

# Application Form

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## *Organization Information*

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### **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\***

Tarpon Springs Shepherd Center, Inc.

### **Proposal Name\***

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

Small Capital Funds

### **EIN\***

59-3070882

### **Incorporation Year\***

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

1990

## Organizational Mission Statement\*

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

Tarpon Springs Shepherd Center, Inc. provides compassion, basic support, and assistance to those in our community who need it most. Through our faith conviction we focus on families, the elderly, veterans, the homeless, and others in need. We feed the hungry, clothe the poor, and equip the least among us by providing opportunities and a place for all to give and receive hope. We also provide vital necessities to the homeless population and assist in helping restore their self-confidence so they can rejoin their communities.

## Unique Entity ID (SAM)

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

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

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

Character Limit: 12

NEXXTGZUFRN5

## Annual Operating Budget Size\*

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

\$870,015.00

## 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)*

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### **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.

\$135,027.00

## *Request Specifics*

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### **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.**

The Tarpon Springs Shepherd Center (TSSC) food pantry provides weekly groceries for thousands of families every month, delivers food weekly to the homebound and 100 bags to desert neighborhoods for those with no transportation. We provide the food for hot meals 7 days a week to feed the homeless. We also provide holiday baskets for over 2000 families and new toys for approximately 250 children, annually. Our Outreach Department offers resources and connects clients to other providers for services for their insurance needs, medication and health services. We provide utility assistance, counseling, IDs, along with clothing and household items from our thrift store to the underserved indigent population of north Pinellas County. To our homeless population we offer showers, laundry services and we provide hygiene items, clothing and shoes. This has been in place for over 30 years. These programs continue to service the areas dominated by the following populations:

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

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

### Community Need\*

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

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

### Negative Economic Impact on Organization\*

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

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

- 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.**

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

## Proposal Description\*

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

Please describe your purchase proposal and address the following:

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

1. A NEW 24 footer refrigerated truck will replace the 2006, 16 footer truck. With regular maintenance the estimated lifespan of the new truck is 20-25 years. The 24 footer is able to hold 10-12 pallettes of food whereas the 16 footer can only hold 4-5 pallettes depending on the weight. The weight of the pallettes are 1600 - 2000 lbs. per pallette therefore causing the 16 footer to wear out its tires faster, as well as the shocks, brakes, suspension and springs – leading to the continuously breaks down of the truck and accruing major expenses to repair. A 24 footer truck is built to hold thousands of pounds without affecting the brakes, shocks and suspension. The 24 footer would run more efficient, prevent issues with truck breaking down, enable us to pick up more food, make one trip to and from instead of two trips to and from, which will also save on gas, maintenance and manpower. It would also prevent clients from having to wait for long periods of time for their boxes of food. We anticipate that the bigger truck would allow us to pick-up an additional 150,000 lbs.

annually of donated food. This improved and larger transportation vehicle will allow us to readily pickup food intended for the increase in volume of impoverished clients in North Pinellas County.

2. Two portable steel expandable conveyors are greatly needed in the Pantry. The conveyors are expandable 30x432x28. Currently, we use two rolls of stacked-up pallets lined 30 feet long. The stacked pallets are 18 inches high. Staff and volunteers must bend down to pack the boxes which are pushed to the door where the boxes are given out. The stacked pallets need to be cleaned twice weekly to avoid any pest. The heavy pallets are picked up and moved, in order to clean the area, then restacked. The Conveyors are high enough so staff and volunteers need not bend, and its open space underneath and wheels would make it so much easier to move and clean. The lifespan of the conveyors is 8-10 years and it would allow us to serve our growing clients in less time and serve the client volume more effectively than we have been.

## 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?**

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

## Number Served\*

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

330342

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

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

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

Duplicated

## Other (Explanation Required)

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

## *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](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, LGTBQ+, 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.

The communities/clients that will benefit from this capital purchase is Pinellas County. We service everyone who is in need. Before the pandemic our service area other than Tarpon Springs was Palm Harbor, Crystal Beach, Dunedin, Oldsmar. Presently, we serve all of Pinellas County which includes St. Petersburg and Clearwater. Clients travel from all Pinellas to Tarpon Springs because we are able to provide them with boxes of food, which include produce, nutritious foods, desserts and a bag of meat, anywhere from 2-6 packs depending on the family size. We are opened 4 days a week from 10am-1:30 pm and once a week, every Wednesday, we provide boxes of food to our homebound clients and underprivileged neighborhoods where people are unable to come to the Shepherd Center to get food. Many of those are people with children, or who are employed, but don't make a decent living, and cannot make it to the Shepherd Center in time to get food. Others are disabled or seniors who don't have the transportation means to come to the Center and get food. The homebound and food drops targeted are in Tarpon Springs, Palm Harbor and Crystal Beach.

The truck will travel throughout Pinellas doing pick-ups of donated food. This will include Tarpon Springs, Palm Harbor, Clearwater, St. Petersburg, Crystal Beach and Tampa. We have two major stores we pickup in Tampa but it is important to note that while we receive food from Tampa locations, all distribution of food is done from the Tarpon Springs and distributed to our clients in Pinellas County. The refrigerated truck will also make deliveries of food to homebound and will also provide weekly food drops as aforementioned.

The conveyors requested will be used in the pantry at the headquarters for TSSC, 304 Pinellas Avenue, Tarpon Springs, FL 34689.

### Headquarters Location\*

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

304 S. Pinellas Avenue, Tarpon Springs FL 34689

### QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Further determination required



## Community Connection

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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.

We are thoroughly engaged in our communities through many partnerships including the Florida Dream Center of St. Petersburg, Career Source Disabled Veteran's Outreach Program, Feeding America, Kinship Services, Pinellas County Homeless Leadership Alliance, Pinellas County Metro HIV & Hep C Testing, Baycare Nursing, Pinellas County Mobile Medical Unit, RCS of Clearwater, Salvation Army, Tarpon Springs Boys and Girls Club, Tarpon Springs Housing Authority and the Union Academy & Citizens Alliance for Progress to name of few. Churches and schools throughout our coverage area also partner with TSSC on projects such as collecting canned goods for the pantry and adopting children in need of gifts at Christmas. Community leaders have chaired fundraisers and served as volunteers in many ways. We engage with local businesses for all of the services that our headquarter plant may need. Most of our Board members represent their churches on the Board and assist with the cooking of meals and food distribution.

### 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

## 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."

BIPOC

## 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."

BIPOC

## 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.

New Truck Estimates.pdf

### **Bid/Estimate #2\***

PDF files are accepted.

TarponSpringsShepherdCenter\_Estimates\_Conveyors.pdf

### **Bid/Estimate #3**

PDF files are accepted.

### **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.

Budget-Small-Capital-Purchases.pdf

## Other Funding Sources\*

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

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

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

N/A

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

This purchase does not affect operating costs

## 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*

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### **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.**

COI Liability-Flood.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*

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**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.

2023 Organizational Budget.pdf

### **Board of Directors List\***

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board Roster\_terms.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.

2021 Form 990\_signed.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.

Financial Statements and Independent Auditor's Report 12.31.21.pdf

Our audits are based on a calendar year. Next audit for Calendar Year 2022 will be completed by November-December 2023.

## *Post-Grant Requirements*

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### **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](mailto:rcervantes@pinellascf.org).  
Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### **Additional Upload**

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

Images.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?

N/A

## *Agreements*

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### **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

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### *Applicant File Uploads*

- New Truck Estimates.pdf
- TarponSpringsShepherdCenter\_Estimates\_Conveyors.pdf
- Budget-Small-Capital-Purchases.pdf
- COI Liability-Flood.pdf
- 2023 Organizational Budget.pdf
- Board Roster\_terms.pdf
- 2021 Form 990\_signed.pdf
- Financial Statements and Independent Auditor's Report 12.31.21.pdf
- Images.pdf



304 S. Pinellas Avenue  
Tarpon Springs, FL 34689  
Tel: 727-939-1400  
Fax: 727.937.4505  
[www.tscenter.org](http://www.tscenter.org)

*Tarpon Springs Shepherd Center is an interfaith outreach of compassion-- educating, assisting, and supporting the needs of all in our community. Through our faith conviction, we feed the hungry, clothe the poor, and equip the least among us by providing opportunities and a place for all to give and receive hope.*

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March 30, 2023

## New Truck Estimates

### **Estimate New Truck -Chassis, Box and Refrigeration Unit**

In looking at the values for a new truck, it is less expensive to build a truck than to purchase one new truck. The best way to get a new truck would be to build it. We can get the Chassis, take it to the vendor with the box which their price includes installation and then to Sunbelt, to install a new refrigeration unit.

|   |                     |
|---|---------------------|
| The lowest bid for a chassis is with Speedway       | 95,723.00           |
| South Florida Truck will sell and install box       | 11,000.00           |
| Sunbelt will install the new refrigeration unit for | <u>23,104.00</u>    |
| <b>Total of new 2023 truck</b>                      | <b>\$129,827.00</b> |

### **Other Bids**

|  |            |
|--|------------|
| Auto car – chassis   | 116,000.50 |
| Sprinter – New 2024 truck with box, chassis<br>and refrigeration unit included | 191,008.00 |
| Truck Max New Truck with box, chassis<br>and refrigeration unit included       | 181,337.00 |

**All Bids are attached**

Therefore, assuming we get the grant, the best buy would be to build the truck.

**HOPE CENTER • FOOD PANTRY • COMMUNITY KITCHEN • COMMUNITY ENRICHMENT CENTER • RESALE OUTLET**

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

# Speedway Ford

Date: 3/30/2023

Salesperson: \_\_\_\_\_

Manager: Tracey Cagle

**FOR INTERNAL USE ONLY**

**CUSTOMER** Tarpon Springs Shepard Center Home Phone : \_\_\_\_\_

Address : 34689 Work Phone : \_\_\_\_\_

E-Mail : adam@tscenter.org Cell Phone : \_\_\_\_\_

**VEHICLE**

Stock # : \_\_\_\_\_ New / Used : **New** VIN : RDF04497 Mileage: \_\_\_\_\_

Vehicle : F-650 Color : \_\_\_\_\_

Type : diesel reg cab 281WB

|                            |       |           |
|----------------------------|-------|-----------|
| Market Value Selling Price | _____ | 94,989.00 |
| Taxable Fees (Estimated)   | _____ | 89.00     |
| Doc Fee                    | _____ | 599.00    |
| Non Tax Fees               | _____ | 46.00     |
| Cash Deposit               | _____ | .00       |
| Balance                    | _____ | 95,723.00 |

Customer Approval: \_\_\_\_\_ Management Approval: \_\_\_\_\_

By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

**Tracey**  
**678-588-3858 cell**

INVOICE



Invoice: 10031799
Invoice Date: 01/23/2023
Deal/Packet: 2740/1
Branch: Tampa
Department: Sales

Bill-To:
Tarpon Springs Shepherd Center, Inc.
304 S Pinellas Avenue
Tarpon Springs, FL 34689-3636

Ship-To:
Tarpon Springs Shepherd Center, Inc.
304 S Pinellas Avenue
Tarpon Springs, FL 34689-3636

ID: 11549 Ph: 727-939-1400 P/O: Salesperson: Earl Sims

+ SOLD UNIT(S)

