

# Application Form

---

## *Organization Information*

---

### Compiled Committee Comments

Below is a compilation of committee member comments from your Letter of Intent. This feedback may be positive, neutral, or negative. It is provided in aim to be transparent and offer guidance on where you may be able to strengthen your full proposal.

- Not certain whether proposal will happen without ARPA funding. 1. Did they apply for previous federal dollars for Covid safety measures? 2. Have Penny for Pinellas funds been awarded? 3. Why no increase cost for roof? 4. When were CDBG funds awarded?
- Clearly articulated the need for the projects and organization provides services throughout Pinellas County. Need to include more information on plan to make up funding gaps if full reward is not received.
- I am comfortable with the first two components of this proposal but not comfortable with the third element for Affordable housing. Competition for Housing tax credits is always very intense and obtaining them is speculative.
- Not headquartered in QCT location. Project size is not proportional to the economic impact and is somewhat disproportional to the size of the organization. Excellent, well thought out plan for the use of the funds. Demand increased, as well as experienced loss of fundraising revenue loss. Directly serves those who are disproportionately impacted and indirectly serves the Pinellas Community based on their mission.

**An informational webinar about this proposal is available here.**

**The rubric that will be used to score this proposal can be downloaded here.**

**If you would like to complete this application first in Microsoft Word, you may download a Word version here.**

### Brief Project Descriptor

Please briefly describe this organization's request.

renovations to commercial kitchen, roof, and additional office space

### Organization Name

People Empowering and Restoring Communities (PERC)

### Project Name\*

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

PERC SHARE (Services Housing and Renovation Expansion) Project

## EIN\*

59-3643636

## Incorporation Year\*

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

1999

## Organizational Mission Statement

What is your organization's mission statement?

**This has been copied from your Letter of Intent and cannot be changed.**

Pinellas Ex Offender Re Entry Coalition – Mission Statement

The mission Pinellas Ex Offender Re Entry Coalition (PERC) is to help the offender become and remain an ex-offender, taxpaying citizen reunited with family through advocacy, education, programming and comprehensive service delivery and referral. We believe that the successful reentry of offenders who become and remain ex-offenders is excellent public safety policy.

Pinellas Ex Offender Re Entry Coalition – Vision Statement

Successful re-entry of offenders who become and remain ex-offenders is excellent public safety policy

## 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

TRLWL1B2MEU9

## Annual Operating Budget Size

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

**This has been copied from your Letter of Intent.**

\$2,760,043.00

## Amount Requested\*

The maximum grant amount is \$5 million.

**This has been copied from your Letter of Intent and should not be changed. If your project cost has changed since submitting your Letter of Intent, please contact Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).**

\$2,461,492.00

## Does the total project cost exceed the amount your organization is requesting?

Please note: Answering "Yes" will cause additional questions to load later in this application.

### Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

Yes

## Request Specifics

---

### Organization Programming Background\*

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

**This has been copied from your LOI.**

PERC has worked tirelessly in the Tampa Bay community for nearly 30 years through advocacy and action focusing on returning citizens from incarceration. We are community based as an organization- beginning (and maintaining) a grass roots coalition approach. PERC case managers provide comprehensive, intensive re-entry case management services, including but not limited to job development and placement, job

retention skill training, transitional housing, assessments, evaluations and referrals for substance abuse and mental health treatment, linkages for subsistence needs (beyond housing), partnerships for GED and adult basic education, and employment training – all outlined in a unique, individualized case plan that is updated regularly. This includes intensive levels of service pre-release to post release, with services intensive and decreasing over time. Beyond this, PERC is also a licensed out-patient substance abuse provider, licensed batterer's intervention program provider, licensed HIV/AIDS testing and education provider, and provides many other cognitive education classes such as life skills, advanced life skills, anger management, errors in thinking, just to mention a few.

