

Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

Computers, Laptops, and Cameras

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*

Van Gogh's Palette Inc dba Vincent House

Proposal Name*

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

Upgrade Technology

EIN*

59-3720139

Incorporation Year*

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

2002

Organizational Mission Statement*

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

Our mission at Vincent House is to assist, promote, and celebrate individuals recovering from a mental illness in their effort to improve social and vocational skills, and become employed in the community.

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

LUSSXZ7RYPM5

Annual Operating Budget Size*

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

\$2,094,344.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

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

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

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

\$20,344.00

Request Specifics

Priority Areas*

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

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

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

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

Yes

Organization Programmatic Background*

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

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

Vincent House serves adults 18 years of age and older, with a diagnosis of a severe mental illness including schizophrenia, schizoaffective disorder, bipolar disorder, PTSD, major depression, and anxiety disorder. Vincent House has been operating in Pinellas County for 20 years. All Vincent House participants, called members, are disabled, and many receive SSI or SSDI with income below 30% of median income.

Vincent House was the first accredited Clubhouse in the state of Florida and has been accredited by Clubhouse International for the past 20 years. Vincent House is Evidence-Based, Best Practice, as determined by the Substance Abuse and Mental Health Administration (SAMHSA). Vincent House offers a unique approach to recovery through hands-on vocational rehabilitation.

Members, at their choosing, determine the frequency, and duration of time spent at the Clubhouse. 3 departments (units), each with their own responsibilities, work together in collaboration to run the program. Members work side-by-side with staff in the running of the Clubhouse, and through this process, members build their skillset, which can then be utilized at their future place of employment.

Through this restorative community, members have the opportunity to volunteer, build meaningful relationships, pursue further education and/or employment. These lifestyle changes result in decreased hospitalization, incarceration, homelessness, and isolation that can lead to suicide. Instead, our members develop confidence, self-esteem, and stamina to be productive members of society.

Today, Vincent House Pinellas has an 8,000 square foot state of the art facility with nearly 1000 lifetime members, an average daily attendance over 30 and support over 60 members working transitional, supportive and independent employment. Collectively, our members earned over \$450,000 in 2021 with a total of nearly \$8 Million earned by our members since opening our doors.

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.

According to a study performed by the Florida Behavioral Health Association regarding Mental Illness throughout the state of Florida, 61.4% of adults report not getting treatment for their mental illness. An estimated 1 in 5 adults live with a mental illness. Many people struggling with mental illness isolate which can lead to suicide.

According to Florida Department of Health, in 2020, the suicide rate per 100,000 population in Pinellas County was 16.5 compared to Florida at 13.1, with 175 lives lost to suicide.

According to the CDC for every suicide death there are:

4 hospitalizations for suicide attempts

8 emergency department visits related to suicide

27 self reported suicide attempts

275 people who seriously considered suicide (<https://www.cdc.gov/suicide/suicide-data-statistics.html>).

These are staggering numbers when extrapolated with in just Pinellas County.

Incarceration rates among people suffering with mental illness are also high. According to The Florida Behavioral Health Association "comparing state-by-state incarceration rates and access to mental health care ranking shows a strong positive correlation between rates of adult who are in the criminal justice system and lack of access to mental health care."

(https://www.floridabha.org/wpcontent/uploads/2019/09/2019_FBHA_MH_in_FL_brochure.pdf). The Pinellas County Sheriff's office has

published (<https://pcsoweb.com/location-and-general-information>) the average daily jail population to be 3,000, and that Pinellas County Jail is the 28th largest jail in the nation. According to an ABC Action News article published January 10, 2020; it costs about \$125 a day for an inmate to be housed in the Pinellas County Jail.

We know that non treatment for mental illness can lead to suicides, hospitalization, and incarceration. All costly in human lives as well as economically.

With close to 1,000 members, Vincent House exists to serve this population giving them a place to belong and tools to thrive.

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.

Vincent House has multiple areas of negative impact arising from the COVID-19 pandemic.

Vincent House has experienced inflationary pressures in multiple ways. Due to the rapid rise of housing costs Vincent House increased salaries in an effort to keep staffing stable. We have given an 8% pay raise to our Rehabilitation Generalist staff as well as an additional \$1,000 bonus to new staff at their six-month anniversary. Vincent House also covered a 39% increase in our health insurance costs so as not to pass that down to our staff.

Vincent House provides transportation to our members both to and from the Clubhouse and to and from their Transitional and Supported Employment jobs. The cost of fuel rose so significantly that for a time we had to limit the transportation to employment needs only.

Members of Vincent House, along with staff, as a part of our Culinary Unit work, provide a nutritious meal every day. For many of our members this is the only meal they eat. To continue to provide these nutritious meals we are operating at a loss in our food budget.

Through the Work Ordered Day, Vincent House Members and staff work together to build social and vocational skills. Each workstation has a computer and monitor used for building these skills. 90% of the computers are 10 years old. The workstations are very slow and sometimes do not power on at all. Due to the high costs in other operating expenses, we have simply not had the funding to replace these old, slow computers. This causes great frustration to our members who are trying to do the daily Clubhouse work, build employable skills, and/or gain employment and has hurt our daily member attendance.

Finally, in addition to the rising costs Vincent House has experienced a 24% decrease in program funding from our managing entity Central Florida Behavioral Health. Our fundraising is down over \$80,000. Our current operating budget requires a \$500,000 from our reserves to balance.

Vincent House Staff and Board are working hard to offset losses with fundraising, but this is an untried time in society and campaign performance is unpredictable.

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?

With awarded funds, Vincent House will purchase 16 desk top workstation computers to replace outdated and non-working workstations and 5 laptops to create flexible workspaces. It is the hope of Vincent House that the purchased workstations and laptops will be in use for 5-7 years needing only minor memory and RAM upgrades along the way. The funding for these new workstation computers and laptops must be secured through grants and fundraising. Due to inflationary costs and decrease in program funding through Vincent House's managing entity, Central Florida Behavioral Health Network, there are no budgeted or extra funds to purchase this much needed equipment. Without funding Vincent House cannot make this purchase.

The workstations are used by Vincent House Members to complete the Work Ordered Day. Three departments, called units, each with their own responsibilities, work together in collaboration to run the program. Members work side-by-side with staff in the running of the Clubhouse, and through this process, members build their skillset, which can then be utilized at their future place of employment.

The Culinary Arts Unit offers dietary and cooking skills, stamina building, shopping and maintaining the budget, along with maintenance and development of the garden. Our Communications Unit teaches customer service, public speaking, publication creation, photography, as well as video production. Our Career Development Unit focuses on resume building, interview skills, data entry, and in-house banking for training in self-budgeting.

All work completed at Vincent House is a necessity to the operation of the Recovery through Work Program. Access to technology is paramount for this vulnerable population. With slow and non-working computers members are easily frustrated and abandon their tasks. Skill building opportunities are lost, resumes are not written, job applications are not completed. Worst of all, our youngest members, who are tech savvy, do not attend regularly and isolate.

There is a daily need for current technology in the Clubhouse. As soon as we have funding figured out, we will be putting out an all-call to the entire membership to come work on the new computers. Vincent House recently purchased 4 new computers, there is a line of members wanting to work on them.

Thank you for your consideration.

Guiding Principles - Client Impact*

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

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color;

members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

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

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

Yes, this purchase will benefit the community members that have experienced disproportionate negative impacts from the COVID-19 pandemic.

Vincent House serves adults in Pinellas County with a diagnosed mental illness disability. Our members qualify for SSI/SSDI and earn below 30% MFI (Median Family Income). Some of our members are of an ethnic minority, of a religious minority, identify with in the LGBTQ+ community and are transgender.

During the height of the pandemic, Vincent House was able to transition to remote services and maintain our daily programming. Even with these services, our members were still greatly impacted throughout the pandemic. The forced isolation was particularly hard, with some members seeing regression in their illness even to the point of hospitalization. Then to finally come out of isolation and strive to get back to "normal" and be faced with crippling inflation most of our members continue to struggle with stability. Employment, even part time, is crucial. Being able to supply new and working computers is so important to ability to fully serve our members.

The stress of the overall societal environment is particularly hard on people with a severe mental illness diagnosis. One of the most wonderful things about Vincent House is the safe community and deep relationships formed, allowing our members to feel safe in the sharing of their needs, worries, celebrations and successes.

Number Served*

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

212

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

Geographic Impact & Priority Populations

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

Examples of disproportionately impacted communities include those who:

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

Benefits and Geography of Purchase*

Please describe the following:

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

Vincent House is the only provider of Clubhouse services in Pinellas County. We serve adults who have been diagnosed with a severe and/or persistent mental illness who live in Pinellas County and/or are homeless. Over 80% of our members are of low income, all of our members are disabled. Our members suffered greatly during the COVID-19 isolation and continue to suffer due to the soaring inflation for goods and housing. They cannot afford basic necessities, and several have already lost or are losing their housing.

One example is a long-time member of 15 years who has enjoyed a two-bedroom apartment with another member for the past 8 years. This year their rent was raised so significantly that both their SSI checks together could not cover the rent. One member was forced to move into an Assisted Living Facility, where she had to give up her entire SSI check and is given \$70 a month to purchase things she needs including toiletries and shares a bedroom with two other people. The other member was forced to rent a small bedroom in a mobile home. Both have lost their privacy and independence.