Stock Number: 91737824 Price: \$23,104.00
VIN: VFL91737824
Year: 2023 Make: Supra S10 Model: TDS5BJE2-3F-0

Total Sold Unit(s): \$23,104.00
Total : \$0.00
Total: \$23,104.00
Net: \$23,104.00

Balance Due: \$23,104.00

Terms Due: 01/23/2023

Remit Balance Due To:
Sunbelt Transport Refrigeration, LTD
P.O. Box 919016
Orlando, FL 32891-9016

Comments:
Carrier Transicold Truck Refrigeration Unit
Model: Supra S10 w/standby - S/N: VFL91737824

Customer: TS Shepherd Center

Price Includes:
Install new Unit with electric standby and HD Battery

Truck VIN#: 3ALACWFC2PDVM4909

End User: Same

# SOUTH FLORIDA TRUCK SALES

# QUOTE

8975 NW 27 AVE  
MIAMI , FL 33147

305-691-3533

**SOLD TO:**  
ADAM

QUOTE DATE | 3/28/2023  
SELLER | EUNICE

MIAMI, FL 33131

| QUANTITY | DESCRIPTION   | UNIT PRICE | AMOUNT             |
|----------|---|------------|--------------------|
| 1        | SOLD ONE USED 26FT DRY BOX AND ALUMINUM LIFT GATE<br>WITH INSTALATION<br><br><b><u>SOLD AS IS CONDITION</u></b> | 11,000.00  | \$11,000.00        |
|          |   | SUBTOTAL   | 11,000.00          |
|          |   | TAX        |                    |
|          |   | DEPOSIT    |                    |
|          |   |            | <b>\$11,000.00</b> |

**DIRECT ALL INQUIRIES TO:**  
Stephanie Rodriguez  
(305) 691-3533  
Email: Southfloridatruck89@gmail.com

**MAKE ALL CHECKS PAYABLE TO:**  
South Florida Truck Sales, LLC  
Attn: Accounts Receivable  
8975 N.W 27 Ave  
Miami, Fl, 33147

**THANK YOU FOR YOUR BUSINESS!**



Miami Location  
9900 NW 77th Ave., Hialeah Gardens 33016  
(305) 652-2336



Pompano Beach Location  
2840 Center Port Circle, Pompano Beach FL 33064  
(954) 545-1000



Fort Pierce Location  
5000 Orange Ave., Fort Pierce, Florida 34947  
(772) 924-2640

**NEW USED - Retail Buyer's Order**

<http://www.FreightlinerFL.com>

| PURCHASER INFORMATION  |             |                    |                           | VEHICLE DESCRIPTION          |  |  |
|--|-------------|--------------------|---------------------------|------------------------------|--|--|
| NAME (COMPANY OR PERSON)<br>TARPON SPRINGS. SHEPHERD. CENTER.  |             |                    |                           | STOCK #<br>RHUW2116          | YEAR<br>2024   |  |
| STREET<br>304 S PINELLAS AVE   |             |                    |                           | MAKE<br>FREIGHTLINER         | MODEL<br>M2  |  |
| CITY<br>TARPON SPRINGS   | STATE<br>FL | ZIP<br>34689       | SALESMAN<br>JORGE MEDINA  | BODY<br>106                  | COLOR<br>WHITE   |  |
| HOME PHONE<br>727 504 0839   | WORK PHONE  | DATE<br>03/28/2023 | MILEAGE<br>4              |                              |  |  |
| VIN<br>1FVACWFCXRHUW2116   |             |                    | EMAIL<br>kuliq1@gmail.com |                              | Purchaser acknowledges that the above identified vehicle's intended purpose is:<br><input type="checkbox"/> Personal, Family or Household<br><input type="checkbox"/> Commercial |  |
| TRADE INFORMATION  |             |                    |                           | PRICE OF VEHICLE             |  |  |
| YEAR   | MILEAGE     | YEAR               | MILEAGE                   | DEALER INSTALLED ACCESSORIES |  |  |
| MAKE   | BODY        | MAKE               | BODY                      | 2023 M2 106                  |  |  |
| MODEL  | COLOR       | MODEL              | COLOR                     | CUM B6.7 L @ 250 HP          |  |  |
| VIN NO.  |             | VIN NO.            |                           | ALLISON 2200 RDS AUTO        |  |  |
| PAY OFF  |             | PAY OFF            |                           |                              |  |  |
| LIENHOLDER   |             | LIENHOLDER         |                           |                              |  |  |
| The above payoff information is subject to verification at a later date. Any error or incorrect information received as to the title or payoff amount will be the responsibility of the Purchaser. Purchaser hereby acknowledges that Purchaser will pay on demand any higher difference from the above estimated payoff figure which is due on the payoff of Purchaser's trade-in. Purchaser hereby represents to Dealer that the trade-in vehicle is not a damaged, rebuilt, flood damaged or frame damaged vehicle and that the title to such trade-in vehicle was not previously branded as such. Purchaser hereby represents to Dealer that any major deficiencies, mechanical or damage have been listed below:  |             |                    |                           |                              |  |  |
| Purchaser: _____   |             |                    |                           |                              |  |  |
| IMPORTANT NOTICE - - READ CAREFULLY BEFORE SIGNING   |             |                    |                           |                              |  |  |
| AS-IS and WITH ALL FAULTS. The only warranties applying to this vehicle are those offered by the manufacturer, or if applicable, by the manufacturer of the non-factory installed equipment. The Dealer expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability and implied warranty of fitness for a particular purpose and the Dealer neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this vehicle. Purchaser shall not be entitled to recover from the Dealer any consequential damages, damages to property, damages for loss of use, loss of time, loss of profit, or income, or any other incidental damages.   |             |                    |                           |                              |  |  |
| Purchaser: _____   |             |                    |                           |                              |  |  |
| ARBITRATION OF DISPUTES AND WAIVER OF JURY TRIAL   |             |                    |                           |                              |  |  |
| Purchaser and Dealer agree to submit any and all controversies or claims identified in this arbitration provision, where the amount in controversy, including attorney's fee claims, exceeds \$5,000, arising out of or relating to this Agreement and all other agreements executed by Purchaser and Dealer related to the vehicle purchase transaction or related to any aspect of the transaction contemplated by this Agreement, to binding arbitration. Except as expressly set forth in this Agreement, it is the express intent of Purchaser and Dealer that this arbitration provision applies to all disputes, including contract disputes, tort claims, including fraud claims and fraud in the inducement claims, statutory claims, including deceptive trade practices claims, and regulatory claims, that would not have arisen but for the vehicle purchase transaction and resulting relationship between Purchaser and Dealer. If any controversy or claim described in the arbitration provision is determined, for any reason, to be ineligible for arbitration, then that controversy or claim shall instead be decided by a judge of a court of competent jurisdiction, without a jury. Purchaser and Dealer knowingly and voluntarily waive their right to a trial by jury for all controversies and claims. Purchaser and Dealer agree and understand that they are giving up the right to trial by jury, and there shall be no jury trial whether the controversy or claim is decided by arbitration or by trial before a judge. Purchaser and Dealer agree to the additional arbitration provisions on the reverse side of this Agreement. |             |                    |                           |                              |  |  |
| Purchaser: _____   |             |                    |                           |                              |  |  |
| ENTIRE AGREEMENT   |             |                    |                           |                              |  |  |
| Purchaser acknowledges by Purchaser's signature below that Purchaser has read the front and back of this Agreement, understands the terms and agrees to the terms on the front and back of this Order. Unless stated in writing and signed by an authorized Dealer representative, the terms in this written document constitute the entire agreement, understanding and representations, express or implied, between Purchaser and Dealer concerning (1) the terms and provisions of the vehicle purchase transaction, and (2) the quality or nature of the vehicle purchased pursuant to this Agreement. This Agreement supercedes all oral communications between the parties. Purchaser expressly acknowledges that Dealer representatives have not made any representations to the Purchaser, including verbal statements, concerning the history or the use of the vehicle, or concerning any prior damage to the vehicle or any prior repair work that may have been done to the vehicle being purchased pursuant to this Agreement or as to the financing of the vehicle except as expressly set forth in writing. This Agreement may be modified or amended only by a written document signed by Purchaser and an authorized representative of Dealer.  |             |                    |                           |                              |  |  |
| Purchaser: _____   |             |                    |                           |                              |  |  |
| PURCHASER ACKNOWLEDGEMENTS   |             |                    |                           |                              |  |  |
| On a cash transaction, this offer is not binding unless accepted in writing by an authorized dealer representative in the space indicated below. On a credit transaction, the Purchaser's offer is not accepted and the transaction is not consummated until (a) accepted in writing by an authorized dealer representative in the space indicated below and (b) Purchaser and Dealer have signed a retail installment sales contract and (c) an assignment of the retail installment contract is accepted by a responsible Lender and (d) Dealer is paid by the Lender. Purchaser, by Purchaser's execution of this Order, acknowledges that Purchaser has read the material printed on the front and on the back hereof. Purchaser agrees to the terms on the back of this Order as a part of this Order, the same as if such terms were printed above Purchaser's signature.  |             |                    |                           |                              |  |  |
| On a credit transaction, Purchaser and Dealer acknowledge that a retail installment sale contract (RISC) will be prepared in conjunction with the purchase of the above referenced vehicle. The above provision, which sets forth that the RISC is conditioned upon assignment to and acceptance by a responsible lender, is incorporated into, and made a part of by reference, the RISC which is related to the above identified vehicle transaction.  |             |                    |                           |                              |  |  |
| Purchaser certifies that Purchaser is 18 years of age, or older, and hereby acknowledges receipt of a copy of this Order.  |             |                    |                           |                              |  |  |
| Purchaser acknowledges that Purchaser has not been induced to sign this Order by any oral representation involving the condition or performance of the vehicle or any warranty relating to this vehicle or any representation contrary to the written terms of this Order.   |             |                    |                           |                              |  |  |
| Purchaser: _____ Dealer Authorized Mgr.: _____ Date: _____   |             |                    |                           |                              |  |  |

|  |                   |
|--|-------------------|
| SELLING PRICE  | 114,991.00        |
| PREDELIVERY SERVICES<br>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. | 999.00            |
| FLORIDA NEW TIRE FEE<br>(\$1.00 Per Tire)  | 6.00              |
| BATTERY FEE<br>(\$1.50 PER)  | 4.50              |
| <b>SUBTOTAL</b>  | <b>116,000.50</b> |
| LESS TRADE-IN ALLOWANCE  |                   |
| <b>AMOUNT TAXABLE/STATE</b>  | <b>116,000.50</b> |
| STATE SALES TAX  |                   |
| FEDERAL EXCISE TAX   |                   |
| STATE & COUNTY FEES  | 50.00             |
| ESTIMATED LICENSING FEE  | 500.00            |
| PRIVATE TAGE AGENCY FEES   | 89.00             |
| MOTOR VEHICLE WARRANTY TRUST FUND FEE  |                   |
| PLUS BALANCE OWED ON TRADE-IN  |                   |
| Add  |                   |
| <b>SUBTOTAL</b>  | <b>116,639.50</b> |
| REBATE   |                   |
| DOWN PAYMENT   |                   |
| <b>BALANCE DUE</b>   | <b>116,639.50</b> |



SPRINTER



Miami Location
9900 NW 77th Ave., Hialeah Gardens 33016
(305) 652-2336

Pompano Beach Location
2840 Center Port Circle, Pompano Beach FL 33064
(954) 545-1000

Fort Pierce Location
5440 Orange Ave., Fort Pierce, Florida 34947
(772) 924-2840

NEW USED - Retail Buyer's Order

http://www.FreightlinerFL.com

Form containing purchaser information, vehicle description, trade information, price of vehicle, important notice, arbitration of disputes, and entire agreement sections.

