improvements to existing community buildings/facilities used as activity centers (e.g. youth, seniors, arts, cultural, etc.), development of a Hispanic cultural center, maintenance of public infrastructure and common areas, longer public recreation center/library hours to allow more access, transportation services/assistance, and business/façade improvements.



South St. Petersburg Community Redevelopment Area
St. Petersburg Special Dependent District



South St. Petersburg Redevelopment District

The district is comprised of Greater Childs Park, most of Midtown, more than twenty neighborhood and business associations, and two Florida Main Street Districts. Both the South St. Petersburg Redevelopment Plan and the Redevelopment Trust Fund (the "Trust Fund") were approved in 2015. The South St. Petersburg Redevelopment District is generally bounded by 2nd Avenue North, Interstate 275, Interstate 175 and Booker Creek on the north; 4th Street South on the east; 30th Avenue South on the south; and 49th Street on the west.

The district was approved by St. Petersburg City Council on June 11, 2015, and the Pinellas County Board of County Commissioners on June 23, 2015. The 4,777-acre Redevelopment District is the largest in St. Petersburg and one of the largest in Florida. The Redevelopment District is comprised of Greater Childs Park, most of Midtown, more than twenty neighborhood and business associations, and two Florida Main Street Districts.

Summary Description:

This Community Redevelopment Area, the South St. Petersburg Redevelopment District, was approved by St. Petersburg City Council on June 11, 2015, and the Pinellas County Board of County Commissioners on June 23, 2015. This fund receives the city and county tax increment financing ("TIF") payments for the South St. Petersburg Redevelopment District that is an established tax management district. The South St. Petersburg Redevelopment District was established to remedy blighting conditions within the South St. Petersburg Community Redevelopment Area, pursuant to the authority provided by the Florida Community Redevelopment Act of 1969. The 4,777-acre district is the largest in St. Petersburg and one of the largest in Florida.