Another example is a 19-year-old member who has become homeless and is living in the tent city. She has a hole in her tent making this cold winter particularly hard. She is working a Transitional Employment opportunity and hopes to secure a full time job and home of her own.

Another example is a 33-year-old member who lives with his veteran father and sister. They have become homeless and are bouncing from motel to motel. Veteran affairs will house the 72-year-old father, but not the rest of the family. The father refuses to leave his children who are disabled. Our member is in daily looking to build his skills so he can become employed. This member not only struggles with mental illness he also struggles with a development disability.

Another member was moved from Pasco County to Pinellas County by her father and put into an Assisted Living Facility. She comes to Clubhouse daily and is hungry. She does not have access to her SSDI income and cannot pay for snacks or lunches. She is fed and taken care of while at Vincent House. Most importantly she has been practicing her speaking skills and has been giving our tours for a week now. She is hoping to work one of our transitional employment opportunities and earn money for food,

Vincent House has served all of Pinellas County for 20 years and will continue to serve all of Pinellas County.

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/>

4801 78th Ave N, Pinellas Park, FL 33781

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Community Connection

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

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

Community Representation and Connection*

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

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

Co-Founders, Elliott and Dianne Steele became interested in creating a facility that would help people living with a serious mental illness when their daughter was diagnosed with schizophrenia. They tried to find something that would help their daughter overcome the problems related to her diagnosis but could not find anything in the state of Florida.

The Steeles formed a Board of Directors, a 501(c)(3) corporation and began to advocate for a community that would dramatically change the lives of Floridians living with a mental illness. They found just what they wanted in the Clubhouse model, a place that provided hope, respect and dignity; a place where participants, called members, could practice work and then become employed in the community when they were ready.

It took nearly three years and endless hours of advocacy; meeting with family members, providers, Department of Children and Families, Agency for Health Care Administration, and elected officials. The efforts finally came to fruition when the Steeles received a call from the Department of Children and Families in November 2002 that funding to start Vincent House would be available January 1, 2003.

The Steele's wasted no time looking for a storefront to rent, hiring staff, notifying potential members, finding equipment, furniture and other donated supplies. With an ice chest for a refrigerator and a grill for a stove, the doors to Vincent House opened on January 20, 2003.

Less than two years later, Vincent House became the first accredited Clubhouse in Florida, paving the way for more Clubhouses to follow.

From those humble beginnings, a new way to help people living with a mental illness blossomed. Members began to realize their potential and regained their self-confidence. Many became employed with the help of Vincent House while others returned to school. All found a place where they were wanted, needed and valued.

Although the Steeles had professional careers before Vincent House, they will tell you that seeing members' lives transform from one of hopelessness and despair to a life filled with love, friendship, happiness and employment makes their heart sing.

Today, Vincent House Pinellas has nearly 1000 members, an average daily attendance over 30 and support over 60 members working transitional, supportive and independent employment. Collectively, our members earned over \$450,000 in 2021 with a total of nearly \$8 Million earned since opening our doors.

Leadership Demographics - Board Membership*

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

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

- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

BIPOC

LGBTQ+

Neurodiverse/physically disabled

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."

None of the above

Leadership Demographics - CEO/Executive Director*

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

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

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

None of the above

Proposal Costs

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

obtained these estimates/bids.

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

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

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

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

Bid/Estimate #1*

PDF files are accepted.

Best Buy Bid plus LapTop.pdf

Bid/Estimate #2*

PDF files are accepted.

Dell Bid plus Amazon.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

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-Template-Small-Capital-Purchases (2).xlsx

Other Funding Sources*

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

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

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

Vincent House is funded through a contract with the Department of Children and Families managed through Central Florida Behavioral Health, along with donations from individuals, corporations and foundations. This project does not have funding outside of this grant application.

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

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 for Pineallas Community Foundation.pdf

Insurance Requirement*

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

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

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

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

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

Organization Documentation

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

Organization Budget*

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

Copy of Van+Gogh's+Palette+Inc._Budget+Overview+Budget+22-23+-+FY23+PL++Classes (003).xlsx

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board Contact Information 2022-2023.xlsx

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.

Van Gogh 990 6.30.22.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.

Audit_Van Gogh's Palette, Inc. - 2022 Financial Statement.pdf

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.
Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Additional Upload

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

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?

Agreements

Affirmation of Application Materials*

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

Yes

Public Application and Grant Process*

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

Yes, I understand.

Final Approval for Grant Award*

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

Yes, I understand.

File Attachment Summary

Applicant File Uploads

- Best Buy Bid plus LapTop.pdf
- Dell Bid plus Amazon.pdf
- Budget-Template-Small-Capital-Purchases (2).xlsx
- COI for Pineallas Community Foundation.pdf
- Copy of Van+Gogh's+Palette+Inc._Budget+Overview+Budget+22-23+-+FY23+PL++Classes (003).xlsx
- Board Contact Information 2022-2023.xlsx
- Van Gogh 990 6.30.22.pdf
- Audit_Van Gogh's Palette, Inc. - 2022 Financial Statement.pdf

Best Buy Quote:

Dell Optimax 3000

16 at \$849.99 = \$13,599.84

BEST BUY Menu What can we help you find today? Brandon Cart

Top Deals Deal of the Day Totaltech Membership Credit Cards Gift Cards Gift Ideas More Account Recently Viewed Order Status Saved Items

Online security, simplified. Safeguard your identity, personal data and devices with Microsoft Defender. Microsoft 365 Shop now

Back to results | Best Buy | Computers & Tablets | Desktop & All-in-One Computers | All Desktops | Computer Towers

Dell - OptiPlex 3000 Desktop - Intel i5-12500 - 16 GB Memory - 512 GB SSD - Black
Model: KPT30 SKU: 6513473
★★★★☆ 4.0 (1 Review) | 1 Answered Question

Business account exclusive

\$849.99 **Price Drop** Save \$80 Was \$929.99 **\$70.84/mo.*** suggested payments with 12-Month Financing Show me how >

Save when you trade-in a similar device. Check your trade-in value.

15-DAY FREE & EASY RETURNS If received today, the last day to return this item would be Apr 12. Learn more >

Free 6 months of security software A \$29.99 value

Hot offer 25% off Logitech accessories w/ hardware

Deals on related items:

People ultimately bought

Dell - Inspiron Compact Desktop - Intel Core i7-...
★★★★☆ (212)
\$929.99

Compare Save

Dell - OptiPlex Desktop Intel i5-12500 - 16 GB
Not yet reviewed
\$769.99

Laptop Quote Best Buy: 5 at \$999.99 = \$4,999.99

Explore Samsung Galaxy Books powered by 12" Gen Intel® Core processors. SAMSUNG Shop now

Back to results | Best Buy | Computers & Tablets | Laptops | All Laptops | PC Laptops

HP - ProBook 450 G8 15.6" Laptop - Intel Core i5 - 16GB Memory - 256 GB SSD - Pike Silver Aluminum
Model: 5UK0UTRABA SKU: 6504054
★★★★☆ 4.2 (6 Reviews on hp.com) | Expert Review | Be the first to ask a question

Great for business

\$999.99 **Price Drop** Save \$777 (71%) Was \$1,076.99 **\$83.34/mo.*** suggested payments with 12-Month Financing Show me how >

Save when you trade-in a similar device. See how trade-in works. Check my trade-in value.

15-DAY FREE & EASY RETURNS If received today, the last day to return this item would be Sep 22. Learn more >

Free 6-month security software A \$29.99 value

Deals on related items:

Outlet Deals Top Deals

People ultimately bought

HP - 15.6" Touch-Screen Laptop - Inte...
★★★★☆ (519)
\$799.99

HP - ENVY 17.3" Laptop - Intel Core L...
★★★★☆ (223)
\$1,299.99

HP - EliteBook 860 G9 16" Laptop - Intel Co...
Not yet reviewed
\$1,789.99

Dell - Inspiron 2-in-1 14" FHD+ Touch...
★★★★☆ (149)
\$1,049.99

Camera capable of vide quote Best Buy:

Laptop Quote Amazon: 5 at \$949.00 = \$4,745

Dell Quote

Dell Optimax 3000

16 at \$959 = \$15,344

DELLTechnologies

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APEX IT Infrastructure Computers & Accessories Services Support Deals

SEMI ANNUAL SALE Welcome to savings on powerful tech, now up to \$500 off. View the Deals | Questions? Call 877-ASK-DELL or Chat

USA / Desktops & All-in-One PCs / OptiPlex Desktops & All-in-One PCs / **OptiPlex 3000 Micro**

Windows Get to know Windows 11 Intel® Core™ Processors Learn More about Intel

Customization Tech Specs Features Reviews Support

\$959.00 **Add to Cart**

Free Delivery by Wednesday, Mar 29 if ordered by 2 PM CT

OptiPlex 3000 Micro Form Factor

★★★★☆ 4.4 (526) | 30 Answered Questions

Model: 3000 Micro

Advanced customizations (like additional hard drives, wireless and more) can be made [here](#).

Options with information icons (i) require changes to other options. Select the icons for details.