## 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.

**This has been copied from your LOI.**

Community need involves making our community safer by creating an environment that allows successful reentry of returning citizens as well as working with high at-risk populations to avoid becoming immersed in the criminal justice system. The more successful we are, the safer our community is. We do this beginning by providing comprehensive reentry case management services, including but not limited to job development and placement, job retention skill training, transitional housing, permanent supportive housing, permanent (affordable) housing, assessment, evaluation and referrals for substance abuse and mental health treatment, linkages for subsistence needs (beyond housing), partnerships for GED and adult basic education, and employment training. This is all done through unique, individualized case plan that is updated regularly. This includes intensive levels of service pre-release to post release as appropriate. Beyond this, PERC is also a licensed out-patient substance abuse provider, licensed batterer's intervention program provider, licensed HIV/AIDS testing and education provider, and provides many other cognitive education classes such as life skills, advanced life skills, anger management, errors in thinking, just to mention a few. PERC also offers larger comprehensive programs either as a lead agency or as a collaborative partner. Programs have included the St. Pete Works workforce development collaborative, the Tampa Bay Career Pathways Collaborative employment program, and many others. Currently, PERC has expanded its services as a housing provider having added a Transition in Place program from the Veteran's Administration in support of our Tiny House Veteran's Village housing and training program and is working to address gun violence in St. Petersburg with our Hidden Voices program. The community need continues to be great as we hope to enter into an endemic phase with COVID 19, and we stand ready to meet this need.

## Negative Economic Impact\*

**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.**

**The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. The more specific your evidence, the better.**

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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures

- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

**Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests.**

**This has been copied from your LOI.**

PERC has seen multiple negative impacts resulting from the pandemic leading to a request for ARPA funds in both the Small Purchase and Large Project grant application process. First, this began and continues with increased service demand in our housing programs – transitional, permanent supportive, and permanent with an ongoing incredible need for affordable, workforce housing; intensive and individualized comprehensive case management with an increased focus on treatment and mental health services; and employment readiness and training programs leading to upwardly mobile career pathways including reliable consistent transportation related to employment. Second, inflationary pressures on projects that began prior to or during the COVID 19 pandemic are real. PERC received an award through the CDBG program pre-pandemic in the amount of \$775,000. This project largely halted in March 2020 looking to largely restart in the fall of 2021. At that time, the anticipated increase in costs was approximately 26% and growing because due to supply chain issues also a result of the pandemic to over 30% today. Third, PERC has developed increased needs for capital assets to offset community needs where our organization does not have the resources to purchase due to the negative economic harm from the pandemic overall within the agency, as we have not received additional revenue comparable to the needs we are requested. This is in two areas: first, the entire roof for the Continental Housing Program now has to be replaced per insurance requirements. We house typically between 90-100 persons in this program at any one time, and the cost for this (\$258,750) was not budgeted for – as it would have become a priority for fundraising – if fundraising efforts that were hampered by the pandemic were not more focused on housing and food security. At the same time, for the variety of services and programs offered at the Dr. David T. Welch in South St. Petersburg are facing similar issues – the plaza itself has three buildings in very high need of roof replacement, as efforts to constantly repair and maintain these them are simply failing. These are additionally needed for capital assets to adapt operations to accommodate health and safety guidelines by the CDC both in all of our programs. Finally, as we move into the endemic phase, we see a clear and long-term need in affordable, workforce housing that can be maintained at 60 or even in some cases 50% AMI. Simply, there isn't enough capacity in affordable rental housing for our citizens and the people we work with. Our WAVE project hopes to help with this need with the development (using those in our training programs) of up to 32 homes in the Lealman area.

## Negative Economic Impact - Uploads

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.**

## Pandemic Relief Funding\*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic. This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19

relief.

**Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above.** Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. **The more concrete your numbers, the better.**

**If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.**

The only Pandemic Relief Funding that PERC received was the first round of the Paycheck Protection Program, for a total of \$194,000. That money was critical in keeping our staff together since everyone in the organization was deemed an essential worker. That money also helped six offices go virtual.

That funding was enough to keep our operations going, but not include any money left over to address the capital costs and inflationary pressures that we are requesting funding for in this grant.

## 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 project proposal and address the following:

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

**This has been copied from your LOI. While you are able to update this field, YOU SHOULD NOT CHANGE THE NATURE OF YOUR REQUEST. That is, this field should only be updated for clarity, not changing what you are requested funding for.**

Three projects will be funded by SHARE. First, funds will be used to complete and expand on a project that was largely shut down by the pandemic, which is the renovation of the Continental Housing Program buildings. PERC was awarded funds to renovate buildings that are part of this program – but house what used to be a restaurant as well as the apartment complex. Working in coordination with several partners and Feeding Tampa Bay, the commercial kitchen is to be redone creating multiple programs for FTB, several classrooms are to be created for training programs, and office space for PERC and partners (PCSO, VA, CSP, DFL, others) created. Through the pandemic inflationary pressures and supply chain issues delayed this project over two years and have seen prices rise over 30%. These funds will be used to complete this project. In addition, through the course of the pandemic, insurance companies informed PERC that we would need to replace the roof over the housing program at a cost of approximately \$250k. Fundraising efforts undertaken during the pandemic were to keep people housed and to deal with food security, as well as case management. The estimated lifespan of all of the CDBG projects should be well over 30 years, the estimated lifespan of the new roof is estimated between 20-30 years. The second project is the three roofs of the buildings that make up the Dr. David T. Welch Center for Progress and Community Development. This will be the final phases of the facilities committed to needs of underrepresented communities and persons in South St. Petersburg served by PERC, the NAACP, IDEA Pinellas (harm reduction), the Second Chance Tiny Home program, and Nixon & Co (asset development in South St. Petersburg). The estimated lifespan of the roofing systems should