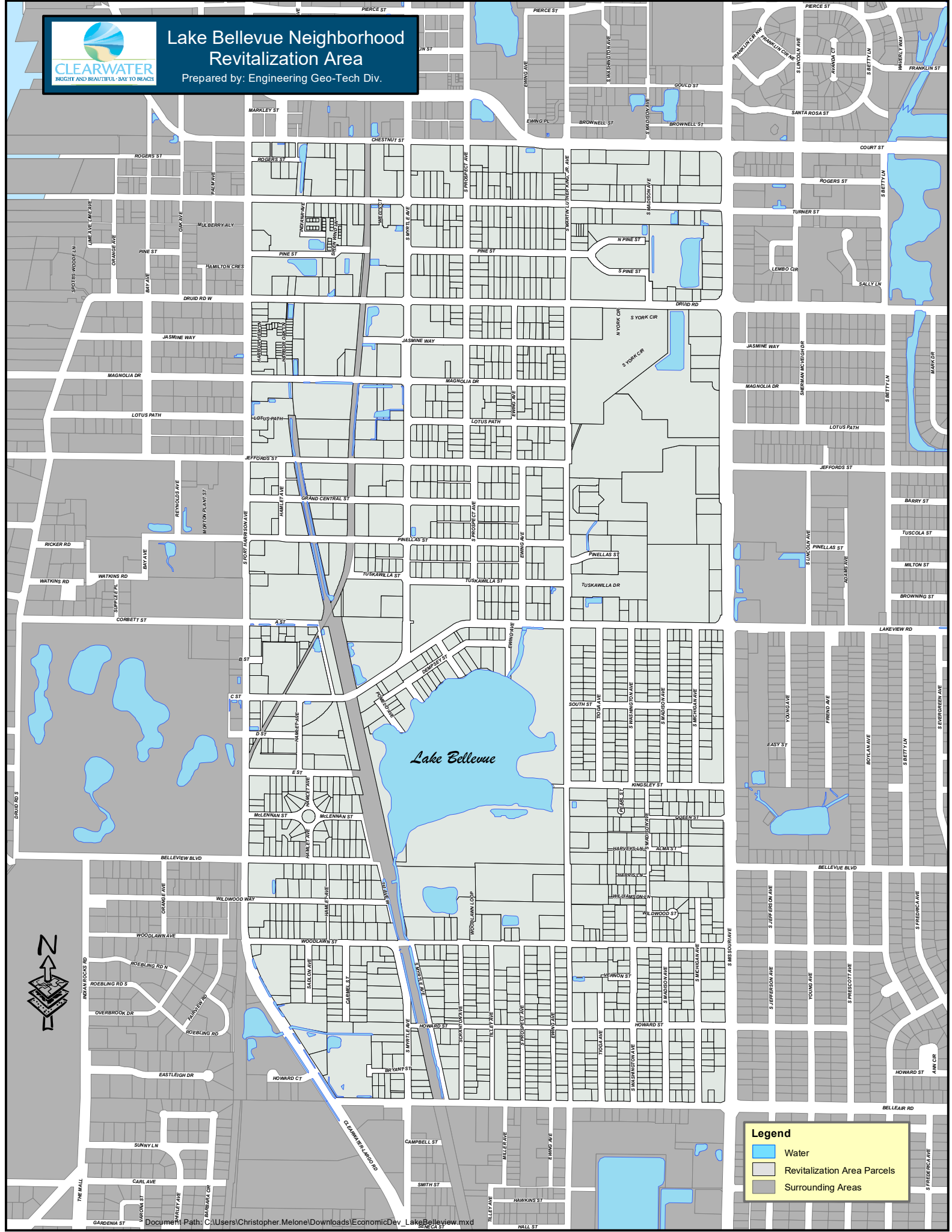
Fiscal Year 2022 Goals

The South St. Petersburg Community Redevelopment Plan is a multifaceted revitalization effort that embraces both traditional "place-based" economic development strategies customary to redevelopment plans as well as "people based" strategies that seek to improve the education, workforce readiness and workforce training opportunities for the residents of South St. Petersburg. The redevelopment program for the South St. Petersburg Community Redevelopment Plan centers on reinvigorating the housing market through rehabilitation and new construction; expanding opportunities for entrepreneurs, minority, women and disadvantaged business enterprises and small businesses; revitalizing commercial corridors to grow existing businesses and attract new ones; growing the manufacturing "belt" that bisects the district from east to west to create new jobs for residents; and improving the work readiness skills of residents.



Lake Bellevue Neighborhood Revitalization Area

Prepared by: Engineering Geo-Tech Div.



Legend

- Water
- Revitalization Area Parcels
- Surrounding Areas

Lake Belleview NRSA

City of Clearwater, FL 2020/2021 – 2024/2025 Consolidated Plan Data

Lake Bellevue Neighborhood Revitalization Strategy Area (LBNRSA) The LBNRSA includes various block groups from Census Tracts 258.00 and 259.00. According to HUD 2020 Low/Mod data and 2014-2018 ACS data, the LBNRSA has a population of 6,668 persons of which 62% are considered low- to moderate-income. The overall HUD LMI percentage in this neighborhood is approximately 75%. Additionally, the 2014-2018 ACS reported that 41.5% of persons in the LBNRSA were living below the poverty level during the past 12 months, compared to a citywide percentage of 18.8%. The total land area for the LBNRSA is approximately 1.1 square miles.

According to the 2014-2018 ACS, the population in the area is nearly middle aged with the median age estimated at approximately 42 years. There are approximately 1,200 families in the area with 686, or 57.2% of the families living as married couples, and 402, or 33.5% of the families living as a single female householder with no husband present. The area is also primarily residential in nature. According to the 2014-2018 ACS, there are a total of 3,429 housing units in this area. Out of the 3,429 housing units, 19.8% are vacant. According to the 2014-2018 ACS, the median home owner-occupied value in this strategy area is much lower than the rest of the City.

The median value of homes in Census Tract 258.00 is \$139,500 and is \$186,700 in Census Tract 259.00. The median value of owner-occupied homes in the City of Clearwater June 11, 2020 – DRAFT 5 is \$218,600. These values are aggregates which include all block groups within the Census Tracts 258.00 and 259.00. Not all block groups within these tracts are within the NRSA. According to the 2014-2018 ACS, the median contract rent for is \$672 per month, and \$721 per month in Tracts 258.00 and 259.00, respectively. The median contract rent for the City of Clearwater is \$869. The median gross rent for Tract 258.00 is \$856 and is \$820 for Tract 259.00, whereas the median gross rent in the City of Clearwater is \$1,052. The median household income is also lower than the rest of the City. According to the 2014-2018 ACS, the median household income for the City of Clearwater is \$45,764. The median household income for Tract 258.00 and Tract 259.00 is \$39,922 and \$26,969, respectively.

LBNRSA Unmet Needs (2020) • Housing activities such as housing rehabilitation, additional affordable housing units (single-family) and assisted rental units, and homebuyer and rental assistance • Homeless activities such as prevention, shelters, permanent supportive housing, continued coordination with the Continuum of Care, reentry facilities/services for persons leaving prison, substance abuse and behavioral counseling services; and services for the veteran population June 11, 2020 • Non-homeless special needs activities such as pedestrian crosswalk enhancements for visibility/accessibility, utility assistance for persons on fixed/limited incomes (e.g. elderly or persons with disabilities), and a one-stop community resource center or directory to list available public services • Community development activities such as public safety improvements (e.g. pedestrian crosswalks), bus stop benches, park improvements at Belmont Park (e.g. park acquisition/master plan) and Ross Norton (e.g. lighting at night and shade during day), more greenspace in general, and a one-stop community resource center or directory to list available public services.