Free 2-Day Delivery Expand All Collapse All

Processor Which processor is right for you?

Acceleration i3-12100T (4 Cores/12MB/8T/2.2GHz to 4.1GHz/35W)

12th Gen Intel® Core™ i5-12500T (18 MB cache, 6 cores, 12 threads, 2.00 GHz to 4.40 GHz Turbo, 35 W)

Contact Us

Laptop Quote Best Buy: 5 at \$999.99 = \$4,999.99

Explore Samsung Galaxy Books powered by 12th Gen Intel® Core processors. SAMSUNG Shop now

Back to results Best Buy Computers & Tablets Laptops All Laptops PC Laptops

HP - ProBook 450 G8 15.6" Laptop - Intel Core i5 - 16GB Memory - 256 GB SSD - Pike Silver Aluminum Model: 6504054

★★★★☆ 4.2 (6 Reviews on hp.com) | 1 Expert Review | Be the first to ask a question

Great for business

\$999.99 **\$83.34/mo.*** suggested payments with 12-Month Financing Save \$77 (7%) Was \$1,076.99

Save when you trade-in a similar device. See how trade-in works. Check my trade-in value

15-DAY FREE & EASY RETURNS If received today, the last day to return this item would be Sep 22. Learn more >

Free 6-month security software A \$29.99 value

Deals on related items: Outlet Deals Top Deals

People ultimately bought

- HP - 15.6" Touch-Screen Laptop - Intel... \$799.99
- HP - ENVY 13.3" Laptop - Intel Core L... \$1,299.99
- HP - EliteBook 860 G9 16" Laptop - Intel CO... \$1,789.99
- Dell - Inspiron 2-in-1 16" FHD+ Touch... \$1,049.99

Camera capable of video quote Best Buy

7:04 PM 9/7/2022

Laptop Quote Amazon: 5 at \$949.00 = \$4,745



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2022

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

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

PRODUCER ARCW Insurance 9067 Belcher Road Pinellas Park FL 33782	CONTACT NAME: Donna Schlick PHONE (A/C, No, Ext): (727) 544-8841 E-MAIL ADDRESS: donna-schlick@leavitt.com	FAX (A/C, No): (727) 544-8842	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Van Gogh's Palette, Inc., DBA: Vincent House 4801 78th Avenue Pinellas Park FL 33781	INSURER A: Capitol Specialty Insurance Corporation		10328
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: CL227104576

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		HS02967146-04	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HS20212451-02	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE	OTH-ER
E.L. EACH ACCIDENT							\$	
E.L. DISEASE - EA EMPLOYEE							\$	
E.L. DISEASE - POLICY LIMIT							\$	
A	Prof/Sexual Misconduct Liab Claims Made			HS02967146-04	7/1/2022	7/1/2023	Each Claim	\$1,000,000
							Aggregate	\$3,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Pinellas Community Foundation
 17755 US Highway 19 N
 Suite 150
 Clearwater, FL 33764

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

Chuck Wasson/DOSCHL

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Van Gogh's Palette, Inc.
Budget Overview: Budget 22-23 - FY23 F
 July 2022 - June 2023

	Admin	Fundraising
Income		
304300 Member Dues		
4000000 Use of VGP Reserves	142,994.00	-314,150.00
Contributions		
304200 Contributions Unrestricted		350,000.00
Total Contributions	\$ 0.00	\$ 350,000.00
Income from Grants and Fees		
304042 Grant Income- Lutheran Services Program Fees		
304045 Grant Income - Bank of America		
304049 Grant - Cares		
304050 Grant Income - Social Action		
304070 Div. of Vocational Rehab		
304100 DCF Program Fees Central Florida Behavioral Network		
Total Income from Grants and Fees	\$ 0.00	\$ 0.00
Investment Income		
304090 Interest Income	1,000.00	
304091 Dividend Income	100.00	
Total Investment Income	\$ 1,100.00	\$ 0.00
Program Revenue		
304020 Sales of Food - Kitchen		
Total Program Revenue	\$ 0.00	\$ 0.00
Total Income	\$ 144,094.00	\$ 35,850.00
Gross Profit	\$ 144,094.00	\$ 35,850.00
Expenses		
Facility/Repair and Maintenance		
306000 Rent		
307030 Electricity & Gas		
307150 R&M - Facilities/Equip		
307151 Facility Maint. Contracts		
307160 Water, Sewer and Trash		
307230 Cleaning & Paper Supplies		
307235 Security Services		
Total Facility/Repair and Maintenance	\$ 0.00	\$ 0.00
Fundraising/Development		
305160 Advertising and Marketing		10,000.00
306051 Open House Reception		10,000.00
Total Fundraising/Development	\$ 0.00	\$ 20,000.00
Operations		
305025 Bank Service Charge	670.00	
305026 Investment Fee	5,725.00	
305155 Insurance - Liability	5,400.00	
305162 Donations to Other Organization		
305165 Dues, Books & Subscriptions		10,000.00

305230 Printing & Publications		5,000.00
305235 Office Supplies	250.00	
305550 Telephone & Internet	1,900.00	
305676 Postage & Shipping	50.00	500.00
306500 Contingency Expenses		
355024 Credit Card/Merchant Fees	100.00	
355153 Insurance D&O	3,600.00	
355680 Permits & Licenses		350.00
Total Operations	\$ 17,695.00	\$ 15,850.00
Personnel		
305013 Salary and Wages	61,300.00	
305020 Transportation Reimbursement	500.00	
305099 F.I.C.A Tax Expense	5,200.00	
305110 SUTA Tax Expense		
305148 Insurance - Disability	200.00	
305149 Insurance - Group Benefits	1,889.00	
305151 Retirement Plan Contributions	3,240.00	
305157 Insurance - Workers Comp	525.00	
305163 Training - Staff & Member	2,000.00	
305166 Education Seminars/Conferences	2,000.00	
307240 Meal & Travel Expenses	2,000.00	
307245 Recruiting Expenses		
Total Personnel	\$ 78,854.00	\$ 0.00
Professional Fee Expenses		
305170 Accounting Fees	25,000.00	
305172 Audit Fees	16,000.00	
305175 Payroll Processing Fees	6,545.00	
305236 IT Contracts		
305237 Web Design		
315171 Legal Fees		
Total Professional Fee Expenses	\$ 47,545.00	\$ 0.00
Program Expenses		
305029 Food & Beverage Exp- Kitchen		
305030 Food and Beverage Exp - Casey's		
305032 Social Activity Program Expense		
305036 Kitchen Smallware		
305159 Insurance Auto		
305240 Repairs & Maint Vehicles		
305245 Vehicle Fuel and Tolls		
Total Program Expenses	\$ 0.00	\$ 0.00
Total Expenses	\$ 144,094.00	\$ 35,850.00
Net Operating Income	\$ 0.00	\$ 0.00
Net Income	\$ 0.00	\$ 0.00

P&L Classes

Hernando	Pasco	VH Pinellas	TOTAL
3,000.00	1,000.00	7,000.00	11,000.00
65,280.00	117,320.00	228,800.00	240,244.00
			0.00
10,000.00	10,000.00	50,000.00	420,000.00
\$ 10,000.00 \$	10,000.00 \$	50,000.00 \$	420,000.00
			0.00
450,000.00			450,000.00
		30,000.00	30,000.00
	45,000.00		45,000.00
		40,000.00	40,000.00
10,000.00	5,000.00	20,000.00	35,000.00
	350,000.00	440,000.00	790,000.00
\$ 460,000.00 \$	400,000.00 \$	530,000.00 \$	1,390,000.00
			0.00
			1,000.00
			100.00
\$ 0.00 \$	0.00 \$	0.00 \$	1,100.00
			0.00
10,000.00	10,000.00	12,000.00	32,000.00
\$ 10,000.00 \$	10,000.00 \$	12,000.00 \$	32,000.00
\$ 548,280.00 \$	538,320.00 \$	827,800.00 \$	2,094,344.00
\$ 548,280.00 \$	538,320.00 \$	827,800.00 \$	2,094,344.00
			0.00
30,000.00			30,000.00
4,000.00	15,000.00	24,000.00	43,000.00
6,000.00	15,000.00	20,000.00	41,000.00
1,000.00	14,000.00	12,000.00	27,000.00
	6,000.00	4,000.00	10,000.00
1,000.00	2,000.00	4,000.00	7,000.00
	2,000.00	1,000.00	3,000.00
\$ 42,000.00 \$	54,000.00 \$	65,000.00 \$	161,000.00
			0.00
			10,000.00
			10,000.00
\$ 0.00 \$	0.00 \$	0.00 \$	20,000.00
			0.00
			670.00
			5,725.00
12,000.00	24,000.00	18,000.00	59,400.00
200.00	200.00	300.00	700.00
5,000.00	5,000.00	5,000.00	25,000.00