be between 20-30 years. Finally, the WAVE proposal will create up to 32 homes in Lealman for affordable, workforce housing. The endemic phase of COVID 19 has seen unheard of surges in rents charged by landlords, new construction that is not affordable, and the lack of accessible housing stock for marginalized populations. This project will work to keep this housing affordable with a lifespan of 99 years. The negative economic harm addressed by these combined efforts relates to transitional housing, permanent supportive housing, permanent housing, continued supports for case management needs of clients we serve, and employment training, development and placement.

## Number Served

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

**This has been copied from your LOI. It cannot be changed.**

1100

## 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**.

**This has been copied from your LOI and cannot be changed.**

Other (Explanation Required Below)

## 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 project.

**This has been copied from your LOI and cannot be changed.**

PERC sees a mix of unduplicated and duplicated clients. In our housing programs we can be specific and approximate that 132 unduplicated clients will benefit from the programs, however approximately 1000 +/- would be clients who we see multiple times over multiple programs. Additionally, when the renovation is complete at the Continental Housing Program, we will enter into an agreement with Feeding Tampa Bay to provide a production kitchen, training program, and clients at an undetermined rate for after school hot meals, medical prescription meals, CDL students getting hours behind the wheel with Feeding Tampa Bay in their Fresh Force program - and are not able to estimate those numbers current.

## Rent vs. Own

Does your organization rent or own the property for which you are proposing modifications?

Own



## 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. 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 project benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?**

**This has been copied from your LOI.**

This project will absolutely and clearly benefit community members that have experienced disproportionate negative impacts from the COVID 19 pandemic. This will be by providing housing, continued comprehensive case management opportunities, and employment training, development and placement in upwardly mobile career pathways for our clients. PERC has deliberately and strategically opened four offices in Pinellas County that align with four of the five ‘pockets of poverty’ as outlined by Health and Human Services many years ago. The target populations to be served by the programs where the SHARE initiative will have direct impact are male and female adults 18 years old and up with primary focus in community redevelopment areas throughout Pinellas County. As reflected in poverty and crime rate table that utilizes data obtained through the American Community Survey Data the average population below the poverty level of the proposed target geographic area is an estimated 32%, while the index crime rate is 13.4% - more than double the crime rate for Pinellas County. The project will also focus on homeless adult individuals; (35% female; 64% male; 1% trans.); 38% African American, 3% Hispanic/Latino 5% Multi-Racial; 58% White (non-Hispanic); 5% veterans; 2% LGBT; 50% trauma-involved; 35% Co-occurring Disorders. These CRA’s has the largest concentration of criminal offenses, arrests and recidivism in Pinellas County, accounting for 32.3% of offenses since 2009, and for 28% and 25% for all juvenile and adult arrests in the county. Uniform Crime Reports show offenses-per mile 2.26 times more concentrated in the CRA’s compared to other areas in Pinellas County. These are at risk individuals with severe economic disadvantages – and our goals as an agency and goals of the programs that will benefit will directly impact individuals of these underserved communities where equity has been more of a word than an action. PERC, these programs, will continue to work to change this.

## Organizational Sustainability\*

How does this purchase contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.



Replacing the roof at the Continental will increase its lifespan. We generate \$950k per year in rental revenue at the property.

Funding the increased inflationary costs for the renovations at the building lets us build out new offices and create 6 new units to house our veteran population generating an additional \$60,000 in revenue annually. Renovations will also rebuild the commercial kitchen allowing us to collaborate with Feeding Tampa Bay on a program for the clients to get time behind the wheel of commercial trucks and their CDL licenses. We'll also be creating additional space that will be available in the future for other social service agencies that work with our client population, allowing them to have a regular presence on site and generating rent. Funding our request for the Welch Plaza will ensure the continued viability of that building, where we house several important programs and tenants that serve the South St. Petersburg community like the NAACP. It is also the planned site of PERC's Community Pharmacy. The Community Pharmacy program is a 340b pharmacy that will provide medication at or below cost to the residents of South St. Petersburg, as well as providing medication to various area nonprofits. Estimated revenue from the pharmacy will around \$400,000.