PURCHASER ACKNOWLEDGEMENTS
On a cash transaction, this offer is not binding unless accepted in writing by an authorized dealer representative in the space indicated below.



HOMESTEAD • NAPLES • FT. PIERCE • KEY LARGO

Date: 03/29/2023

Salesperson: Rafael Rodriguez

Email: rrodriguez@truckmaxfl.com

| Purchaser   |              |                             |              |
|---|--------------|-----------------------------|--------------|
| Company Name: <u>Tarpon Spring Shepard Center</u> |              | Customer: <u>Adam Kulig</u> |              |
| Address: _____                                    |              | Cell: <u>(727) 939-1400</u> |              |
| City: _____                                       | State: _____ | Zip: <u>34688</u>           | Work: _____  |
| E-Mail: <u>adam@tscenter.org</u>                  |              | County: _____               | Phone: _____ |

| Description of Purchase <u>Vehicle 1</u> |  |   |                     |                    |
|--|--|---|---------------------|--------------------|
| Year: <u>2024</u>                        | Make/Model: <u>Isuzu FTR MT6 Cummins B6.7L</u> | Trim: <u>26' Refrigerated Box / 3000# Liftgate / TK T-890-5</u> |                     |                    |
| VIN: <u>54DK6S1F7RSA00017</u>            | Stock #: <u>7RSA00017</u>                      | Mileage: <u>10</u>  | Color: <u>White</u> | GVWR: <u>25950</u> |

| Optional Equipment & Accessories | Price    |
|----------------------------------|----------|
| _____                            | \$ _____ |
| _____                            | \$ _____ |
| _____                            | \$ _____ |
| _____                            | \$ _____ |
| _____                            | \$ _____ |
| _____                            | \$ _____ |
| _____                            | \$ _____ |
| _____                            | \$ _____ |
| _____                            | \$ _____ |
| _____                            | \$ _____ |

| Selling Price Summary  |                      |
|--|----------------------|
| <b>MSRP</b>  | \$ <u>194,367.60</u> |
| Discount   | \$ <u>-14,397.60</u> |
| <b>Selling Price</b>   | \$ <u>179,970.00</u> |
| Optional Accessories   | \$ <u>0.00</u>       |
| Dealer Service Charge  | \$ <u>699.00</u>     |
| Battery Fee  | \$ <u>3.00</u>       |
| Tire Fee   | \$ <u>6.00</u>       |
| Doc Fee  | \$ <u>259.00</u>     |
| Electronic Filing Fee  | \$ <u>299.00</u>     |
| Trade Allowance  | \$ <u>0</u>          |
| <b>Subtotal</b>  | \$ <u>180,937.00</u> |
| Payoff   | \$ _____             |
| Tax % <u>6.00</u> <input checked="" type="checkbox"/> Tax Exempt | Tax \$ <u>0</u>      |
| Tax % _____ County Tax   | \$ <u>0.00</u>       |
| Title/License/Registration Fees                                  | \$ <u>400.00</u>     |
| <b>Total</b>   | \$ <u>181,337.00</u> |
| Down Payment   | \$ <u>0</u>          |
| <b>Amount to Pay/Finance</b>                                     | \$ <u>181,337.00</u> |

| Trade - Subject to appraisal RATING <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |                    |
|---|--------------------|
| Year _____  | Make _____         |
| Model _____   | VIN # _____        |
| Odometer _____  | Allowance <u>0</u> |
| Payoff _____  | Lender _____       |
| Acct # _____  |                    |

**Notes**

The prices shown above may vary from month to month, as will incentives, and are subject to change. Pricing is not guaranteed due to volatility in commodities and factory incentives. To attain most accurate numbers customer should request to be requoted before final delivery on ordered units.

| Loan Information |                                  |   |
|------------------|----------------------------------|---|
| APR: _____ %     | Term: _____                      | <u>Monthly</u> <input type="button" value="v"/> |
| _____ %          | <input type="button" value="v"/> | \$ _____  |
| _____ %          | <input type="button" value="v"/> | \$ _____  |
| _____ %          | <input type="button" value="v"/> | \$ _____  |
| Lender _____     |                                  |   |

Quote valid for: 30 days

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Salesperson Signature

\_\_\_\_\_  
Buyer Signature

\_\_\_\_\_  
Date





## Portable Steel Expandable Conveyors - Trafford Industrial

CROWD CONTROL WAREHOUSE

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

<https://www.crowdcontrolwarehouse.com/products/expandable-conveyor?>

[currency=USD&variant=39599886041182&campaignid=15906284307&adgroupid=135353920714&creative=575403865887&matchtype=&network=u&device=c&keyword=CCW-05-039-00004&gclid=EAIaIQobChMIIZ\\_vs8yE-AIVSvICh1BDw2CEAQYASABEgLP\\_PD\\_BwE](https://www.crowdcontrolwarehouse.com/products/expandable-conveyor?currency=USD&variant=39599886041182&campaignid=15906284307&adgroupid=135353920714&creative=575403865887&matchtype=&network=u&device=c&keyword=CCW-05-039-00004&gclid=EAIaIQobChMIIZ_vs8yE-AIVSvICh1BDw2CEAQYASABEgLP_PD_BwE)



## BEST® EXPANDABLE/PORTABLE CONVEYORS

Flexible, portable, go-anywhere conveyor for loading and unloading trucks or moving product.

- Recommended for packing, shipping/receiving and temporary assembly lines.
- Optimize floor space - Compacts for storage.
- Free-spinning steel skate wheels move products easily.
- Load capacity - 250 lbs. per linear foot.
- 5" swivel casters. Lockable end casters.

[Enlarge & Video](#)

### BEST® EXPANDABLE/PORTABLE CONVEYORS

| MODEL NO.              | OVERALL WIDTH | ADJUSTABLE LENGTH | ADJUSTABLE HEIGHT | LEG SETS PER UNIT | WT. (LBS.) | PRICE EACH | ADD TO CART                    |                                    |
|------------------------|---------------|-------------------|-------------------|-------------------|------------|------------|--------------------------------|------------------------------------|
| <a href="#">H-1394</a> | 18"           | 2 - 8'            | 28 1/2 - 41 1/2"  | 3                 | 169        | \$1,005    | <input type="text" value="1"/> | <input type="button" value="ADD"/> |
| <a href="#">H-1395</a> | 18"           | 3 - 12'           |                   | 4                 | 184        | 1,355      | <input type="text" value="1"/> | <input type="button" value="ADD"/> |
| <a href="#">H-1396</a> | 18"           | 6 - 24'           |                   | 7                 | 397        | 2,450      | <input type="text" value="1"/> | <input type="button" value="ADD"/> |
| <a href="#">H-1397</a> | 24"           | 6 - 24'           |                   | 7                 | 498        | 2,750      | <input type="text" value="1"/> | <input type="button" value="ADD"/> |
| <a href="#">H-3859</a> | 24"           | 9 - 36'           |                   | 11                | 757        | 4,105      | <input type="text" value="1"/> | <input type="button" value="ADD"/> |
| <a href="#">H-3860</a> | 30"           | 6 - 24'           |                   | 7                 | 698        | 3,030      | <input type="text" value="1"/> | <input type="button" value="ADD"/> |

SHIPS ASSEMBLED VIA MOTOR FREIGHT

[Continue Shopping](#)

## Shopping Cart

[Empty Cart](#) | [Forward](#)

[Add Product by Model #](#)

| Model # | Description                        | Qty                            | Price        | Total      | Remove                           |
|---------|------------------------------------|--------------------------------|--------------|------------|----------------------------------|
| H-3859  | Best® Gravity Conveyor - 24" x 36' | <input type="text" value="2"/> | \$4105.00/EA | \$8,210.00 | <input type="button" value="X"/> |

**SUBTOTAL = \$8,210.00**

Shipping | Sale Code:   | [Questions?](#) \$300+ orders are eligible for a [free item](#).

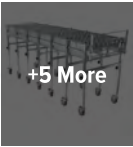


NORTHERN  
TOOL & EQUIPMENT

< Drum Trucks, Jacks + Transporters / Item# 5014647

# Vestil, Expandable Conveyor Skate, Capacity 200 lb, Material Steel, Drum Size 30, Model# EXCNV-S-24-24

★★★★★ (0) [Write a Review](#) [Ask a Question](#)



Click or Tap image to Zoom

[How can we improve these images?](#)

**\$4179.99** x2=8359.98

Easy Financing Available | [Learn More](#)



Add Northern Tool to Home Screen



## ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: TARPON SPRINGS SHEPHERD CENTER, INC

Proposal Name: PANTRY NEEDS

| A         | B                            | C              | D                | E                 | F                          | G               | H                 |
|-----------|------------------------------|----------------|------------------|-------------------|----------------------------|-----------------|-------------------|
| Line Item | Item (Description)           | Price Per Item | Quantity of Item | Purchase Total    | ARPA Grant Funds Requested | Applicant Match | Funding Total     |
| 1         | 2023 Chassis                 | \$95,723.00    | 1                | \$ 95,723         | \$ 95,723                  | \$ -            | \$ 95,723         |
| 2         | Box for Chassis              | \$11,000.00    | 1                | \$ 11,000         | \$ 11,000                  | \$ -            | \$ 11,000         |
| 3         | Refrigeration Unit for truck | \$23,104.00    | 1                | \$ 23,104         | \$ 23,104                  | \$ -            | \$ 23,104         |
| 4         | Conveyor Table               | \$ 2,599.99    | 2                | \$ 5,200          | \$ 5,200                   | \$ -            | \$ 5,200          |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | \$ -           |                  | \$ -              | \$ -                       | \$ -            | \$ -              |
|           |                              | <b>TOTAL</b>   | <b>5</b>         | <b>\$ 135,027</b> | <b>\$ 135,027</b>          | <b>\$ -</b>     | <b>\$ 135,027</b> |

**THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL**

Columns E, H, and the "TOTAL" row are locked and cannot be edited

**Key**

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/27/2023

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

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

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

COVERAGES CERTIFICATE NUMBER: 10338869 REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR  | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                       |              |
|----------|--|---|----------|---------------|-------------------------|-------------------------|---|-----------------------|--------------|
| A        | GENERAL LIABILITY  |   |          | CPS7508412    | 01/19/23                | 01/19/24                | EACH OCCURRENCE                           | \$ 1,000,000          |              |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |   |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000             |              |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   |   |          |               |                         |                         | MED. EXP (Any one person)                 | \$ 5,000              |              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |          |               |                         |                         |   | PERSONAL & ADV INJURY | \$ 1,000,000 |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                          |   |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000          |              |
|          |  |   |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000          |              |
|          |  |   |          |               |                         |                         |   | \$                    |              |
| D        | AUTOMOBILE LIABILITY   |   |          | 964322136     | 12/19/22                | 12/19/23                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000          |              |
|          | <input type="checkbox"/> ANY AUTO  |   |          |               |                         |                         | BODILY INJURY (Per person)                | \$                    |              |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |   |          |               |                         |                         | BODILY INJURY (Per accident)              | \$                    |              |
|          | <input checked="" type="checkbox"/> SCHEDULED AUTOS  |   |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$                    |              |
|          | <input type="checkbox"/> HIRED AUTOS   |   |          |               |                         |                         | PIP                                       | \$ 10,000             |              |
|          | <input type="checkbox"/> NON-OWNED AUTOS   |   |          |               |                         |                         |   | \$                    |              |
|          |  |   |          |               |                         |                         |   | \$                    |              |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE |          | E0647703556   | 01/19/23                | 01/19/24                | EACH OCCURRENCE                           | \$ 1,000,000          |              |
|          | <input type="checkbox"/> DEDUCTIBLE  |   |          |               |                         |                         | AGGREGATE                                 | \$ 1,000,000          |              |
|          | <input type="checkbox"/> RETENTION \$  |   |          |               |                         |                         |   | \$                    |              |
|          |  |   |          |               |                         |                         |   | \$                    |              |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |   |          |               |                         |                         | WC STATUTORY LIMITS                       | \$                    |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y/N <input type="checkbox"/> N/A           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$                    |              |
|          |  |   |          |               |                         |                         | E.L. DISEASE-EA EMPLOYEE                  | \$                    |              |
|          |  |   |          |               |                         |                         | E.L. DISEASE-POLICY LIMIT                 | \$                    |              |
| C        | Directors & Officers   |   |          | NPP1564562R   | 01/19/23                | 01/19/24                |   | 2,000,000             |              |

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

**CERTIFICATE HOLDER****CANCELLATION**

TARPON SPRINGS SHEPHERD CENTER INC  
 304 SO. PINELLAS AVE  
 TARPON SPRINGS FL 34689

Attention:

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

AUTHORIZED REPRESENTATIVE

David M. Kinser





# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
MAR 29 2023

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

|  |  |                                       |  |   |          |
|--|--|---------------------------------------|--|---|----------|
| PRODUCER NAME,<br>CONTACT PERSON AND ADDRESS<br>DAVID M. KINSER<br>COASTAL INSURANCE ASSOCIATES INC<br>201 S PINELLAS AVE<br>TARPON SPRINGS FL 34689 |  | PHONE<br>(A/C. No. Ext): 727-937-4141 | COMPANY NAME AND ADDRESS<br>Wright Flood<br>P.O. Box 33003<br>St. Petersburg, FL 33733 |   | NAIC NO: |
| FAX<br>(A/C. No.): 727-937-4237  | E-MAIL<br>ADDRESS: coastal.insurance@verizon.net |                                       | IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH                                 |   |          |
| CODE:  | SUB CODE:  |                                       | POLICY TYPE  |   |          |
| AGENCY<br>CUSTOMER ID #: 3937  |  | LOAN NUMBER                           |  | POLICY NUMBER<br>09115132789307             |          |
| NAMED INSURED AND ADDRESS<br>TARPON SPRINGS SHEPHERD CENTER INC<br>304 SO. PINELLAS AVE<br>TARPON SPRINGS FL 34688                                   |  | EFFECTIVE DATE<br>MAR 12 2023         | EXPIRATION DATE<br>MAR 12 2024   | CONTINUED UNTIL<br>TERMINATED IF<br>CHECKED |          |
| ADDITIONAL NAMED INSURED(S)  |  | THIS REPLACES PRIOR EVIDENCE DATED:   |  |   |          |

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

LOCATION/DESCRIPTION  
304 So. Pinellas Ave Tarpon Springs, FL 34689 ( Thrift Store )

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

### COVERAGE INFORMATION

| PERILS INSURED   | BASIC      | BROAD | SPECIAL | OTHER   |
|--|------------|-------|---------|---|
| COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$                           |            |       |         | DED:  |
| <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE | YES NO N/A |       |         | If YES, LIMIT: Actual Loss Sustained # of months:                       |
| BLANKET COVERAGE   |            |       |         | If YES, indicate amount of insurance on properties identified above: \$ |
| TERRORISM COVERAGE   |            |       |         | Attach Disclosure Notice / DEC  |
| IS THERE A TERRORISM-SPECIFIC EXCLUSION?                                       |            |       |         |   |
| IS DOMESTIC TERRORISM EXCLUDED?  |            |       |         |   |
| LIMITED FUNGUS COVERAGE  |            |       |         | If YES, LIMIT: DED:   |
| FUNGUS EXCLUSION (If "YES", specify organization's form used)                  |            |       |         |   |
| REPLACEMENT COST   |            |       |         |   |
| AGREED AMOUNT  |            |       |         |   |
| COINSURANCE  |            |       |         | If YES, %   |
| EQUIPMENT BREAKDOWN (If Applicable)  |            |       |         | If YES, LIMIT: DED:   |
| ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg              |            |       |         |   |
| - Demolition Costs   |            |       |         | If YES, LIMIT: DED:   |
| - Incr. Cost of Construction   |            |       |         | If YES, LIMIT: DED:   |
| EARTH MOVEMENT (If Applicable)   |            |       |         | If YES, LIMIT: DED:   |
| FLOOD (If Applicable)  | X          |       |         | If YES, LIMIT: 500,000 DED: 50,000                                      |
| WIND / HAIL (If Subject to Different Provisions)                               |            |       |         | If YES, LIMIT: DED:   |
| PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS      |            |       |         |   |

### CANCELLATION

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

### ADDITIONAL INTEREST

|   |                  |   |
|---|------------------|---|
| MORTGAGEE   | CONTRACT OF SALE | LENDER SERVICING AGENT NAME AND ADDRESS |
| LENDERS LOSS PAYABLE  |                  |   |
| NAME AND ADDRESS<br>Tarpon Springs Shepherd Center Inc<br>304 So. Pinellas Ave.<br>Tarpon Springs, FL 34689 |                  | AUTHORIZED REPRESENTATIVE               |

Tarpon Springs Shepherd Center  
Agency Organizational Budget  
January 1-December 31, 2023

|  | 2023 Projected<br>Budget | Current YTD<br>Actuals -<br>Rounded<br>(3/29/2023) | Comparison<br>% of Budget<br>To-Date |
|--|--------------------------|--|--------------------------------------|
| <b>Ordinary Income/Expense</b>               |                          |  |                                      |
| <b>Income</b>                                |                          |  |                                      |
| Donations                                    | 150,000.00               | 148,854.00   | 99.24%                               |
| Fundraiser Income                            | 125,000.00               | 59,599.00  | 47.68%                               |
| Outreach Program                             | 40,000.00                | 2,201.00   | 5.50%                                |
| Thrift Store                                 | 550,000.00               | 140,193.00   | 25.49%                               |
| Donated Food Distribution (value \$2 per lb) | 5,555,000.00             | 1,045,128.00                                       | 18.81%                               |
| All Grants-Program Income                    | 85,000.00                | \$9,500.00   | 11.18%                               |
| <b>Total Income</b>                          | <b>6,505,000.00</b>      | <b>1,256,621.00</b>                                | <b>19.32%</b>                        |
| <b>Expense</b>                               |                          |  |                                      |
| Office Expense                               | 35,000.00                | 7,323.00   | 20.92%                               |
| Merchant Account Fees                        | 1,500.00                 | 156.00   | 10.4%                                |
| Payroll Expenses                             | 436,000.00               | 120,314.00   | 27.59%                               |
| Grants Payroll Expenses                      | 35,000.00                | 5,969.00   | 17.05%                               |
| Fundraiser Expense                           | 3,500.00                 | 17,211.00  | 491.74%                              |
| Mortgage                                     | 66,480.00                | 16,620.00  | 25.0%                                |
| Retail Operations                            | 500.00                   | 0.00   | 0.0%                                 |
| Outreach Program Expense                     | 40,000.00                | 7,194.00   | 17.99%                               |
| Donated Food Distribution (value \$2 per lb) | 5,555,000.00             | 1,045,128.00                                       | 18.81%                               |
| Advertising/Marketing                        | 1,600.00                 | 237.00   | 14.81%                               |
| Professional Fees                            | 12,000.00                | 4,000.00   | 33.33%                               |
| Contractual Fees                             | 50,000.00                | 18,092.00  | 36.18%                               |
| Insurance                                    | 85,000.00                | 24,545.00  | 28.88%                               |
| Automobile/Travel Expenses                   | 30,000.00                | 17,282.00  | 57.61%                               |
| Building Repairs                             | 15,000.00                | 1,334.00   | 8.89%                                |
| Mileage Reimbursement                        | 100.00                   | 18.00  | 18.0%                                |
| Utilities                                    | 57,335.00                | 19,431.00  | 33.89%                               |
| Miscellaneous                                | 1,000.00                 | 97.00  | 9.7%                                 |
| <b>Total Operating Expense</b>               | <b>6,425,015.00</b>      | <b>1,304,951.00</b>                                | <b>20.31%</b>                        |
| Depreciation                                 | 64,580.00                | 16,146.00  | 25.0%                                |
| <b>Total Expenses</b>                        | <b>6,489,595.00</b>      | <b>1,321,097.00</b>                                | <b>20.36%</b>                        |
| <b>Net Ordinary Income</b>                   | 15,405.00                | <b>(64,476.00)</b>                                 | -418.54%                             |



| Last Name       | First Name | Position                                       | Phone                            | Address                               | City           | State | Zip   | Terms |
|-----------------|------------|--|----------------------------------|---------------------------------------|----------------|-------|-------|-------|
| Torres-Del Gais | Ada        | Executive Director                             | 352-871-4387                     | 304 S. Pinellas Ave.                  | Tarpon Springs | FL    | 34689 | N/A   |
| Consolino       | John       | President                                      | c-727-789-2172<br>h-727-580-6714 | 286 Arbor Dr. E                       | Palm Harbor    | FL    | 34683 | 2024  |
| Palaidis        | Chris      | Director                                       | 727-808-3895                     | 1397 Greenleaf Ct.                    | Tarpon Springs | FL    | 34689 | 2027  |
| Lake            | Carmen     | Director                                       | 727-415-4461                     | 1017 Greenleaf Way                    | Tarpon Springs | FL    | 34689 | 2028  |
| Piscitelli      | Shari      | Secretary                                      | 727-254-7463                     | 1771 Meyers Cove Dr                   | Tarpon Springs | FL    | 34689 | 2024  |
| Adams           | Juliet     | Communication &<br>Public Relations<br>Officer | 727-808-3895                     | 304 S. Pinellas Ave.                  | Tarpon Springs | FL    | 34689 | 2026  |
| Glinatsi        | Maria      | Director                                       | 727-799-3900                     | Carey Leisure & Neal<br>622 Bypass Dr | Clearwater     | FL    | 33764 | 2025  |
| Gross           | Bruce      | Director                                       | 727-946-2867                     | 3020 Savannah Oaks<br>Circle          | Tarpon Springs | FL    | 34688 | 2029  |
| Henderson       | Tom        | Director                                       | 727-485-3216                     | 35246 US Hwy 19 #209                  | Palm Harbor    | FL    | 34684 | 2029  |
| Lahr            | Kathy      | Director                                       | 813-996-6874                     | 3311 Gina Ct.                         | Holiday        | FL    | 34691 | 2029  |
| Lehman          | Richard    | Director                                       | 727-934-8949                     | 10507 Hinds Place                     | Odessa         | FL    | 33556 | 2024  |
| Morley          | Elaine     | Director                                       | 813-928-0006                     | 1426 Ribolla Dr.                      | Palm Harbor    | FL    | 34683 | 2029  |
| Sidoff          | Luby       | Director                                       | 727-463-0560                     | 502 S Florida Avenue #125             | Tarpon Springs | FL    | 34690 | 2028  |