1,000.00	2,000.00	2,000.00	10,000.00
5,000.00	2,000.00	2,000.00	9,250.00
2,500.00	12,000.00	6,500.00	22,900.00
2,000.00	1,000.00	3,000.00	6,550.00
1,000.00	1,000.00	1,000.00	3,000.00
			100.00
			3,600.00
100.00	100.00	2,000.00	2,550.00
\$ 28,800.00 \$	47,300.00 \$	39,800.00 \$	149,445.00
			0.00
320,000.00	280,000.00	477,000.00	1,138,300.00
1,000.00	1,000.00	1,000.00	3,500.00
24,480.00	21,420.00	36,500.00	87,600.00
500.00	500.00	500.00	1,500.00
1,000.00	2,000.00	4,000.00	7,200.00
20,000.00	25,000.00	45,000.00	91,889.00
6,000.00	5,600.00	9,500.00	24,340.00
1,000.00	2,000.00	2,500.00	6,025.00
10,000.00	10,000.00	10,000.00	32,000.00
6,000.00	6,000.00	10,000.00	24,000.00
1,000.00	1,000.00	3,000.00	7,000.00
1,500.00	1,000.00	4,000.00	6,500.00
\$ 392,480.00 \$	355,520.00 \$	603,000.00 \$	1,429,854.00
			0.00
45,000.00	35,000.00	44,000.00	149,000.00
			16,000.00
			6,545.00
12,000.00	20,000.00	32,000.00	64,000.00
1,000.00	1,000.00	2,000.00	4,000.00
1,000.00	1,000.00	1,000.00	3,000.00
\$ 59,000.00 \$	57,000.00 \$	79,000.00 \$	242,545.00
			0.00
5,000.00	10,000.00	6,000.00	21,000.00
5,000.00		6,000.00	11,000.00
500.00	500.00	1,000.00	2,000.00
3,000.00	500.00	2,000.00	5,500.00
10,000.00	10,000.00	20,000.00	40,000.00
1,000.00	1,500.00	3,000.00	5,500.00
1,500.00	2,000.00	3,000.00	6,500.00
\$ 26,000.00 \$	24,500.00 \$	41,000.00 \$	91,500.00
\$ 548,280.00 \$	538,320.00 \$	827,800.00 \$	2,094,344.00
\$ 0.00 \$	0.00 \$	0.00 \$	0.00
\$ 0.00 \$	0.00 \$	0.00 \$	0.00

I Basis

First	Last	Position
David	Lambert	President
Dan	Strauss	Vice President
Bob	Dillinger	Secretary
Elliott	Steele	Treasurer
Mark	Ballenger	Member
John	Ehlenbeck	Member
Martin	Greif	Member
Noreen	Hodges	Member
Shahra	Lambert	Member
Denise	McCabe	Member
True	Michaels	Member
Bill	Mischler	Member
Peter	Kennedy	Member
John	Posey	Member
Toni	Roach	Member
Dianne	Steele	Member
Dorene	Thomas	Member

Credentials

Manager of Member Relations, Withlacoochee River Electric Cooperative

Dean, College of Professional Studies National University of Health Sciences
--

Public Defender (retired), Sixth Judicial Court

Co-Founder Vincent House

Irrigation Specialist, Ballenger & Company
--

Account Mgr/Mortgage Loan Originator (retired), BOA/Amerifirst Home Mortgage
--

President, SiteTuners

Marketing (retired), St. Petersburg College

Senior Advisor, NASA

President, McCabe Editing

Vincent House Member Representative

Mayor (retired), City of Pinellas Park
--

Chief Hospital Administrator, Florida Department of Children and Families

Senior Vice President, UBS Financial

Captain, Pasco Sheriff's Office

Co-Founder Vincent House

Chief of Police (retired), City of Pinellas Park
--

Street Address	City	Zip	Phone
14519 Elmont Ave.	Spring Hill	34610	727-505-3179
8875 110th Street	Seminole	33772	727-946-8072
14250 49th Street	Clearwater	33762	727-424-7301
11800 Park Blvd. #207	Seminole	33772	727-543-5021
2335 64th Place N.	St. Petersburg	33702	727-522-5951
23245 Croom Rd	Brooksville	34601	352-799-1048
	Tampa	33605	813-967-8284 Ext. 500
4556 Great Lakes Dr. S.	Clearwater	33762	727-410-4263
14519 Elmont Ave.	Spring Hill	34610	727-514-5726
8733 Merrimoor Blvd. E.	Largo	33777	727-420-6240
6710 Livingston Ave North	St. Petersburg	33702	727-313-6324
3455 93rd Ave.	Pinellas Park	33782	727-563-0925
6000 49th St. North	St. Petersburg	33709	727-521-5004
6125 Pasadena Pt. Blvd.	Gulfport	33707	727-412-1165
14809 Hayes Road	Spring Hill	34610	352-346-2228
11800 Park Blvd. #207	Seminole	33772	727-543-5021
3845 43rd Ave. N.	St. Petersburg	33714	727-656-0870

Email
dlambert@wrec.net
dstrauss@nuhs.edu
bdilling@aol.com
vincenthouse-elliott@verizon.net
mark@ballengerirrigation.com
ehlenbeckjohn@gmail.com
marty@sitetuners.com
hodgesnh@yahoo.com
Anderson4nelson@gmail.com
dpmccabe@ij.net
truemichaels@icloud.com
billmischler@aol.com
peter.kennedy@myflfamilies.com
jposey1@tampabay.rr.com
Troach@pascosheriff.org
dianne@vincenthouse.org
thomasdorenej@gmail.com

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 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **Jul 1**, **2021**, and ending **Jun 30**, **2022**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization Van Gogh's Palette, Inc.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4801 - 78th Ave N
 City or town, state or province, country, and ZIP or foreign postal code
Pinellas Park, FL 33781

D Employer identification number
59-3720139

E Telephone number
(727) 541-0359

G Gross receipts \$1,673,963.

F Name and address of principal officer:
Elliott Steele, 4801- 78th Ave N, Pinellas Park, FL 33781

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.

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

J Website: ▶ vincenthouse.org

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2001 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Promote, assist, and celebrate individuals recovering from mental illnesses and other disabilities in their effort to improve social and vocational</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	32
	6	Total number of volunteers (estimate if necessary)	6	35
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,874,368.	1,633,640.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,624.	52,209.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	132,514.	-16,304.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	201.	4,418.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,038,707.	1,673,963.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	300.	54,021.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	960,696.	1,062,883.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>5,102.</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	732,047.	632,907.
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,693,043.	1,749,811.
19	Revenue less expenses. Subtract line 18 from line 12	345,664.	-75,848.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,323,762.	3,225,087.
	22	Net assets or fund balances. Subtract line 21 from line 20	113,299.	90,472.
			3,210,463.	3,134,615.

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date 12/21/2022
 ▶ Elliott Steele, Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name <u>Ellen Fontana</u>	Preparer's signature <u>Fontana</u>	Date <u>01/16/2023</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01327163</u>
Firm's name ▶ <u>Ellen Fontana CPA LLC</u>		Firm's EIN ▶ <u>45-3841539</u>		
Firm's address ▶ <u>2451 McMullen Booth Road #309, Clearwater, FL 33759</u>		Phone no. <u>(727) 431-0354</u>		

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:
Promote, assist, and celebrate individuals recovering from mental illnesses and other disabilities in their effort to improve social and vocational

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 \$ 1,578,092. including grants of \$ 0.) (Revenue \$ 52,209.)
Vincent House operates a "recovery through work partnership" for adults living with severe and persistent mental illnesses. Vocational training is offered in a wide range of career fields including customer service, graphic design, food services, data entry, phone reception, banking, retail sales, janitorial, and landscaping. Vincent House offers job placement services through its career and learning center. Vincent House also offers nutritional and wellness services including breakfast, lunch, and dinner to its members.

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

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

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

4e Total program service expenses 1,578,092.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. 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? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 ►
 Karis Turner, 11145 Denton Avenue, Hudson, FL 34667 (727) 916-1725