Finally, funding our Tiny Homes will benefit PERC and its client base in several ways. Firstly constructing 32 new Tiny Homes will address our organization's need for additional living units to accommodate our growing veteran client base. It will additionally act as a short to medium term housing solution for our clients in the Second Chance Tiny Homes program themselves. It will also provide an additional \$300-\$350,000 of annual revenue.

## Permits\*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

Notice of Commencement - Obtained

Zoning Clearance - Obtained

Fire/Life Safety Review - Obtained

Commercial Review/Building Permit - Obtained

Commercial Roofing Permit - To be obtained (8 week estimate)

## Plan Set\*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

**If you answer Yes, you will be required to upload the Plan Set later in the application.**

Yes

## Plan Set Upload\*

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org). If you have any narrative to accompany the plan set, you may write it below.

**PDF files are permitted.**

Tiny Home Floorplan and rendering.pdf

Plans for the Continental Renovations were sent via drop box, along with the change order showing the increased cost due to inflation. I've attached here the sample floor plan and rendering for the construction of a Tiny Home. Site plans are still pending.

## Timeline\*

Given a spending deadline of December 31, 2026, give a detailed **and realistic** timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the timeline.

### Please include the following:

1. **How the timeline was developed**
2. **Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 - June 2023.**

### Example

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase.

#### Continental Renovations

- Feb. 2023 – Funding approval/Notice of Commencement
- April 2023 – Completion (note: this renovation is already in process and all permits have been received)

#### Both Continental and Welch Plaza Roofs (Simultaneous):

- Feb. 2023 – Funding approval/Notice of Commencement
- Feb. 2023 – Materials Ordered/Permit Applied For
- June 2023 – Materials Delivered/Permit Received/Construction Begins (note: construction will be concurrent on the two roofs)
- Sept 2023 – Welch Plaza roof completed
- Oct 2023 – Continental roof completed

#### Tiny Homes

- Feb. 2023 – Funding Approval
- May 2023 – Land agreement reached with nonprofit partner
- Sept 2023 – Supplemental Financing Received
- Oct 2023 – Design Completed
- Jan 2024 – Permits and Approvals (including any necessary land use changes. Note: This timeline considers the County and the City's expedited permitting process for affordable housing projects)
- Feb. 2024 – Site work begins
- Mar. 2024 – Construction Phase 1 (12 homes) begins
- Sept. 2024 – Construction Phase 2 (10 homes) begins
- Mar. 2025 – Construction Phase 1 completed
- Mar. 2025 – Construction Phase 3 (10 homes) begins
- Sept. 2025 – Construction Phase 2 completed
- Mar. 2026 – Construction Phase 3/Project completed

This timeline was developed in concert with our partners. The first two timelines came from our general contractor on those projects who is already working on the renovation at the Continental. The timeline for the

Tiny Homes project was based on estimates of our Tiny Homes architect G2 Design (who designed the Tiny Homes we manufacture) as well as Cleveland Construction (who works with our Second Chance Tiny Homes program).

## Team Leadership\*

Please describe the following:

1. The team and leaders that will be overseeing this proposed project.
2. Their relationship to your organization
3. Their role in this project
4. Whether or not they have overseen similar projects

For the Continental Renovation:

Project Executive: Jessica Hodge, President/MGRM

Responsibilities: As Project Executive, Ms. Hodge is the communication hub for all parties involved in the project. With her assistance, the project team provides accurate estimates, scope analysis, scheduling, value engineering, constructability analysis, cost control, quality control and ultimately a successful project completed on-time and within budget.

Project Manager: Donald Reynolds, Vice President/MGRM

Responsibilities:

As Project Manager, Mr. Reynolds is charged with the overall responsibility for the project, delivering each project on-time, within budget and to the owner's satisfaction. He ensures estimate accuracy and provides scope analysis, scheduling, value engineering, constructability analysis, cost, and quality control.

Project Superintendent: Heath Jensen

As Superintendent, Mr. Jensen is the key member of the on-site construction staff and has the daily responsibility to plan, direct, coordinate and supervise the work. The leadership that he provides to all people involved in the project and the decisions, which he makes on a daily basis, represent a significant contribution to the project's on-time/on-budget completion and quality.