**Return of Organization Exempt From Income Tax**

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

**2021**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** , 2021, **and ending** , 20

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

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

**D** Employer identification number  
59-3070882

**E** Telephone number  
(727) 939-1400

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

**G** Gross receipts \$6,908,224.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

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

**Part I Summary**

|                                    |  |   |   |
|------------------------------------|--|---|---|
| <b>Activities &amp; Governance</b> | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <u>To provide compassion, basic support, and hope to those on our community who need it most.</u> |   |
|                                    | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                       |   |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b> 13   |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b> 13   |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | <b>5</b> 25   |
|                                    | <b>6</b>   | Total number of volunteers (estimate if necessary)  | <b>6</b> 1,813  |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b> 0.  |
| <b>b</b>                           | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b> 0.  |   |
| <b>Revenue</b>                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | Prior Year: 4,612,254. Current Year: 6,457,233.               |
|                                    | <b>9</b>   | Program service revenue (Part VIII, line 2g)  | 305,875. 450,991.   |
|                                    | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   |   |
|                                    | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 53,765.   |
|                                    | <b>12</b>  | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 4,971,894. 6,908,224.   |
| <b>Expenses</b>                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  |   |
|                                    | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   |   |
|                                    | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | 464,997.  |
|                                    | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)   |   |
|                                    | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>21,372.</u>  |   |
|                                    | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | 5,048,568. 6,318,176.   |
|                                    | <b>18</b>  | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   | 5,048,568. 6,783,173.   |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12                   | -76,674. 125,051.   |   |
| <b>Net Assets or Fund Balances</b> | <b>20</b>  | Total assets (Part X, line 16)  | Beginning of Current Year: 1,693,833. End of Year: 1,718,168. |
|                                    | <b>21</b>  | Total liabilities (Part X, line 26)   | 1,112,743. 1,012,027.   |
|                                    | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | 581,090. 706,141.   |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: *Ada Torres-Delgais* Date: 11/28/2022  
 Type or print name and title: Ada Torres-Delgais, Executive Director

**Paid Preparer Use Only**

Print/Type preparer's name: Douglas Day Preparer's signature: \_\_\_\_\_ Date: 11/28/2022 Check  if self-employed PTIN: P00282963  
 Firm's name ▶ DAY & DAY PA Firm's EIN ▶ 59-3120387  
 Firm's address ▶ 2801 SW COLLEGE RD # 13, OCALA, FL 34474 Phone no. (352) 237-6161

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

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 6,600,091. including grants of \$ 0.) (Revenue \$ 0.)

Food Mission - The Shepherd Center distributes bags of groceries on a weekly basis to families in need and provides a soup kitchen seven days a week for the community.
Project Thanks - The Shepherd Center distributes Thanksgiving and Christmas meals to families in need of help with the holidays.
Outreach Services - The Shepherd Center provides overnight emergency housing, utility assistance, bus passes, and other services to those in need.
Thrift Shop - The Organization operates a thrit shop eith donations from the community.

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

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

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

**4e** Total program service expenses 6,600,091.

**Part IV Checklist of Required Schedules**

|  | Yes          | No |
|--|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .   | <b>2</b> X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .   | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .  | <b>4</b>     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .   | <b>5</b>     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .   | <b>6</b>     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .   | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .  | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .             | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .  | <b>10</b>    | X  |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .  | <b>11a</b> X |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .   | <b>11b</b>   | X  |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .   | <b>11c</b>   | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .  | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  | <b>11e</b> X |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>   | <b>11f</b>   | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .   | <b>12a</b> X |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .   | <b>14a</b>   | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . . | <b>14b</b>   | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .  | <b>15</b>    | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .   | <b>16</b>    | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions . . . . .  | <b>17</b>    | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .  | <b>18</b>    | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .  | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .  | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  | <b>20b</b>   |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .   | <b>21</b>    | X  |

**Part IV Checklist of Required Schedules** *(continued)*

|            |   | Yes | No |
|------------|---|-----|----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  |     | X  |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>  |     | X  |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>   |     | X  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  |     | X  |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>  |     | X  |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>   |     | X  |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> |     | X  |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>   |     | X  |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>  |     | X  |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>   |     | X  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   | X   |    |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   |     | X  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   |     | X  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>   |     | X  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   |     | X  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>   |     | X  |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| <b>b</b>   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |     | X  |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>  |     | X  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O   | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |  | Yes        | No |   |   |
|---|--|------------|----|---|---|
| <b>2a</b>   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | 25 |   |   |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.                 | <b>2b</b>  |    | X |   |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  |    |   | X |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |    |   |   |
| <b>4a</b>   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?         | <b>4a</b>  |    |   | X |
| <b>b</b>  | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |   |   |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  |    |   | X |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  |    |   | X |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |    |   |   |
| <b>6a</b>   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | <b>6a</b>  |    |   | X |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |    |   |   |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |   |   |
| <b>a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7a</b>  |    |   | X |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |    |   |   |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |    |   | X |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |    |   |   |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |    |   | X |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |    |   | X |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |    |   |   |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |    |   |   |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |    |   |   |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |   |   |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |    |   |   |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |    |   |   |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |   |   |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |   |   |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |   |   |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |   |   |
| <b>a</b>  | Gross income from members or shareholders  | <b>11a</b> |    |   |   |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |    |   |   |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |   |   |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |   |   |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |   |   |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |   |   |
| <b>b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |    |   |   |
| <b>c</b>  | Enter the amount of reserves on hand   | <b>13c</b> |    |   |   |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> |    |   | X |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |    |   |   |
| <b>15</b>   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                       | <b>15</b>  |    |   |   |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  |    |   |   |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069. | <b>17</b>  |    |   |   |

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | <b>1a</b> 13   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent . . . . .   |     |    |
|           | <b>1b</b> 13   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   | X   |    |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   | X   |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  | X   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body? . . . . .  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? . . . . .  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .   |     | X  |

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

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

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)<br>Name and title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) John Consolino<br>Board President          | 5.00   | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (2) Robert Kinney<br>Treasurer                 | 5.00   | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (3) Sheri Piscitelli<br>Secretary              | 5.00   | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) Rev. Melody Kidd<br>Vice President         | 5.00   | X  |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) Juliet Adams<br>Director                   | 5.00   | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (6) George Brown<br>Director                   | 5.00   | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (7) Annie Dabbs<br>Director                    | 5.00   | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) Maria Glinatsi<br>Director                 | 5.00   | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) Beverly Graham<br>Director                 | 5.00   | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) Tom Henderson<br>Director                 | 5.00   | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) Richard Lehman<br>Director                | 5.00   | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) Chris Palaidis<br>Director                | 5.00   | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) Dominick Papaleo<br>Director              | 5.00   | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) Ada Torres-Del Gais<br>Executive Director | 40.00  |  | X                     |         |              |                              |        | 70,000.   | 0.   | 0.  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (15)   |  |  |                       |         |              |                              |         |   |  |   |
| (16)   |  |  |                       |         |              |                              |         |   |  |   |
| (17)   |  |  |                       |         |              |                              |         |   |  |   |
| (18)   |  |  |                       |         |              |                              |         |   |  |   |
| (19)   |  |  |                       |         |              |                              |         |   |  |   |
| (20)   |  |  |                       |         |              |                              |         |   |  |   |
| (21)   |  |  |                       |         |              |                              |         |   |  |   |
| (22)   |  |  |                       |         |              |                              |         |   |  |   |
| (23)   |  |  |                       |         |              |                              |         |   |  |   |
| (24)   |  |  |                       |         |              |                              |         |   |  |   |
| (25)   |  |  |                       |         |              |                              |         |   |  |   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              | 70,000. | 0.  | 0.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |         |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              | 70,000. | 0.  | 0.   |   |