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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mark Ballenger Board Member	1.00	X						0.	0.	0.
(2) Noreen Hodges Board Member	1.00	X						0.	0.	0.
(3) Denise McCabe Board Member	1.00	X						0.	0.	0.
(4) Bill Mischler Board Member	1.00	X						0.	0.	0.
(5) Peter Kennedy Board Member	1.00	X						0.	0.	0.
(6) Dorene Thomas Board Member	1.00	X						0.	0.	0.
(7) Dianne Steele Board Member	1.00	X						46,153.	0.	0.
(8) John Posey Board Member	1.00	X						0.	0.	0.
(9) Toni Roach Board Member	1.00	X						0.	0.	0.
(10) Shahra Anderson-Lambert Board Member	1.00	X						0.	0.	0.
(11) True Michaels Board Member	1.00	X						0.	0.	0.
(12) John Ehlenbeck Board Member	1.00	X						0.	0.	0.
(13) Martin Greif Board Member	1.00	X						0.	0.	0.
(14) David Lambert President	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Dan Strauss Vice President	2.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(16) Elliott Steele Treasurer	2.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46,153.	0.	0.
(17) Bob Dillinger Secretary	2.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(18)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(19)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(20)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(21)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(22)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(23)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(24)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(25)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1b Subtotal								92,306.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								92,306.	0.	0.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	103,813.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,529,827.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f ▶		1,633,640.				
	Program Service Revenue				Business Code			
2a		Social Activity	900099	8,576.	8,576.	0.	0.	
b		Member dues	900099	13,295.	13,295.	0.	0.	
c		Food training sales	900099	30,338.	30,338.	0.	0.	
d								
e								
f		All other program service revenue . .						
g	Total. Add lines 2a-2f ▶		52,209.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		-16,304.	0.	0.	-16,304.	
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶						
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events . . ▶							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities . . . ▶							
10a	Gross sales of inventory, less returns and allowances	(i) Securities						
		(ii) Other						
		10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory . . . ▶							
Miscellaneous Revenue				Business Code				
	11a	Credit card rewards	900099	4,286.	4,286.	0.	0.	
	b	Loss on disposal of asset	900099	-546.	-546.	0.	0.	
	c	Miscellaneous	900099	678.	678.	0.	0.	
	d	All other revenue						
e	Total. Add lines 11a-11d ▶		4,418.					
12	Total revenue. See instructions ▶		1,673,963.	56,627.	0.	-16,304.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	54,021.	54,021.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	92,306.	36,683.	55,623.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	789,257.	754,176.	35,081.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,779.	15,096.	1,683.	0.
9	Other employee benefits	94,654.	89,583.	5,071.	0.
10	Payroll taxes	69,887.	62,995.	6,892.	0.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	1,400.	0.	1,400.	0.
c	Accounting	40,007.	0.	40,007.	0.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,307.	1,307.	0.	0.
12	Advertising and promotion				
13	Office expenses	14,501.	14,159.	342.	0.
14	Information technology	72,576.	72,510.	66.	0.
15	Royalties				
16	Occupancy	28,077.	28,077.	0.	0.
17	Travel	2,914.	2,621.	5.	288.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	94,750.	94,750.	0.	0.
23	Insurance	88,636.	85,060.	3,576.	0.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Dues & subscriptions	17,602.	17,602.	0.	0.
b	Bank & cc fees	1,281.	0.	1,281.	0.
c	Payroll fees	6,612.	0.	6,612.	0.
d	Repairs & maintenance	91,889.	91,889.	0.	0.
e	All other expenses	171,355.	157,563.	8,978.	4,814.
25	Total functional expenses. Add lines 1 through 24e	1,749,811.	1,578,092.	166,617.	5,102.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	516,186.	1	431,848.
	2 Savings and temporary cash investments	592,427.	2	621,770.
	3 Pledges and grants receivable, net	112,111.	3	154,009.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,772.	9	65,137.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,137,140.		
	b Less: accumulated depreciation	10b 903,341.	1,314,246.	10c 1,233,799.
	11 Investments—publicly traded securities	742,020.	11	718,524.
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		3,323,762.	16	3,225,087.
Liabilities	17 Accounts payable and accrued expenses	101,448.	17	82,125.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	11,851.	21	8,347.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25		113,299.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,938,658.	27	2,893,477.
	28 Net assets with donor restrictions	271,805.	28	241,138.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances		3,210,463.	32
33 Total liabilities and net assets/fund balances		3,323,762.	33	3,225,087.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,673,963.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,749,811.
3	Revenue less expenses. Subtract line 2 from line 1	3	-75,848.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,210,463.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,134,615.

Part XII Financial Statements and Reporting

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

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

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization Van Gogh's Palette, Inc.	Employer identification number 59-3720139
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,446,880.	1,232,383.	1,492,507.	1,874,368.	1,633,640.	8,679,778.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,446,880.	1,232,383.	1,492,507.	1,874,368.	1,633,640.	8,679,778.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						32,382.
6 Public support. Subtract line 5 from line 4						8,647,396.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,446,880.	1,232,383.	1,492,507.	1,874,368.	1,633,640.	8,679,778.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,061.	47,155.	-9,741.	129,514.	-16,304.	164,685.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,540.	16,541.	3,412.	3,201.	4,418.	61,112.
11 Total support. Add lines 7 through 10						8,905,575.
12 Gross receipts from related activities, etc. (see instructions)					12	394,073.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	97.1 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	96.68 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	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 Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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

Pt II Ln 10: Other Income Part II, Line 10 Description: Legal Settlement 2017:

31060. Description: Credit card refunds 2017: 2947. 2021: 4286. Description:

Miscellaneous 2017: -467. 2018: 420. 2019: 450. 2020: 201. 2021: 678. Description:

Reimbursements 2018: 2000. 2019: 462. Description: Gain/loss on disposal of assets

2018: 14121. 2020: 3000. 2021: -546. Description: Insurance reimb. 2019: 2500.

**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 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization <u>Van Gogh's Palette, Inc.</u>	Employer identification number <u>59-3720139</u>
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 Van Gogh's Palette, Inc.	Employer identification number 59-3720139
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	State of Florida Division of Vocational Rehabilitation 11351 Ulmerton Rd Ste 123, Largo FL 33778	\$ 78,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Central Florida Behavioral Health Network Inc 719 South US Highway 301 Tampa FL 33619	\$ 883,547.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Lutheran Services Florida 3627 W. Waters Ave Tampa FL 33614	\$ 386,774.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Tampa Bay Lightning 8312 N Saulray St Tampa FL 33604	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Van Gogh's Palette, Inc.	Employer identification number 59-3720139
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization Van Gogh's Palette, Inc.	Employer identification number 59-3720139
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization: Van Gogh's Palette, Inc. Employer identification number: 59-3720139

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.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	742,020.	634,669.	639,350.	601,724.	744,810.
b Contributions	24,978.	27,563.	9,822.	31,807.	0.
c Net investment earnings, gains, and losses	39,227.	112,542.	-9,741.	54,093.	8,877.
d Grants or scholarships	81,385.	27,372.			
e Other expenditures for facilities and programs				43,621.	147,395.
f Administrative expenses	6,316.	5,382.	4,762.	4,653.	4,568.
g End of year balance	718,524.	742,020.	634,669.	639,350.	601,724.

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

- a** Board designated or quasi-endowment 100. %
- b** Permanent endowment %
- c** Term endowment %

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

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

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

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0.	235,151.		235,151.
b Buildings		1,292,384.	527,094.	765,290.
c Leasehold improvements				
d Equipment		429,414.	250,767.	178,647.
e Other		180,191.	125,480.	54,711.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,233,799.

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) None	0.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements		1	1,674,440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	477.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	477.
3	Subtract line 2e from line 1		3	1,673,963.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,673,963.

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

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

1	Total expenses and losses per audited financial statements		1	1,750,288.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	477.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	477.
3	Subtract line 2e from line 1		3	1,749,811.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,749,811.

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.

Pt IV, Line 2b: Member bank funds held by the Organization.

Pt X, Line 2: The Organization is not aware of any tax positions it has taken that are subject to a significant degree of uncertainty. Tax years after 2018 remain subject to examination by federal and state taxing authorities.

Pt V, Line 4: The goal of the endowment is to provide financial support for the initiatives of the Organization in perpetuity. Initiatives include scholarships (Sponsor a Life), program services, and capital improvement. The objective of the endowment portfolio is to generate a long-term, total rate of return that will permit real growth in endowment assets while funding an annual payout rate that is expected to equal roughly 3% of the trailing 12-month average market value of the endowment.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Van Gogh's Palette, Inc.

Employer identification number

59-3720139

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Vincent Academy Adventure Coast Inc. 7473 Forest Oaks Blvd. Spring Hill FL 34606	81-5253878	501c3	50,000.				social services
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

3 Enter total number of other organizations listed in the line 1 table ▶

**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 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Van Gogh's Palette, Inc.

Employer identification number

59-3720139

Pt VI, Line 11b: Form 990 reviewed by Board prior to filing.

Pt VI, Line 15a: Salary determined based on data of comparable agencies, approved
by the Board and contemporaneously documented.

Pt VI, Line 15b: Salary determined based on data of comparable agencies, approved
by the Board and contemporaneously documented.

Pt VI, Line 18: Form 1023 and Form 990 available upon request. 990 also available
on Guidestar.

Pt VI, Line 19: Governing documents, conflict of interest policy, and financial
statements available upon request.

Pt VI, Line 12c: The VGP Board of Directors addresses conflicts of interest
per FL State Statute. In addition, per the by-laws, adopted October 2016, the
Board adopted the Robert's Rules of Order Newly Revised, in which protocol is
given for addressing same.

Pt VI, Line 2: Dianne and Elliott Steele are husband and wife. David and Shahra
Lambert are husband and wife.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning Jul 1, 2021, and ending Jun 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer <u>Van Gogh's Palette, Inc.</u>	EIN or SSN <u>59-3720139</u>
Name and title of officer or person subject to tax <u>Elliott Steele, Treasurer</u>	

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.

1a Form 990 check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>1,673,963.</u>
2a Form 990-EZ check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b	
5a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here . . . ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here . . . ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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 Ellen Fontana CPA LLC to enter my PIN

2	0	1	3	9
---	---	---	---	---

 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 ▶ *Elliott Steele* Date ▶ 5/2/21/22

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	0	9	1	7	4	0	9	1	7	4
---	---	---	---	---	---	---	---	---	---	---

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 ▶ *E Fontana* Date ▶ 1/16/23

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

FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT

VAN GOGH'S PALETTE, INC.