Recently completed projects by the proposed team:

CASA FJC

Community Action Stops Abuse, Inc. (Owner)

Project Scope: Remodel of existing office spaces/breakroom/restrooms

UNIVERSITY OF TAMPA – CASS MAINTENANCE BUILDING

University of Tampa (Owner)

Project Scope: Replacement of storefront windows, addition of overhead door, and re-roof of existing building

ALL HILLSBOROUGH COUNTY HIGH SCHOOLS

Hillsborough County Public Schools (Owner)

Location: Hillsborough County, Florida – All High Schools

Project Scope: Demolition of existing scoreboards and installation of all new concrete reinforced footers and structural steel

Due to space considerations resumes for the Tiny Homes project leads Eric and Johanna Glinsboeckel (the architects) and Steven Cleveland (our construction manager with Cleveland construction as well as partner in the Second Chance Tiny Homes program via the Florida Dream Center) are attached as an additional upload.

## Cost Difference

---

### Estimated Total Project Cost\*

Please specify the total cost of this capital project/purchase.

**Example:** ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment, and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

**This has been copied from your LOI.**

\$5,583,509.00

### Cost Difference\*

How does your organization plan to cover the cost of this project beyond the amount requested? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

**This has been copied from your LOI.**

<<<Please note this budget has been updated in the Budget Detail section below to reflect increased pricing, the total request has not changed however>>>

This breaks down into three different projects.

1. Continental Housing Program Renovation, total project cost \$1,362,550. Currently PERC has a CDBG grant with funding at \$775,000. The ARPA fund request (\$587,550) is covering two parts of this project related to roofing that needs to be replaced that wasn't part of the initial project (\$258,750) and inflation/COVID 19 related increases in cost (in the original project estimated at \$328,800).
2. The Dr. David T. Welch Center of Progress and Community Development, total project cost \$508,200. Funding originally secured \$305,000. The APRA fund request (\$203,300) is for roof replacement of the Welch Plaza buildings.
3. The WAVE Affordable Workforce Housing Project, total project cost \$3,712,759. The financing plan includes \$1,598,566 in LIHTC 4% Tax Credits, Penny for Pinellas IV in the amount of \$443,451. The ARPA fund request (\$1,670,742) will pay the associated LIHTC Bonds allowing permanent housing affordability.

## Written Justification - \$1m or Greater

---

You have requested more than \$1 million in capital expenditures. In order to comply with regulations and reporting requirements of the U.S. Treasury, the below questions are required as part of a Written Justification for the costs. The character limits in this section are set high, but do not feel you need to reach the character limit.

## Capital Expenditure Need\*

Please explain the following:

- Why are existing capital equipment, property, or facilities not sufficient to address the harm you explained above under “Negative Economic Impact?”
- Why would additional funding to relevant programs or services be insufficient without the corresponding capital expenditures being proposed by your organization?

One of the primary negative impacts that COVID challenged PERC with is an increased demand for our housing services. Secondly the inflationary pressures and supply chain issues have effected the projects that PERC has been working on meaning that the money we did have budgeted to complete existing projects is no longer sufficient. As it is right now our property at The Continental is completely full and has a significant waiting list. This capital expenditure will first go providing a much-needed replacement for the roof of that facility allowing us to continue to serve the clients we currently have. Secondly the renovation of the common space at the complex will actually allow us to open up six additional housing units to address the housing needs of clients on that waiting list. We’ve also requested funding that will allow us to build 32 additional units of Tiny Home housing, further addressing that burden.

Funding the programs that we offer would not represent enough revenue for PERC to tackle these needs on our own. The pandemic caused a number of gaps in our sources of revenue that simply could not be met through the programs themselves. The pandemic severely restricted our ability to fundraise for capital improvements and completely removed the funding that we receive from pre-release programs since most correctional facilities were completely locked down to outside agencies during the pandemic. To continue to provide the programs and services and increase their capacity and efficacy we need outside funding for our capital improvements.

## Comparison of Alternatives\*

According to U.S. Treasury guidance, ARPA-funded capital projects must be the most cost-effective and reasonable option to repair COVID-19’s negative economic impact on your organization.