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

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> 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  |
| <b>5</b> 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|  |  |   |                   | (A)<br>Total revenue    | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |
|--|--|---|-------------------|-------------------------|--|--------------------------------------|---|
| <b>Contributions, Gifts, Grants, and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .   | <b>1a</b>         |                         |  |                                      |   |
|  | <b>b</b>   | Membership dues . . . . .   | <b>1b</b>         |                         |  |                                      |   |
|  | <b>c</b>   | Fundraising events . . . . .  | <b>1c</b>         |                         |  |                                      |   |
|  | <b>d</b>   | Related organizations . . . . .   | <b>1d</b>         |                         |  |                                      |   |
|  | <b>e</b>   | Government grants (contributions)   | <b>1e</b>         | 148,628.                |  |                                      |   |
|  | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above   | <b>1f</b>         | 6,308,605.              |  |                                      |   |
|  | <b>g</b>   | Noncash contributions included in<br>lines 1a-1f . . . . .  | <b>1g</b>         | \$5,852,952.            |  |                                      |   |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .   |                   | 6,457,233.              |  |                                      |   |
|  | <b>Program Service Revenue</b>   | <b>2a</b>   | Thrift shop sales | Business Code<br>453310 | 450,991.                                     | 450,991.                             | 0.  |
| <b>b</b>   |  | -----   |                   |                         |  |                                      |   |
| <b>c</b>   |  | -----   |                   |                         |  |                                      |   |
| <b>d</b>   |  | -----   |                   |                         |  |                                      |   |
| <b>e</b>   |  | -----   |                   |                         |  |                                      |   |
| <b>f</b>   |  | All other program service revenue . .   |                   |                         |  |                                      |   |
| <b>g</b>   |  | <b>Total.</b> Add lines 2a-2f . . . . .   |                   | 450,991.                |  |                                      |   |
| <b>Other Revenue</b>   | <b>3</b>   | Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   |                   |                         |  |                                      |   |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds  |                   |                         |  |                                      |   |
|  | <b>5</b>   | Royalties . . . . .   |                   |                         |  |                                      |   |
|  | <b>6a</b>  | Gross rents . . . . .   | (i) Real          |                         |  |                                      |   |
|  |  |   | (ii) Personal     |                         |  |                                      |   |
|  |  |   |                   |                         |  |                                      |   |
|  | <b>b</b>   | Less: rental expenses   | <b>6b</b>         |                         |  |                                      |   |
|  | <b>c</b>   | Rental income or (loss)   | <b>6c</b>         |                         |  |                                      |   |
|  | <b>d</b>   | Net rental income or (loss) . . . . .   |                   |                         |  |                                      |   |
|  | <b>7a</b>  | Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities    |                         |  |                                      |   |
|  |  |   | (ii) Other        |                         |  |                                      |   |
|  |  |   |                   |                         |  |                                      |   |
|  | <b>b</b>   | Less: cost or other basis<br>and sales expenses . . . . .   | <b>7b</b>         |                         |  |                                      |   |
|  | <b>c</b>   | Gain or (loss) . . . . .  | <b>7c</b>         |                         |  |                                      |   |
|  | <b>d</b>   | Net gain or (loss) . . . . .  |                   |                         |  |                                      |   |
|  | <b>8a</b>  | Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . |                   |                         |  |                                      |   |
|  |  |   |                   |                         |  |                                      |   |
| <b>8a</b>  |  |   |                   |                         |  |                                      |   |
| <b>b</b>   | Less: direct expenses . . . . .  | <b>8b</b>   |                   |                         |  |                                      |   |
| <b>c</b>   | Net income or (loss) from fundraising events . .                       |   |                   |                         |  |                                      |   |
| <b>9a</b>  | Gross income from gaming<br>activities. See Part IV, line 19 . . . . . |   |                   |                         |  |                                      |   |
|  |  |   |                   |                         |  |                                      |   |
|  |  | <b>9a</b>   |                   |                         |  |                                      |   |
| <b>b</b>   | Less: direct expenses . . . . .  | <b>9b</b>   |                   |                         |  |                                      |   |
| <b>c</b>   | Net income or (loss) from gaming activities . . .                      |   |                   |                         |  |                                      |   |
| <b>10a</b>   | Gross sales of inventory, less<br>returns and allowances . . . . .     |   |                   |                         |  |                                      |   |
|  |  |   |                   |                         |  |                                      |   |
|  |  | <b>10a</b>  |                   |                         |  |                                      |   |
| <b>b</b>   | Less: cost of goods sold . . . . .                                     | <b>10b</b>  |                   |                         |  |                                      |   |
| <b>c</b>   | Net income or (loss) from sales of inventory . . .                     |   |                   |                         |  |                                      |   |
| <b>Miscellaneous Revenue</b>                                   | <b>11a</b>   | -----   | Business Code     |                         |  |                                      |   |
|  | <b>b</b>   | -----   |                   |                         |  |                                      |   |
|  | <b>c</b>   | -----   |                   |                         |  |                                      |   |
|  | <b>d</b>   | All other revenue . . . . .   |                   |                         |  |                                      |   |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . . . .   |                   |                         |  |                                      |   |
| <b>12</b>  | <b>Total revenue.</b> See instructions . . . . .                       |   |                   | 6,908,224.              | 450,991.                                     | 0.                                   | 0.  |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 70,000.               | 35,000.                         | 17,500.                                | 17,500.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 345,503.              | 294,150.                        | 51,353.                                | 0.                          |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .  | 12,582.               | 9,967.                          | 2,085.                                 | 530.                        |
| <b>10</b> Payroll taxes . . . . .   | 36,912.               | 29,239.                         | 6,118.                                 | 1,555.                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .  |                       |                                 |  |                             |
| <b>c</b> Accounting . . . . .   |                       |                                 |  |                             |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .  |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion . . . . .   |                       |                                 |  |                             |
| <b>13</b> Office expenses . . . . .   | 6,917.                | 1,135.                          | 5,332.                                 | 450.                        |
| <b>14</b> Information technology . . . . .  |                       |                                 |  |                             |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   |                       |                                 |  |                             |
| <b>17</b> Travel . . . . .  |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .  | 45,120.               | 0.                              | 45,120.                                | 0.                          |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 69,516.               | 62,708.                         | 6,808.                                 | 0.                          |
| <b>23</b> Insurance . . . . .   | 59,138.               | 53,224.                         | 5,914.                                 | 0.                          |
| <b>24</b> 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.) . . . . .   |                       |                                 |  |                             |
| <b>a</b> -----  |                       |                                 |  |                             |
| <b>b</b> -----  |                       |                                 |  |                             |
| <b>c</b> -----  |                       |                                 |  |                             |
| <b>d</b> -----  |                       |                                 |  |                             |
| <b>e</b> All other expenses -----   | 6,137,485.            | 6,114,668.                      | 21,480.                                | 1,337.                      |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 6,783,173.            | 6,600,091.                      | 161,710.                               | 21,372.                     |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year    |
|---|--|--------------------------|------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 174,783.                 | <b>1</b>   | 222,502.              |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>   |                       |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>   |                       |
|   | <b>4</b> Accounts receivable, net . . . . .  | 4,631.                   | <b>4</b>   | 807.                  |
|   | <b>5</b> 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 . . . . . |                          | <b>5</b>   |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>   |                       |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                       |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                       |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 2,961.                   | <b>9</b>   | 6,601.                |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 1,943,401.    |            |                       |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 455,143.      | 1,511,458. | <b>10c</b> 1,488,258. |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b>  |                       |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>  |                       |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                       |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                       |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | <b>15</b>  |                       |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . |  | 1,693,833.               | <b>16</b>  | 1,718,168.            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 56,346.                  | <b>17</b>  | 60,755.               |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                       |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>  |                       |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | <b>21</b>  |                       |
|   | <b>22</b> 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 . . . . .     |                          | <b>22</b>  |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 973,797.                 | <b>23</b>  | 951,272.              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                       |
|   | <b>25</b> 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 . . . . .  | 82,600.                  | <b>25</b>  | 0.                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   |                          | 1,112,743. | <b>26</b>             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                       |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 576,884.                 | <b>27</b>  | 638,620.              |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 4,206.                   | <b>28</b>  | 67,521.               |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>  |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>  |                       |
| <b>32</b> Total net assets or fund balances . . . . .                         |  | 581,090.                 | <b>32</b>  | 706,141.              |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            |  | 1,693,833.               | <b>33</b>  | 1,718,168.            |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 6,908,224. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 6,783,173. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 125,051.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 581,090.   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  |            |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 706,141.   |

**Part XII Financial Statements and Reporting**

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis             | X   |    |
| <b>c</b> 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? . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| <b>3a</b> 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>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .   |     |    |

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

|  |  |
|--|--|
| Name of the organization<br>Tarpon Springs Shepherd Center Inc | Employer identification number<br>59-3070882 |
|--|--|

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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



**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) 2017   | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  | 2,270,217. | 3,392,812. | 3,855,349. | 4,971,894. | 6,908,224. | 21,398,496. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  | 2,270,217. | 3,392,812. | 3,855,349. | 4,971,894. | 6,908,224. | 21,398,496. |
| <b>5</b> 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) . . . . . |            |            |            |            |            |             |
| <b>6 Public support.</b> Subtract line 5 from line 4   |            |            |            |            |            | 21,398,496. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017   | (b) 2018   | (c) 2019   | (d) 2020   | (e) 2021   | (f) Total                |
|---|------------|------------|------------|------------|------------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .  | 2,270,217. | 3,392,812. | 3,855,349. | 4,971,894. | 6,908,224. | 21,398,496.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 0.         | 0.         | 2,360.     | 0.         | 0.         | 2,360.                   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |            |            |            |            |            |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |            |            |            |            |            |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 21,400,856.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |            |            |            |            | <b>12</b>  |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                                     |
|--|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .  | <b>14</b> | 99.99 %                             |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 99.99 %                             |
| <b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/>            |
| <b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .         |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | % |

**19a 33 1/3% support tests—2021.** 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—2020.** 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>   |     |    |
| 3b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| 3c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| 4b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
| 4c  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| 5b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> 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).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>   |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9b  | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9c  | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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. |     |    |
|          | <b>1</b>   |     |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
|          | <b>2</b>   |     |    |

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
|          | <b>1</b>   |     |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
|          | <b>2</b>   |     |    |
| <b>3</b> | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
|          | <b>3</b>   |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

| <b>Section A—Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| <b>1</b>                              | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                              | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                              | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                              | Add lines 1 through 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                              | 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) | <b>6</b>       |                             |
| <b>7</b>                              | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                              | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | <b>8</b>       |                             |
| <b>Section B—Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b>                              | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| <b>a</b>                              | Average monthly value of securities  | <b>1a</b>      |                             |
| <b>b</b>                              | Average monthly cash balances  | <b>1b</b>      |                             |
| <b>c</b>                              | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                             |
| <b>d</b>                              | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                             |
| <b>e</b>                              | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |                |                             |
| <b>2</b>                              | Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>       |                             |
| <b>3</b>                              | Subtract line 2 from line 1d.  | <b>3</b>       |                             |
| <b>4</b>                              | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>       |                             |
| <b>5</b>                              | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                             |
| <b>6</b>                              | Multiply line 5 by 0.035.  | <b>6</b>       |                             |
| <b>7</b>                              | Recoveries of prior-year distributions   | <b>7</b>       |                             |
| <b>8</b>                              | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                             |
| <b>Section C—Distributable Amount</b> |  |                | Current Year                |
| <b>1</b>                              | Adjusted net income for prior year (from Section A, line 8, column A)  | <b>1</b>       |                             |
| <b>2</b>                              | Enter 0.85 of line 1.  | <b>2</b>       |                             |
| <b>3</b>                              | Minimum asset amount for prior year (from Section B, line 8, column A)   | <b>3</b>       |                             |
| <b>4</b>                              | Enter greater of line 2 or line 3.   | <b>4</b>       |                             |
| <b>5</b>                              | Income tax imposed in prior year   | <b>5</b>       |                             |
| <b>6</b>                              | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b>       |                             |
| <b>7</b>                              | <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 |
|-------------------------|--|--------------|
| <b>1</b>                | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>     |
| <b>2</b>                | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>     |
| <b>3</b>                | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>     |
| <b>4</b>                | Amounts paid to acquire exempt-use assets  | <b>4</b>     |
| <b>5</b>                | Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )   | <b>5</b>     |
| <b>6</b>                | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>     |
| <b>7</b>                | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>     |
| <b>8</b>                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>     |
| <b>9</b>                | Distributable amount for 2021 from Section C, line 6   | <b>9</b>     |
| <b>10</b>               | Line 8 amount divided by line 9 amount   | <b>10</b>    |

| Section E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2021   |                             |  |   |
| <b>a</b> From 2016 . . . . .   |                             |  |   |
| <b>b</b> From 2017 . . . . .   |                             |  |   |
| <b>c</b> From 2018 . . . . .   |                             |  |   |
| <b>d</b> From 2019 . . . . .   |                             |  |   |
| <b>e</b> From 2020 . . . . .   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2021 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2017 . . . . .  |                             |  |   |
| <b>b</b> Excess from 2018 . . . . .  |                             |  |   |
| <b>c</b> Excess from 2019 . . . . .  |                             |  |   |
| <b>d</b> Excess from 2020 . . . . .  |                             |  |   |
| <b>e</b> Excess from 2021 . . . . .  |                             |  |   |





**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

|   |   |
|---|---|
| Name of the organization<br><u>Tarpon Springs Shepherd Center Inc</u> | Employer identification number<br><u>59-3070882</u> |
|---|---|

**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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

|  |  |
|--|--|
| Name of organization<br>Tarpon Springs Shepherd Center Inc | Employer identification number<br>59-3070882 |
|--|--|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | Pinellas Community Foundation<br>17755 US Highway 19 N, Suite 150<br>Clearwater FL 33764              | \$ 82,503.                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Publix Super Markets Charities<br>PO Box 407<br>Lakeland FL 33802                                     | \$ 6,500.                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | Gary and Nicola Ubaldini<br>PO Box 885<br>Crystal Beach FL 34681                                      | \$ 10,000.                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Cark & Phyllis Dalton Family Foundation<br>PO Box 75000<br>Detroit MI 48275                           | \$ 50,000.                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | Trust for Rehabilitation & Nurturing Youth and Families Inc<br>PO Box 1608<br>Tarpon Springs FL 34688 | \$ 50,000.                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | Stephen J Romano Sr<br>212 Falling Brook Path<br>Fayetteville NY 13066                                | \$ 5,000.                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |  |
|--|--|
| Name of organization<br>Tarpon Springs Shepherd Center Inc | Employer identification number<br>59-3070882 |
|--|--|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 7          | Emergency Food and Shelter Program<br>701 North Fairfax Street<br>Alexandria VA 22314 | \$ 45,701.                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----   | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----   | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----   | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----   | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----   | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----   | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><b>Tarpon Springs Shepherd Center Inc</b> | <b>Employer identification number</b><br>59-3070882 |
|---|---|

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

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

|   |   |
|---|---|
| Name of organization<br><b>Tarpon Springs Shepherd Center Inc</b> | Employer identification number<br><b>59-3070882</b> |
|---|---|

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

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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.