June 30, 2022

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Herman V. Lazzara
Sam A. Lazzara
Kevin R. Bass
Jonathan E. Stein
Stephen G. Douglas
Marc D. Sasser, of Counsel
Cesar J. Rivero, in Memoriam (1942-2017)

Michael E. Helton
James K. O'Connor
David M. Bohnsack
Julie A. Davis

INDEPENDENT AUDITORS' REPORT

Board of Directors
Van Gogh's Palette, Inc.

Opinion

We have audited the accompanying financial statements of Van Gogh's Palette, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2022, 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 Van Gogh's Palette, Inc as of June 30, 2022, 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 Van Gogh's Palette, 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 Van Gogh's Palette, 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 Van Gogh's Palette, 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 Van Gogh's Palette, Inc.'s ability to continue as a going concern for a reasonable period of time.

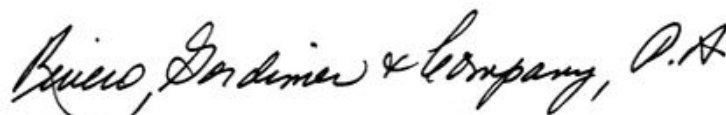
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matters

Other Information

The supplementary information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements and accordingly, we do not express an opinion or provide any assurance on it.

Tampa, Florida
November 30, 2022



Van Gogh's Palette, Inc.

STATEMENT OF FINANCIAL POSITION

June 30, 2022

ASSETS

CURRENT ASSETS

Cash	\$ 1,017,143
Grants and accounts receivable	154,009
Prepaid expenses	61,732
Total current assets	<u>1,232,884</u>

Beneficial interest in assets held by others	36,475
Investments - endowment	718,524
Property and equipment, net of accumulated depreciation	1,233,799
Deposits	<u>3,405</u>

TOTAL ASSETS \$ 3,225,087

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts payable and accrued expenses	\$ 40,383
Member and staff cash deposits	8,347
Accrued payroll and benefits	41,742
Total current liabilities	<u>90,472</u>

Total liabilities 90,472

NET ASSETS

Without donor restrictions	
Operating	2,174,953
Endowment	718,524
Total unrestricted net assets	<u>2,893,477</u>

With donor restrictions 241,138

Total net assets 3,134,615

TOTAL LIABILITIES AND NET ASSETS \$ 3,225,087

The accompanying notes are an integral part of this statement.

Van Gogh's Palette, Inc.

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended June 30, 2022

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Support and revenue			
Grant and contract revenue	\$ 1,455,518	\$ -	\$ 1,455,518
Contributions	147,122	31,000	178,122
Member dues	13,295	-	13,295
In-kind donations	477	-	477
Food sales	30,338	-	30,338
Other social activity revenue	8,576	-	8,576
Investment loss	(16,304)	-	(16,304)
Other income	4,964	-	4,964
Loss on disposal of assets	(546)	-	(546)
Net assets released from restriction	<u>61,667</u>	<u>(61,667)</u>	<u>-</u>
Total support and revenue	<u>1,705,107</u>	<u>(30,667)</u>	<u>1,674,440</u>
Expenses			
Program services	1,578,475	-	1,578,475
Supporting services	<u>171,813</u>	<u>-</u>	<u>171,813</u>
Total expenses	<u>1,750,288</u>	<u>-</u>	<u>1,750,288</u>
Change in net assets	(45,181)	(30,667)	(75,848)
Net assets at beginning of year	<u>2,938,658</u>	<u>271,805</u>	<u>3,210,463</u>
Net assets at end of year	<u>\$ 2,893,477</u>	<u>\$ 241,138</u>	<u>\$ 3,134,615</u>

The accompanying notes are an integral part of this statement.

Van Gogh's Palette, Inc.

STATEMENT OF FUNCTIONAL EXPENSES

For the year ended June 30, 2022

	Program Services				Supporting Services			Total
	Vincent House Pinellas	Vincent House Hernando	Vincent House Pasco	Total Program Services	Management and General	Fundraising	Total Supporting Services	
Salaries	\$ 368,371	\$ 193,553	\$ 228,935	\$ 790,859	\$ 90,704	\$ -	\$ 90,704	\$ 881,563
Payroll Taxes	29,252	15,579	18,164	62,995	6,892	-	6,892	69,887
Employee Insurance and other benefits	52,896	28,283	23,500	104,679	6,754	-	6,754	111,433
Total salaries, wages and related expenses	450,519	237,415	270,599	958,533	104,350	-	104,350	1,062,883
General expenses								
Vincent House activities	20,440	13,727	13,720	47,887	-	-	-	47,887
Fundraising and open house expenses	-	-	-	-	-	4,814	4,814	4,814
Liability insurance	31,303	21,090	32,667	85,060	3,576	-	3,576	88,636
Utilities	32,372	4,044	28,180	64,596	-	-	-	64,596
Facility repairs and maintenance	37,949	6,654	41,177	85,780	-	-	-	85,780
Donations to other organizations	300	53,200	521	54,021	-	-	-	54,021
Vehicle repairs and maintenance	2,521	1,375	2,213	6,109	-	-	-	6,109
Telephone and internet	6,349	2,213	10,957	19,519	2,196	-	2,196	21,715
Office expenses	3,364	8,551	2,244	14,159	342	-	342	14,501
IT contracts	26,640	25,936	19,934	72,510	66	-	66	72,576
Professional fees	381	343	583	1,307	41,501	-	41,501	42,808
Printing and publications	1,186	2,691	3,688	7,565	-	-	-	7,565
Cleaning and paper supplies	4,288	2,317	781	7,386	-	-	-	7,386
Rent	-	28,077	-	28,077	-	-	-	28,077
Meal and travel	2,237	228	156	2,621	5	288	293	2,914
Transportation expense	1,641	2,711	2,339	6,691	129	-	129	6,820
Dues and subscriptions	9,142	4,349	4,111	17,602	-	-	-	17,602
Payroll processing fees	-	-	-	-	6,612	-	6,612	6,612
Credit card/merchant fees	-	-	-	-	78	-	78	78
Bank charges	-	-	-	-	1,203	-	1,203	1,203
Investment fees	-	-	-	-	6,316	-	6,316	6,316
Miscellaneous	3,229	390	683	4,302	337	-	337	4,639
Total expenses before depreciation	633,861	415,311	434,553	1,483,725	166,711	5,102	171,813	1,655,538
Depreciation	42,482	8,853	43,415	94,750	-	-	-	94,750
Total expenses	\$ 676,343	\$ 424,164	\$ 477,968	\$ 1,578,475	\$ 166,711	\$ 5,102	\$ 171,813	\$ 1,750,288

The accompanying notes are an integral part of this statement.

Van Gogh's Palette, Inc.

STATEMENT OF CASH FLOWS

For the year ended June 30, 2022

Cash flows from operating activities	
Change in net assets	<u>\$ (75,848)</u>
Adjustments to reconcile change in net assets to net cash provided by operating activities	
Depreciation	94,750
Loss on disposal of assets	546
Realized and unrealized gains on investments	25,348
Net change in beneficial interest in assets held by others	3,770
Noncash donation of securities	(24,978)
Increase in grants accounts receivable	(45,303)
Increase in prepaid expenses	(14,960)
Decrease in accounts payable and accrued expenses	(2,288)
Decrease in member and staff cash deposits	(3,504)
Decrease in accrued payroll and benefits	(17,035)
Total adjustments	<u>16,346</u>
Net cash used by operating activities	<u>(59,502)</u>
Cash flows from investing activities	
Purchase of investments	(164,073)
Proceeds from sale of investments	187,199
Purchase of property and equipment	<u>(14,849)</u>
Net cash provided by investing activities	<u>8,277</u>
Net decrease in cash and cash equivalents	(51,225)
Cash and cash equivalents at beginning of year	<u>1,068,368</u>
Cash and cash equivalents at end of year	<u>\$ 1,017,143</u>
Noncash investing activities	
Noncash donation of securities	<u>\$ 24,978</u>
Supplemental disclosure of cash flow information	
Income taxes paid	<u>\$ -</u>
Interest paid	<u>\$ -</u>

The accompanying notes are an integral part of this statement.

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS

June 30, 2022

NOTE A - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A description of the organization and a summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

1. Background Information

Van Gogh's Palette, Inc. (the "Organization") is a social and vocational recovery program for adults living with mental health illnesses. The Organization is one of the International Center for Clubhouse Development (ICCD) clubhouse model. The Organization is one of nearly 400 ICCD Clubhouses worldwide. The Organization serves members living throughout the Tampa Bay region. The Organization currently operates three clubhouses: Vincent House in Pinellas County, Florida; Vincent House in Hernando County, Florida; and Vincent House in Pasco County, Florida.

2. Basis of Accounting

The financial statements, presented on the accrual basis of accounting, have been prepared to focus on the Organization as a whole, and to present balances and transactions according to the existence or absence of donor-imposed restrictions. This has been accomplished by classification of assets, liabilities, and net assets into two self-balancing net asset groups as follow:

- With Donor Restriction - Net assets with donor restrictions are net assets subject to donor-imposed stipulations that may be fulfilled by actions of the Organization to meet the stipulations, that may become undesignated by the passage of time, or that require net assets to be permanently maintained, thereby restricting the use of principal.
- Without Donor Restriction - Net assets without donor restrictions are net assets not subject to donor-imposed restrictions or the donor-imposed restrictions have expired. These net assets are available for use at the discretion of the Board of Trustees (the Board) and/or management for general operating purposes.