In order to do so, please provide a comparison of the proposed large capital project against two alternative capital projects, and explain why the one you are proposing is superior. When evaluating the superior option, please consider the following:

1. The effectiveness in addressing the harm identified in this application under “Negative Economic Impact” and in the previous question.
2. The total cost of the proposed project vs. the two alternatives

**Alternatives are NOT multiple vendors or bids for this project. Rather, they would be entirely different capital project proposals. For example, rather than expanding a currently owned-property, an alternative could be purchasing a bigger property. This would potentially not be more cost-effective or reasonable due to high property costs and the need for additional construction.**

One alternative to repairs and renovations at The Continental and the David T Welch center is purchasing two new facilities and shut down those existing facilities. This option would forfeit our existing CDBG allotment of \$1,080,000. The commercial property market in Pinellas County is exceptionally tight making it unlikely we’d be able to acquire two facilities that are located in the communities we serve and have ample access to public transportation. Even if we were able to find those properties, the average cost to purchase a single story office building like the David T Welch center is \$99.56 per square foot, or \$947,811.20 total, and the average cost to

purchase an apartment complex is \$268,538.24 per unit, or \$26,316,747.50 if you include the replacing the additional 32 Tiny Homes we are constructing. That's an estimated total of \$27,264,558.70, ten times our request.

Building new buildings in place of our existing buildings would be another alternative, but that would require finding temporary alternative space for our programs and evicting all of the tenants of the Continental while construction goes on. In addition to the human costs, the financial costs of this option are also degrees of magnitude higher. Currently single-story office space construction is estimated to be around \$270 per square foot, and construction of a new multi-family building costs around \$75,000 per unit on average. That means to just duplicate what we currently have we'd be looking at around \$2,570,400 to replace the Welch center, \$4,950,000 to replicate The Continental, and \$2,400,000 to replace our request for Tiny Home construction. That's \$9,920,400, more than four times what we have requested.

## *Community Connection*

---

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

### 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/>

**This has been copied from your LOI and cannot be changed.**

12810 US HWY 19 N, Clearwater FL 33764



## QCT Determination - Headquarters

Is this organization headquartered in a QCT?

No

## Project Location

Please provide the address or intersection where the property being modified is.

**This has been copied from your LOI and cannot be changed.**

12810 US HWY 19 N Clearwater FL 33764; 1601-1523 16th Street S St. Petersburg FL 33705

## QCT Determination - Project

Is this organization's project in a QCT?

Yes

## QCT Impact\*

PCF understands that just because a project may not be located in a Qualified Census Tract, those who reside in one may access your services and may come to the location where your organization's project will take place.

- If applicable, please describe if you have clients that reside in a QCT as indicated on the map linked above, and the proportion of your clients that come from these areas.
- If your organization does not serve clients from a QCT, you can write "Not Applicable" below.

**This has been copied from your LOI.**

PERC strategically has acquired property (specific to this project as well) in qualified census tracts in the North/South Greenwood area of Clearwater, the Highpoint area of Clearwater, East Tarpon Springs, and in the Midtown/Campbell Park area of South St. Petersburg. This was intentional- overwhelmingly most of our clients reside in these areas, thus live in qualified census tracts. The work proposed is in South St. Petersburg, the Highpoint area in Clearwater, and in Lealman.

## QCT Determination - Clients

Does this organization's project benefit residents of QCTs?

Yes

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community 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.

### **This has been copied from your LOI.**

Pinellas County is Florida's most densely populated county with Clearwater and St. Petersburg its largest cities, yet 12% of its population is living in poverty with an additional 30% living within the ALICE (Asset Limited, Income Constrained, Employed) threshold, a staggering 42% combined. Upwardly mobile career pathways with living wages that can ascend will be the key to its success as the cost of living continues to rise. Building wealth with better paying jobs in this County is how we can overcome asset limitation. The area's population growth has increased the critical demand for already-scarce affordable housing and contributes to the 2,415 homeless individuals based on the 2019 Point in Time survey. Substance use and mental health disorders are highly correlated with homelessness, as are loss of employment, poor health, and an inability to access needed services. Systemic problems including changes in housing markets, loss of public services, social supports, and persisting social ills (e.g., poverty and racism) affect who becomes homeless. Getting people ready for work is crucial, but the problem is a wholistic one, where housing stabilization, food security, transportation needs, and permanent housing all are interlinked as crucial to the success of individuals being served being able to progress out of poverty and into upwardly mobile career pathways. PERC has a long history of coordination with public, private, and non-profit agencies throughout Pinellas. For over thirty years, the Coalition has met once a month with program partners at Goodwill Suncoast, typically with 30-35 agencies present. For the past 23 years, PERC has hosted our annual Showcase of Services, with over 750 provider partners collaborating with clients. The current PERC email list of partners stands over 300 allowing services and collaborations to be coordinated. PERC coordinates with the St. Vincent DePaul Society (SVDP), Homeless Empowerment Program (HEP), the People of Manufacturing (TPOM), Career Source Pinellas (CSP), St. Petersburg College (SPC), Pinellas Technical College, Regions Bank, Fresh Start Mentoring, the Pinellas County Urban League, Habitat for Humanity, the Florida Dream Center, Fresh Force, and many other smaller organizations in support of our programs and clients.