Questions 1a, 1b, 2 regarding collections of art and historical treasures, including revenue and asset reporting.



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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....%
- b** Permanent endowment ▶ .....%
- c** Term endowment ▶ .....%

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

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

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings   | 1,828,344.                           |                                 | 341,136.                     | 1,487,208.     |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment   | 25,407.                              |                                 | 25,407.                      | 0.             |
| <b>e</b> Other   | 89,650.                              |                                 | 88,600.                      | 1,050.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 1,488,258.     |

**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<br>(including name of security)               | (b) Book value | (c) Method of valuation:<br>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) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . ▶ |                |  |

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) Refundable advance  | 0.             |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶ | 0.             |

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.

Table with 5 main rows and sub-rows (a-d) for adjustments. Total revenue is 6,908,224.

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.

Table with 5 main rows and sub-rows (a-d) for adjustments. Total expenses are 6,783,173.

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.

Series of horizontal dashed lines for providing supplemental information.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Tarpon Springs Shepherd Center Inc

Employer identification number

59-3070882

**Part I Types of Property**

|    | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----|-------------------------------|--|--|--|
| 1  |                               |  |  |  |
| 2  |                               |  |  |  |
| 3  |                               |  |  |  |
| 4  |                               |  |  |  |
| 5  |                               |  |  |  |
| 6  |                               |  |  |  |
| 7  |                               |  |  |  |
| 8  |                               |  |  |  |
| 9  |                               |  |  |  |
| 10 |                               |  |  |  |
| 11 |                               |  |  |  |
| 12 |                               |  |  |  |
| 13 |                               |  |  |  |
| 14 |                               |  |  |  |
| 15 |                               |  |  |  |
| 16 |                               |  |  |  |
| 17 |                               |  |  |  |
| 18 |                               |  |  |  |
| 19 | X                             | 2926476  | 5,852,952.   | FMV per lbs  |
| 20 |                               |  |  |  |
| 21 |                               |  |  |  |
| 22 |                               |  |  |  |
| 23 |                               |  |  |  |
| 24 |                               |  |  |  |
| 25 |                               |  |  |  |
| 26 |                               |  |  |  |
| 27 |                               |  |  |  |
| 28 |                               |  |  |  |

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

|           |  |
|-----------|--|
| <b>29</b> |  |
|-----------|--|

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



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Tarpon Springs Shepherd Center Inc

Employer identification number

59-3070882

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

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

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

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

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

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

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

Pt IX, Line 24e:

Description: Donated food

Total: \$5,852,952

Program services: \$5,852,952

Management and general: \$0

Fundraising: \$0

Description: Other center and program expenses



|  |  |
|--|--|
| Name of the organization<br>Tarpon Springs Shepherd Center Inc | Employer identification number<br>59-3070882 |
|--|--|

Total: \$38,636

Program services: \$38,636

Management and general: \$0

Fundraising: \$0

Description: Professional fees/contract labor

Total: \$109,025

Program services: \$93,835

Management and general: \$15,190

Fundraising: \$0

Description: Telephone and internet

Total: \$14,830

Program services: \$13,890

Management and general: \$940

Fundraising: \$0

Description: Repairs and maintenance

Total: \$12,150

Program services: \$12,150

Management and general: \$0

Fundraising: \$0

Description: Utilities

Total: \$46,575

Program services: \$44,715

Management and general: \$1,860

Fundraising: \$0

Description: Truck expenses

Total: \$21,046

Program services: \$21,046

Name of the organization

Employer identification number

Tarpon Springs Shepherd Center Inc

59-3070882

Management and general: \$0

Fundraising: \$0

Description: Credit card fees

Total: \$20,421

Program services: \$20,421

Management and general: \$0

Fundraising: \$0

Description: Payroll processing

Total: \$11,444

Program services: \$9,066

Management and general: \$1,896

Fundraising: \$482

Description: Taxes

Total: \$598

Program services: \$0

Management and general: \$598

Fundraising: \$0

Description: Other miscellaneous

Total: \$9,808

Program services: \$7,957

Management and general: \$996

Fundraising: \$855

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning \_\_\_\_\_, 2021, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2021**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

|   |                                 |
|---|---------------------------------|
| Name of filer<br><b>Tarpon Springs Shepherd Center Inc</b>  | EIN or SSN<br><b>59-3070882</b> |
| Name and title of officer or person subject to tax<br><b>Ada Torres-Delgais, Executive Director</b> |                                 |

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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.

|   |   |                      |
|---|---|----------------------|
| <b>1a</b> Form 990 check here . . . <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | <b>1b</b> 6,908,224. |
| <b>2a</b> Form 990-EZ check here . . . <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .                  | <b>2b</b> _____      |
| <b>3a</b> Form 1120-POL check here <input type="checkbox"/>             | <b>b</b> Total tax (Form 1120-POL, line 22) . . . . .                           | <b>3b</b> _____      |
| <b>4a</b> Form 990-PF check here . . . <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . .     | <b>4b</b> _____      |
| <b>5a</b> Form 8868 check here . . . <input type="checkbox"/>           | <b>b</b> Balance due (Form 8868, line 3c) . . . . .                             | <b>5b</b> _____      |
| <b>6a</b> Form 990-T check here . . . <input type="checkbox"/>          | <b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .                     | <b>6b</b> _____      |
| <b>7a</b> Form 4720 check here . . . <input type="checkbox"/>           | <b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .                      | <b>7b</b> _____      |
| <b>8a</b> Form 5227 check here . . . <input type="checkbox"/>           | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .         | <b>8b</b> _____      |
| <b>9a</b> Form 5330 check here . . . <input type="checkbox"/>           | <b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .                        | <b>9b</b> _____      |
| <b>10a</b> Form 8038-CP check here <input type="checkbox"/>             | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)   | <b>10b</b> _____     |

**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 entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize DAY & DAY PA to enter my PIN 

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

 as my signature  
**ERO firm name** **Enter five numbers, but do not enter all zeros**

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ 11/28/2022

**Part III Certification and Authentication**

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

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

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ 11/28/2022

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



TARPON SPRINGS SHEPHERD CENTER, INC.

FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT

DECEMBER 31, 2021

|                                  | <u>Page</u> |
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| Statement of Financial Position  | 3           |
| Statement of Activities          | 4           |
| Statement of Functional Expenses | 5           |
| Statement of Cash Flows          | 6           |
| Notes to Financial Statements    | 7-11        |

# DAY & DAY, P.A.

Certified Public Accountants

Member  
American Institute of Certified Public Accountants  
Florida Institute of Certified Public Accountants

2801 S.W. COLLEGE ROAD  
SUITE #13  
OCALA, FLORIDA 34474

(352) 237-6161

## INDEPENDENT AUDITOR'S REPORT

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

### **Opinion**

We have audited the accompanying financial statements of the Tarpon Springs Shepherd Center, Inc. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities 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 the Tarpon Springs Shepherd Center, Inc. as of December 31, 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Tarpon Springs Shepherd Center, 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.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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 the Tarpon Springs Shepherd Center, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditor's 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 auditor's 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, 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 the Tarpon Springs Shepherd Center, 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 the Tarpon Springs Shepherd Center, 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.

A handwritten signature in black ink that reads "Day & Day PA". The signature is written in a cursive, flowing style.

Ocala, Florida  
December 8, 2022



**TARPON SPRINGS SHEPHERD CENTER, INC.**  
**STATEMENT OF FINANCIAL POSITION**  
December 31, 2021

**Assets**

**Current Assets**

|                           |              |
|---------------------------|--------------|
| Cash and cash equivalents | \$ 222,502   |
| Credit card receivable    | 807          |
| Prepaid expenses          | <u>6,601</u> |

**Total Current Assets** 229,910

**Fixed Assets**

|   |                  |
|---|------------------|
| Property and equipment, net of accumulated depreciation | <u>1,488,258</u> |
|---|------------------|

**Total Fixed Assets** 1,488,258

**TOTAL ASSETS** \$ 1,718,168

**Liabilities and Net Assets**

**Current Liabilities**

|                                       |               |
|---------------------------------------|---------------|
| Accounts payable and accrued expenses | \$ 60,755     |
| Current portion of mortgage payable   | <u>24,168</u> |

**Total Current Liabilities** 84,923

**Long-Term Liabilities**

|                  |                |
|------------------|----------------|
| Mortgage payable | <u>927,104</u> |
|------------------|----------------|

**Total Long-Term Liabilities** 927,104

**Total Liabilities** 1,012,027

**Net Assets**

|  |                 |
|--|-----------------|
| Without donor restrictions               |                 |
| Net investment in property and equipment | 1,488,258       |
| Undesignated                             | <u>-869,238</u> |
| Total without donor restrictions         | 619,020         |
| With donor restrictions                  | <u>87,121</u>   |

**Total Net Assets** 706,141

**TOTAL LIABILITIES AND NET ASSETS** \$ 1,718,168

Read accompanying notes

**TARPON SPRINGS SHEPHERD CENTER, INC.**  
**STATEMENT OF ACTIVITIES**  
For the year ended December 31, 2021

| <b>SUPPORT AND REVENUES</b>             | <u>Without Donor<br/>Restrictions</u> | <u>With Donor<br/>Restrictions</u> | <u>Total</u>      |
|---|---------------------------------------|------------------------------------|-------------------|
| Thrift shop sales                       | \$ 450,991                            | \$ -                               | \$ 450,991        |
| In-kind donations - food                | 5,852,952                             | -                                  | 5,852,952         |
| Contributions                           | 193,793                               | 90,135                             | 283,928           |
| Grant revenue                           | 148,628                               | -                                  | 148,628           |
| Other income                            | 536                                   | -                                  | 536               |
| PPP loan forgiveness                    | 171,189                               | -                                  | 171,189           |
| Net assets released<br>from restriction | 7,220                                 | (7,220)                            | -                 |
| Total Support and Revenues              | <u>6,825,309</u>                      | <u>82,915</u>                      | <u>6,908,224</u>  |
| <br><b>EXPENSES</b>                     |                                       |                                    |                   |
| Program services:                       |                                       |                                    |                   |
| Community programs                      | 6,379,777                             | -                                  | 6,379,777         |
| Retail                                  | 220,314                               | -                                  | 220,314           |
| Total program services                  | <u>6,600,091</u>                      | <u>-</u>                           | <u>6,600,091</u>  |
| Supporting services:                    |                                       |                                    |                   |
| Management & general                    | 161,710                               | -                                  | 161,710           |
| Fundraising                             | 21,372                                | -                                  | 21,372            |
| Total supporting services               | <u>183,082</u>                        | <u>-</u>                           | <u>183,082</u>    |
| Total Expenses                          | <u>6,783,173</u>                      | <u>-</u>                           | <u>6,783,173</u>  |
| <br>Change in Net Assets                | <br>42,136                            | <br>82,915                         | <br>125,051       |
| Net Assets, Beginning of Year           | <u>576,884</u>                        | <u>4,206</u>                       | <u>581,090</u>    |
| Net Assets, End of Year                 | <u>\$ 619,020</u>                     | <u>\$ 87,121</u>                   | <u>\$ 706,141</u> |