3. Liquidity

Assets and liabilities are presented in the accompanying statement of financial position according to their nearness of conversion to cash and, their maturity and resulting use of cash, respectively.

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2022

NOTE A - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

4. Promises to Give

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at present value of their estimated future cash flows. The discounts on those amounts are computed using a market interest rate applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included until the conditions are substantially met.

5. Endowment

The Organization's endowment was created to provide financial support for the initiatives of the Organization in perpetuity. The endowment is funds designated by the Board of Directors. Net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

6. Property and Equipment

Property and equipment are stated at cost, if purchased, or at estimated fair value at the date of receipt if acquired by gift. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Major renewals and betterments are capitalized. Maintenance, repairs and minor renewals are expensed as incurred. It is the policy of the Organization to maintain all property and equipment in good condition.

Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition as well as the ownership of any proceeds therefrom, is subject to applicable regulations.

7. Member and Staff Cash Deposits

The Organization operates an internal bank as experiential training for members. Cash deposits owned by members and staff are recognized as a liability.

8. Deferred Revenue

Certain grant awards are reimbursement-based awards. Funds received but unexpended are deferred until expended.

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2022

NOTE A - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

9. Accrued Benefits

Accrued benefits represent vested vacation leave. Vacation leave is charged as an expense in the period in which it is earned by the employee.

10. Donated Services and Materials

Donated services are recorded at their estimated fair value if the services received create or enhance non-financial assets or the services require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

11. Functional Allocation of Expenses

The cost of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

12. Use of Estimates

The presentation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of increases or decreases in net assets during the period. Actual results could differ from those estimates.

13. Income Taxes

Income taxes are not provided for in the consolidated financial statements since the Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and similar state provisions. Management is not aware of any activities that would jeopardize the Organization's tax-exempt status.

The Organization is not aware of any tax positions it has taken that are subject to a significant degree of uncertainty. Tax years after 2018 remain subject to examination by federal and state taxing authorities.

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2022

NOTE B - LIQUIDITY AND AVAILABILITY OF RESOURCES

The following reflects the Organization's financial assets as of June 30, 2022, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date. Amounts not available include amounts restricted by time or purpose, amounts restricted by donors in perpetuity, and amounts designated by the board to meet future liabilities that could be drawn upon if the board approves that action.

Cash and cash equivalents	\$ 1,017,143
Grants and accounts receivable	154,009
Investments	<u>718,524</u>
Total financial assets available within one year	1,889,676
Less:	
Amounts unavailable to management without Board's approval:	
Board designated endowment	<u>(718,524)</u>
Total amounts unavailable to management without Board's approval	<u>(718,524)</u>
Total financial assets available to management for expenditure within one year	<u><u>\$ 1,171,152</u></u>

NOTE C - FAIR VALUE OF FINANCIAL INSTRUMENTS

The Financial Accounting Standards Board Accounting Standards Codification (ASC) *820 Fair Value Measurements and Disclosures* defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs used to measure fair value, and expanded disclosures about fair value measurements.

ASC *820 Fair Value Measurements and Disclosures* establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs when available. Observable inputs are those that market participants would use in pricing the asset or liability based on the best information available in the circumstances.

The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument.

Level 1 Inputs that utilized quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access.

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2022

NOTE C - FAIR VALUE OF FINANCIAL INSTRUMENTS - Continued

Level 2 Inputs that include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

Level 3 Inputs that are unobservable inputs for the asset or liability, which are typically based on an entity's own assumptions, as there is little, if any, related market activity.

Fair value estimates discussed herein are based upon certain market assumptions and pertinent information available to management as of June 30, 2022.

The fair values of net assets measured on a recurring basis at June 30, 2022 are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Equities	\$ 413,349	\$ -	\$ -
Cash and money market funds	305,175	-	-
Beneficial interest in assets held by others	<u>-</u>	<u>36,475</u>	<u>-</u>
	<u>\$ 718,524</u>	<u>\$ 36,475</u>	<u>\$ -</u>

NOTE D - BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS

During 2016, the Organization established a beneficial interest in a non-endowment reserve fund held by the Community Foundation of Tampa Bay ("CFTB"). Distributions from the fund are in accordance with the policy established by the CFTB's Board of Trustees for agency reserve funds. CFTB has powers of modification or removal of the fund. The fair value of the beneficial interest was \$36,475 as of June 30, 2022.

NOTE E - BOARD DESIGNATED ENDOWMENT

The Organization established a board designated endowment during the fiscal year ended June 30, 2015. The goal of the endowment is to provide financial support for the initiatives of the Organization in perpetuity. Initiatives include scholarships (Sponsor a Life), program services, and capital improvement.

The objective of the endowment portfolio is to generate a long-term, total rate of return that will permit real growth in endowment assets while funding an annual payout rate that is expected to equal roughly 3% of the trailing 12-month average market value of the endowment.

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2022

NOTE E - BOARD DESIGNATED ENDOWMENT - Continued

The original value of the endowment as of June 30, 2022 was board designated and is reported as unrestricted net assets. Endowment net asset composition by type of fund as of June 30, 2022:

	<u>Without Donor Restriction</u>
Board - designated endowment funds	<u>\$ 718,524</u>

Changes in endowment net assets for the year ended June 30, 2022 consist of:

Endowment net assets, June 30, 2021	\$ 742,020
Investment return	
Interest and dividends	13,879
Administrative fees	(6,316)
Realized and unrealized gains and losses	<u>25,348</u>
Total investment income	<u>32,911</u>
Contributions	<u>24,978</u>
Distributions	<u>(81,385)</u>
Endowment net assets, June 30, 2022	<u>\$ 718,524</u>

NOTE F - PROPERTY AND EQUIPMENT

Property and equipment consist of the following at June 30, 2022:

		<u>Estimated Useful Live</u>
Land	\$ 235,151	-
Building and improvements	1,292,384	7 to 39 years
Furniture, fixtures and equipment	429,414	3 to 15 years
Vehicles	171,191	5 years
Construction in process	9,000	-
	<u>2,137,140</u>	
Less accumulated depreciation	<u>(903,341)</u>	
	<u>\$ 1,233,799</u>	

Depreciation expense was \$94,750 for the year ended June 30, 2022.

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2022

NOTE G - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consisted of assets that are subject to the passing of time of \$225,138 as of June 30, 2022.

In 2004, the Organization was granted a Community Development Block Grant to acquire a facility to expand vocational programs serving persons with severe and persistent mental illness. The grantor issued a land use restriction agreement, specifically that the activities from the property shall be for the benefit of children, teenagers, and citizens of the same neighborhood. The land use restriction expires eighteen years from date of execution, December 15, 2021. Since the Organization must operate the building for a specified purpose for a stated period of time, the grant funds are recorded as donor restricted revenue and are amortized over eighteen years, the land use restriction period.

As of June 30, 2022, net assets with donor restricted net assets related to the building are as follows:

Funds provided to acquire property	\$ 300,000
Cumulative expiration of time restrictions	<u>(292,362)</u>
	<u>\$ 7,638</u>

In fiscal year 2010, the Organization was granted an additional \$600,000 of Community Development Block Grant funds to expand the facility. The land use restriction on these funds expires twenty years from date of execution, September 17, 2029.

As of June 30, 2022, net assets with donor restricted net assets related to this grant are as follows:

Funds provided to acquire property	\$ 600,000
Cumulative expiration of time restrictions	<u>(382,500)</u>
	<u>\$ 217,500</u>

As of June 30, 2022 net assets with donor restrictions consist of the following:

Net assets subject to expenditure for a specified purpose or period	\$ 16,000
Net assets subject to the passage of time	<u>225,138</u>
Total net assets with donor restrictions	<u>\$ 241,138</u>

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2022

NOTE G - NET ASSETS WITH DONOR RESTRICTIONS - Continued

Net assets were released from donor restrictions by occurrence of the passage of time or other events specified by donors. The net assets released from restrictions are as follows:

Net assets released due to the passage of time	\$	46,667
Net assets released for specific purpose		<u>15,000</u>
Total net assets released from restrictions	\$	<u><u>61,667</u></u>

NOTE H - GRANT REVENUE

The Organization receives support from several grantors under various contracts. Grant revenue consisted of the following during year ended June 30, 2022:

<u>Grantor</u>		
Central Florida Behavioral Health Network	\$	883,547
Luthern Services Florida		386,774
State of Florida, Department of Education - Vocational Rehabilitation		78,813
Pinellas County Social Action Grant		25,000
Bank of America		30,000
Other		<u>51,384</u>
	\$	<u><u>1,455,518</u></u>

NOTE I - IN-KIND REVENUE AND EXPENSE

Certain services are provided to the Organization gratis or at a cost substantially less than fair market value. The difference between that actual charge and the estimated fair market value is reflected as in-kind revenue and expense in the accompanying financial statements. For the year ended June 30, 2022, in-kind revenue and expense consisted of \$477 of accounting services.

Volunteers have donated substantial time to the Organization in various capacities. However, these services are not reflected in the financial statements since the services do not require specialized skills. The value of other contributed services meeting the requirements for recognition in the financial statements was not material and has not been reflected in the financial statements.