## 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

BIPOC

## Leadership Demographics - CEO/Executive Director

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

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

None of the above

## 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

BIPOC

LGBTQ+

Neurodiverse/physically disabled

## Financial Overview

---

**IF A CONTRACTOR HAS NOT BEEN SELECTED, BIDS MUST BE DATED AFTER 8/8/22. If you need assistance compressing files, please email Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).**

The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. ***Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.***

- If your project costs **LESS** than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.

**If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative question below thoroughly.**

### Bid/Estimate #1\*

PDF files are accepted.

Roof bids 12810 US Hwy 19.pdf

## Bid/Estimate #2

PDF files are accepted.

Roof bids 1601 16th St S.pdf

## Bid/Estimate #3

PDF files are accepted.

Continental CDBG Contract Bids.pdf

## Selected Contractor\*

**If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.**

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
2. What personnel members at your organization selected the contractor?
3. Has a contract been executed with this contractor? **If yes, upload the contract here. If no, please describe the status of contract.**

***If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.***

Please note that in Bid Line #1 we have included a file showing all three roofing bids for The Continental. Our budgeting is based upon going with McMullen Roofing which our general contractor has worked with in the past and recommends, and there was not a significant price difference with Dynamic. Bid Line #2 are the bids for the Welch Plaza, and we have again chosen to budget using the numbers from McMullen Roofing since there are obvious advantages in speed and communication that come from using the same contractor on both projects.

Bid Line #3 was the bidding process we carried out to select our contractor for The Continental renovations as part of the CDBG process. We selected Hodge because they were both the lowest priced bidder and had a recent body of work on projects similar to what we had proposed.

We did not bid out the partners for the Tiny Homes program because we are already using an architect, G2 Design on other Tiny Homes projects, and our construction partner Cleveland Construction has already been working with our clients building Tiny Homes as part of our Second Chance Tiny Homes program.

## Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

- Small-business enterprise (SBE)
- Disadvantaged business enterprise (DBE)
- Minority and/or woman-owned business (MWBE)

Yes

## Related Parties\*

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

### Examples of Related Parties

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

**If yes**, identify the vendor and describe the relationship.

**If no**, write "No related parties below."

No related parties below

## Budget Detail\*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.**

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

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

### **PDF and Excel files are allowed.**

Updated grant budget.pdf

Please see attached budget. Note that the % for contingencies is built into the overall numbers from our contractors.

We had to change the budget from our initial request, but kept our overall ARPA request the same. You'll see on the attached budget where we've had cost increases since the first proposal, and where we reduced our request to make up for it. A construction change order is available upon request to show where those cost increases came from.

## Other Funding Sources\*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please explain why no additional funding sources have been pursued.

**If this answer has changed since submitting your LOI, you may update it below. Please be sure all funding sources below are represented in the budget you have uploaded above.**

1. Continental Housing Program Renovation: CDBG grant with funding at \$775,000.
2. The Dr. David T. Welch Center of Progress and Community Development: CDBG funding originally secured \$305,000.
3. The WAVE Affordable Workforce Housing Project: Other funding will include \$1,598,566 in LIHTC 4% Tax Credits and Penny for Pinellas IV in the amount of \$443,451.

## 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 project **decreases** ongoing operating costs, how will it do so?
- If this project **does not affect** operating costs, please note so below.

**If this answer has changed since submitting your LOI, you may update it below.**

1. The Continental Housing Program Renovation does not affect operating costs.
2. The Dr. David T. Welch Center of Progress and Community Development Roof Renovation does not affect operating costs.
3. The WAVE Affordable Workforce Housing Project will increase operating costs which will be compensated through rents collected at 60% AMI from residents (pro-forma to be included in full grant package if selected for consideration).

## Fund Management Capacity\*

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

**This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.**

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

**This has been copied from your LOI.**

PERC has more than adequate Fund Management Capacity to manage potential ARPA funds in terms of fiscal management and financial infrastructure. PERC has used an accounting software (QuickBooks pro) for nearly two decades and operates with our accounting firm to ensure that we follow generally accepted accounting

principles. We track on programs in a general ledger with separate accounting codes to each program or project. PERC has long worked with and has the ability to work on a reimbursement basis. Per our accounting manual and system, all programs MUST be recorded separately in the accounting system. The PERC executive director, bookkeeper, and data contract manager ensures each program is coded separately in the PERC general ledger. Each grant or program has separate guidelines for reporting.