Read accompanying notes

**TARPON SPRINGS SHEPHERD CENTER, INC.**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
For the year ended December 31, 2021

|                                     | Program Services   |            | Supporting Services    |             |              | Total |
|-------------------------------------|--------------------|------------|------------------------|-------------|--------------|-------|
|                                     | Community Programs | Retail     | Management and general | Fundraising |              |       |
| Salaries                            | \$ 198,152         | \$ 130,998 | \$ 68,853              | \$ 17,500   | \$ 415,503   |       |
| Payroll taxes                       | 17,602             | 11,637     | 6,118                  | 1,555       | 36,912       |       |
| Employee insurance                  | 6,000              | 3,967      | 2,085                  | 530         | 12,582       |       |
| Total salaries and related expenses | 221,754            | 146,602    | 77,056                 | 19,585      | 464,997      |       |
| Donated Food                        | 5,852,952          | -          | -                      | -           | 5,852,952    |       |
| Other program expenses              | 38,636             | -          | -                      | -           | 38,636       |       |
| Professional fees/contract labor    | 77,079             | 16,756     | 15,190                 | -           | 109,025      |       |
| Telephone and internet              | 12,835             | 1,055      | 940                    | -           | 14,830       |       |
| Insurance                           | 53,224             | -          | 5,914                  | -           | 59,138       |       |
| Interest                            | -                  | -          | 45,120                 | -           | 45,120       |       |
| Repairs & maintenance               | 12,150             | -          | -                      | -           | 12,150       |       |
| Utilities                           | 30,381             | 14,334     | 1,860                  | -           | 46,575       |       |
| Truck expense                       | 21,046             | -          | -                      | -           | 21,046       |       |
| Credit card fees                    | 20,421             | -          | -                      | -           | 20,421       |       |
| Office supplies and expenses        | 1,135              | -          | 5,332                  | 450         | 6,917        |       |
| Payroll processing                  | 5,458              | 3,608      | 1,896                  | 482         | 11,444       |       |
| Taxes                               | -                  | -          | 598                    | -           | 598          |       |
| Other miscellaneous expenses        | 4,380              | 3,577      | 996                    | 855         | 9,808        |       |
| Total expenses before depreciation  | 6,351,451          | 185,932    | 154,902                | 21,372      | 6,713,657    |       |
| Depreciation                        | 28,326             | 34,382     | 6,808                  | -           | 69,516       |       |
| Total Expenses                      | \$ 6,379,777       | \$ 220,314 | \$ 161,710             | \$ 21,372   | \$ 6,783,173 |       |

Read accompanying notes

**TARPON SPRINGS SHEPHERD CENTER, INC.**  
**STATEMENT OF CASH FLOWS**  
For the year ended December 31, 2021

|   |                          |
|---|--------------------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>   |                          |
| Increase in net assets  | \$ 125,051               |
| Adjustments to reconcile change in net assets to cash provided by operating activities: |                          |
| Depreciation  | 69,516                   |
| (Increase) decrease in operating assets   |                          |
| Credit card receivable  | 3,824                    |
| Prepaid expenses  | (3,640)                  |
| Increase (decrease) in operating liabilities  |                          |
| Accounts payable  | 4,410                    |
| Refundable advance  | <u>(82,600)</u>          |
| <b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>  | 116,561                  |
| <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>   |                          |
| Purchase of fixed assets  | <u>(46,317)</u>          |
| <b>NET CASH USED BY INVESTING ACTIVITIES</b>  | (46,317)                 |
| <b>CASH FLOWS FROM FINANCING ACTIVITIES</b>   |                          |
| Payment of long-term debt   | <u>(22,525)</u>          |
| <b>NET CASH USED BY INVESTING ACTIVITIES</b>  | (22,525)                 |
| <b>NET INCREASE IN CASH AND CASH EQUIVALENTS</b>  | 47,719                   |
| <b>BEGINNING CASH AND CASH EQUIVALENTS</b>  | <u>174,783</u>           |
| <b>ENDING CASH AND CASH EQUIVALENTS</b>   | <u>\$ <u>222,502</u></u> |

Read accompanying notes

**NOTES TO FINANCIAL STATEMENTS**  
**TARPON SPRINGS SHEPHERD CENTER, INC.**  
**For year ended December 31, 2021**

**Note 1 - Summary of Significant Accounting Policies**

**Reporting Entity**

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

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

**Financial Statement Presentation**

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

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

**Recognition of Donor Restricted Contributions**

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

**NOTES TO FINANCIAL STATEMENTS**  
**TARPON SPRINGS SHEPHERD CENTER, INC.**  
**For year ended December 31, 2021**

**Cash and Cash Equivalents**

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

**Property and Equipment**

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

**Expense Allocation**

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

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

**Income Taxes**

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

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

The Organization is no longer subject to U.S. federal or state income tax examinations by tax authorities for years before 2018. The Organization would recognize interest accrued related to unrecognized tax benefits in interest expense and penalties, if any, in operating expenses.

**Estimates**

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

**Donated Services and Materials**

A substantial amount of services are contributed to the organization to help carry out its activities. The value of services donated by volunteers in the form of labor hours is not recorded in the accompanying financial statements since they do not meet the requirements for recognition. The value of food and other personal items that are donated and distributed is estimated by the Center using the weight of goods received multiplied by an estimated value per pound to arrive at a total value. The amount included in the financial statements for donated items is \$5,852,952 for 2021.

**NOTES TO FINANCIAL STATEMENTS**  
**TARPON SPRINGS SHEPHERD CENTER, INC.**  
**For year ended December 31, 2021**

**Subsequent Events**

The Organization has evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through December 8, 2022-, the date the financial statements were available to be issued.

**Note 2 – Property and Equipment**

Property and equipment consists of the following at December 31, 2021:

|                                 |    |                         |
|---------------------------------|----|-------------------------|
| Furniture and equipment         | \$ | 56,687                  |
| Computer equipment              |    | 2,537                   |
| Vehicles                        |    | 89,650                  |
| Building, land and improvements |    | 1,794,527               |
|                                 |    | <u>1,943,401</u>        |
| Less: accumulated depreciation  |    | <u>(455,143)</u>        |
| Property and equipment, net     | \$ | <u><u>1,488,258</u></u> |

**Note 3 – Long-term Debt**

The long-term debt consists of the following as of December 31, 2021:

|  |    |                       |
|--|----|-----------------------|
| Mortgage payable to bank, payable in monthly installments of \$5,540 including interest at 4.5% per annum with a ballon payment on April 5, 2030. It is secured by the building. | \$ | 951,272               |
| Less: Current Portion  |    | (24,168)              |
| Mortgage payable, long term  | \$ | <u><u>927,104</u></u> |

Interest expense for the year ended December 31, 2021 associated with the mortgage was \$45,120.

The long-term debt payments mortgage for the years subsequent to December 31, 2021 are scheduled to mature as follows:

|      |    |                       |
|------|----|-----------------------|
| 2022 | \$ | 24,168                |
| 2023 |    | 25,278                |
| 2024 |    | 26,440                |
| 2025 |    | 27,654                |
| 2026 |    | <u>28,925</u>         |
|      | \$ | <u><u>132,465</u></u> |



**NOTES TO FINANCIAL STATEMENTS  
TARPON SPRINGS SHEPHERD CENTER, INC.  
For year ended December 31, 2021**

**Note 4 – Liquidity and Availability of Resources**

The Organization has \$142,789 of financial assets available within one year of the statement of financial position date to meet cash needs for general expenditures. As part of the Tarpon Springs Shepherd Center, Inc.'s liquidity management, it structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due. The financial assets consist of:

|   |    |                       |
|---|----|-----------------------|
| Cash and cash equivalents   | \$ | 222,502               |
| Credit card receivable  |    | 807                   |
| Prepaid expenses  |    | <u>6,601</u>          |
| Financial assets, at year end   |    | 229,910               |
| <br>  |    |                       |
| Donor restrictions  |    | <u>(87,121)</u>       |
| <br>  |    |                       |
| Financial assets available to meet cash<br>cash needs for general expenditures within<br>one year | \$ | <u><u>142,789</u></u> |

**Note 5 – Concentration of Credit Risk**

The Organization conducts its operations in Pinellas County, Florida and is solely dependent on the region's economy for its revenue. The Tarpon Springs Shepherd Center, Inc. maintains its deposit accounts at financial institutions. The balance, at times, may exceed the federally insured limits which are \$250,000 for each financial institution. At December 31, 2021 all deposits were insured.

**Note 6 - Supplemental Cash Flow Information**

|              |    |                      |
|--------------|----|----------------------|
| Interest     | \$ | <u><u>45,120</u></u> |
| <br>         |    |                      |
| Income Taxes | \$ | <u><u>-</u></u>      |

**Note 7 – Contingent Liabilities and Commitments**

**Payroll Protection Program (PPP)**

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

**NOTES TO FINANCIAL STATEMENTS**  
**TARPON SPRINGS SHEPHERD CENTER, INC.**  
**For year ended December 31, 2021**

**Note 7 – Contingent Liabilities and Commitments (continued)**

The Organization was granted a second loan in the amount of \$88,589 in the current year. The second loan was forgiven on July 15, 2021 and is also recognized as income in the year ending December 31, 2021.

The total amount recognized as income for the year ending December 31, 2021 related to the forgiven principle and interest of these loans is \$171,189.

**COVID-19**

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

**Note 8 – Upcoming Accounting Pronouncements**

*ASU 2016-02, Leases*, takes effect for nonprofits and other nonpublic companies for fiscal years beginning after December 15, 2021. The update will significantly change the way nonprofits account for leases. The new standard establishes a right-of-use (ROU) model that requires a lessee to record an ROU asset and a lease liability on the balance sheet for all leases with terms longer than 12 months. The update also expands the required quantitative and qualitative lease disclosures. The Organization is currently evaluating the effect that the new standard will have on the financial statements.

In September 2020, the FASB issued *ASU 2020-07, Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profits for Contributed Nonfinancial Assets*, requiring an entity to present contributed nonfinancial assets as a separate item in the statement of activities, apart from contributions of cash or other financial assets. ASU 2020-07 includes additional disclosure requirements for recognized contributed services. The standard will be applied on a retrospective basis and will be effective for the year ending December 31, 2022. The Organization does not expect the new standard will impact its financial statements.

**These images  
demonstrate the need for  
the conveyor tables.**

**The palettes are 18 inches  
from the floor, 28 inches  
with the box and the  
palettes are difficult to  
move when we need  
to clean.**







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