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2022

NOTE J - PENSION PLAN

The Organization has established a 401k retirement savings plan for all employees who meet minimum employment qualifications. The Organization did not provide any contributions to the Plan for the year ended June 30, 2022.

NOTE K - LEASES

The Organization leases space in Hernando County for the Vincent House Hernando location. The lease is a one-year lease with an option to renew for two additional one-year leases. The following schedule of future non-cancellable lease payment is as follows:

<u>Year ended June 30,</u>	
2023	<u>\$ 22,510</u>
Total future minimum lease payments	<u><u>\$ 22,510</u></u>

NOTE L - CONCENTRATIONS

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of cash and cash equivalents, grants receivable and prepaid expenses. The Organization manages its risk with cash and cash equivalents through the use of high credit worthy financial institutions. All cash accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At June 30, 2022 the Organization's cash accounts exceeded this threshold by approximately \$420,000. The Organization has not experienced any losses from its deposits.

NOTE M - COMMITMENTS AND CONTINGENCIES

The Organization may be subject to audit examination by funding sources to determine compliance with grant conditions. On the event that expenditures would be disallowed, repayment could be required. Management believes the Organization is in compliance with terms of its grant agreements.

NOTE N - MATCHING REQUIREMENTS

The Organization has met all federal and state matching requirements which are included in contract QD1A9 with Central Florida Behavioral Health Network, Inc. and contract LS061 with Lutheran Services Florida, Inc.

Van Gogh's Palette, Inc.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2022

NOTE O - SUBSEQUENT EVENTS

The Organization has evaluated events and transactions occurring subsequent to June 30, 2022 as of November 30, 2022 which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

Van Gogh's Palette, Inc.

SCHEDULE OF STATE EARNINGS (UNAUDITED)

For the year ended June 30, 2022

1	Total Expenditures	\$ 1,750,288
2	Less Other State and Federal Funds	\$ (386,774)
3	Less Non-Match SAMH Funds	\$ (13,295)
4	Less Unallowable Costs per 65E-14, F.A.C.	\$ -
5	Total Allowable Expenditures (Sum of lines 1, 2, 3, and 4)	\$ 1,350,219
6	Maximum Available Earnings (Line 5 times 75%)	\$ 1,012,664
7	Amount of State Funds Requiring Match	\$ 5,667
8	Amount Due to Department (if negative) * (Subtract line 7 from line 6)	\$ 1,006,997

* The Organization has met the State's matching requirements. Accordingly, no funds are refundable to the State of Florida.

Van Gogh's Palette, Inc.

SCHEDULE OF RELATED PARTY TRANSACTION ADJUSTMENTS (UNAUDITED)

For the year ended June 30, 2022

This schedule is not applicable for Van Gogh's Palette, Inc. for the year ended June 30, 2022.

Van Gogh's Palette, Inc.

SCHEDULE OF BED-DAY AVAILABILITY PAYMENTS (UNAUDITED)

For the year ended June 30, 2022

This schedule is not applicable for Van Gogh's Palette, Inc. for the year ended June 30, 2022.

Van Gogh's Palette, Inc.

SCHEDULE OF PROGRAM/COST CENTER ACTUAL EXPENSES AND REVENUES (UNAUDITED)

For the year ended June 30, 2022

Provider Name:	<u>Van Gogh's Palette, Inc.</u>				
Audit Period	<u>07/01/21 TO 06/30/22</u>				
PART I: ACTUAL REVENUES					
	STATE SAMH-FUNDED COST CENTERS				
	MENTAL HEALTH				
FUNDING SOURCES & REVENUES	Clubhouse Services	Total for State Funded SAMH Cost Centers	Total All SAMH Cost Centers	Total Non-SAMH Cost Center	Total Funding
IA. STATE SAMH FUNDING					
Current Year Funding					
<u>Expenditure Report</u>	<u>Provider Subcontract Number</u>	<u>Funding Source</u>			
MH000	QG053	F / S	\$ 483,547	\$ 483,547	\$ 483,547
MHEMP	QG053	F / S	300,000	300,000	300,000
Total Current Year Funding			783,547	783,547	783,547
Carry Forward Funding					
<u>Expenditure Report</u>	<u>Provider Subcontract Number</u>	<u>Funding Source</u>			
MH009	QG053	F / S	100,000	100,000	100,000
TOTAL STATE SAMH FUNDING			\$ 883,547	\$ 883,547	\$ 883,547
IB. OTHER GOVT. FUNDING					
(1) Other State Agency Funding			\$ 386,774	\$ 386,774	\$ 386,774
(2) Medicaid			-	-	-
(3) Local Government			103,813	103,813	103,813
(4) Federal Grants and Contracts			-	-	-
(5) In-Kind from Local Government			-	-	-
TOTAL OTHER GOVT. FUNDING			\$ 490,587	\$ 490,587	\$ 490,587
IC. ALL OTHER REVENUES					
(1) 1st & 2nd Party Payments			\$ 13,295	\$ 13,295	\$ 13,295
(2) 3rd Party Payments			-	-	-
(3) Medicare			-	-	-
(4) Contributions and Donations			178,122	178,122	178,122
(5) Other			125,739	125,739	125,739
(6) In-kind			-	-	-
TOTAL ALL OTHER REVENUES			\$ 317,156	\$ 317,156	\$ 317,156
TOTAL FUNDING =			\$ 1,691,290	\$ 1,691,290	\$ 1,691,290

Van Gogh's Palette, Inc.

SCHEDULE OF PROGRAM/COST CENTER ACTUAL EXPENSES AND REVENUES (UNAUDITED) -
CONTINUED

For the year ended June 30, 2022

Provider Name: <u>Van Gogh's Palette, Inc.</u>					
Audit Period: <u>07/01/21 TO 06/30/22</u>					
PART II: ACTUAL EXPENSES					
STATE SAMH-FUNDED COST CENTERS					
Mental Health					
EXPENSE CATEGORIES	Clubhouse Services	Total for State Funded SAMH Cost Centers	Total All SAMH Cost Centers	Administration	Total Expenses
IIA. PERSONNEL EXPENSES					
(1) Salaries	\$ 790,859	\$ 790,859	\$ 790,859	\$ 90,704	\$ 881,563
(2) Fringe Benefits	167,674	167,674	167,674	13,646	181,320
TOTAL PERSONNEL EXPENSES	\$ 958,533	\$ 958,533	\$ 958,533	\$ 104,350	\$ 1,062,883
IIB. OTHER EXPENSES					
(1) Building Occupancy	\$ 197,972	\$ 197,972	\$ 197,972	\$ 2,196	\$ 200,168
(2) Professional Services	73,817	73,817	73,817	41,567	115,384
(3) Travel	15,421	15,421	15,421	422	15,843
(4) Equipment	-	-	-	-	-
(5) Client Support / Food Services	47,887	47,887	47,887	-	47,887
(6) Medical and Pharmacy	-	-	-	-	-
(7) Subcontracted Services	-	-	-	-	-
(8) Insurance	85,060	85,060	85,060	3,576	88,636
(9) Interest Paid	-	-	-	-	-
(10) Operating Supplies and Expenses	29,110	29,110	29,110	342	29,452
(11) Other	116,654	116,654	116,654	19,360	136,014
(12) Donated Items	54,021	54,021	54,021	-	54,021
TOTAL OTHER EXPENSES	\$ 619,942	\$ 619,942	\$ 619,942	\$ 67,463	\$ 687,405
TOTAL PERSONNEL AND OTHER EXPENSES	\$ 1,578,475	\$ 1,578,475	\$ 1,578,475	\$ 171,813	\$ 1,750,288
IIC. DISTRIBUTED INDIRECT COSTS					
Administration	\$ 171,813	\$ 171,813	\$ 171,813	\$ (171,813)	\$ -
TOTAL ACTUAL OPER. EXPENSES	\$ 1,750,288	\$ 1,750,288	\$ 1,750,288	\$ -	\$ 1,750,288
IID. UNALLOWABLE COSTS					
	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL ALLOWABLE OPER. EXPENSES	\$ 1,750,288	\$ 1,750,288	\$ 1,750,288	\$ -	\$ 1,750,288
IIE. CAPITAL EXPENDITURES					
	\$ -	\$ -	\$ -	\$ 14,849	\$ 14,849

Van Gogh's Palette, Inc.

SCHEDULE OF PROGRAM/COST CENTER ACTUAL EXPENSES AND REVENUES (UNAUDITED) -
CONTINUED

For the year ended June 30, 2022

Provider Name: Van Gogh's Palette, Inc.

Audit Period 07/01/21 TO 06/30/22

PART III: UNEARNED FUNDS, FUNDING ALLOCATIONS, AND EXCESS FUNDS

	STATE-DESIGNATED SAMH COST CENTERS		
	STATE SAMH-FUNDED COST CENTERS		
	MENTAL HEALTH	SUBSTANCE ABUSE	Totals for State SAMH Funded Cost Centers
III A. Unearned Funds	\$ -	\$ -	\$ -
III B. Funding Allocations	-	-	-
III C. Excess Funds	\$ -	\$ -	\$ -