### Corrective and Investigative Action/Grant Recall\*

In the past three (3) years, has 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. If no, write "N/A"

N/A

## Organization Documentation

---

### Organization Budget\*

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

PERC 2022-2023 Operating Budget.xlsx

### Board of Directors List\*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

PERC Leadership.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.



2021 990 PERC.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.

2021 PERC Consolidated Financials W 990.pdf

## Insurance

---

### 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 project. 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.**

Pinellas Count COI.pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will 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.

## *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 monthly expenditure reports until their project is completed and their contract is closed out.

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

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

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

## *Additional Information*

---

### **Additional Upload**

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

PERC Tiny Homes Construction Team.pdf

### **Anything else to share?**

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

## File Attachment Summary

---

### *Applicant File Uploads*

- Tiny Home Floorplan and rendering.pdf
- Roof bids 12810 US Hwy 19.pdf
- Roof bids 1601 16th St S.pdf
- Continental CDBG Contract Bids.pdf
- Updated grant budget.pdf
- PERC 2022-2023 Operating Budget.xlsx
- PERC Leadership.xlsx
- 2021 990 PERC.pdf
- 2021 PERC Consolidated Financials W 990.pdf
- Pinellas Count COI.pdf
- PERC Tiny Homes Construction Team.pdf











**Roof bids:  
The  
Continental  
12810 US  
Hwy 19 N.**



**COMMERCIAL ROOF PROPOSAL**

Date:	24 AUGUST 2022	Submitted By:	Brandon Davis
Contact Name:	Hodge Mgmt	Jobsite Name:	PERC Roof Replacement
Address:	12810 US Hwy 19	Address:	
City/State/Zip:	Clearwater, FL	City/State/Zip:	
Phone:		Email:	jessica@hodgemanagement.com

**SCOPE OF WORK: Approximately +/- 19,720 SF Fully Adhered 60mil TPO Roofing System**

**Roof System:**

- Remove existing roofing assembly, all flashings, and metals to the concrete deck.
- Furnish and install new 1/8" Tapered ISO sloped to roof edge set-in low-rise foam. Crickets and saddles will be installed behind pop ups.
- Furnish and install one layer of 1/2" Securock over Insulation system set-in low-rise foam.
- Furnish and install new Elevate .060 TPO fully adhered to Securock per FL BLDG Code.
- Flash all pipes, roof curbs and penetrations. All AC stand legs will be flashed with split pipe boots.
- Furnish and install new base flashings, terminated with termination bar and counter flashed per manufacturer's specifications.
- Remove all job-related debris daily.

**Metal:**

- Furnish and install approx. 270' of new 24 Gauge Kynar counterflashing to replace existing.
- Furnish and install approx. 860' of new 24 Gauge Kynar edge metal. Edge Metal will be secured with a continuous cleat.
- Furnish and install Pitch Pockets and Goosenecks to replace existing.
- Furnish and install approx. 600' of 24 Gauge Kynar gutter with approx. 15 new downspouts.

**AC's:**

- Disconnect existing units.
- Furnish and install new AC stands attached per FL Bldg Code and temp in.
- Lift units to new stands, re connect and perform a systems check on all units.

**Manufacturer's Warranty: 20 Year NDL Labor and material Factory Warranty – this price also comes with a factory inspection once we are finished.**

Aderhold Warranty: 2 Year Contractor Warranty

***Total Cost : \$ 687,240.00***





**TILE MANSARD's SCOPE OF WORK:**

- Tear off all existing Tile mansards mansard and underlayment and dispose of waste Re-nail deck to all county and state codes.
  - Remove and Replace any rotted plywood, fascia or deck boards –
  - **Furnish and Install a peel and stick underlayment that is approved for shingle to the entire deck of Mansard**
  - **Double layer Peel and stick on all valley or reverse corners of Mansards**
  - Furnish and install a Peel and stick starter or standard starter shingle around entire bottom of Mansard, secure this bottom edge with roof cement or Peel and stick starter to code – Starter will ensure a very straight uniform look of the new Dimensional shingles
  - Furnish and Install a GAF Timberline HDZ, Owens Corning Duration or IKO Cambridge Limited Lifetime Dimensional Shingle - Customer Color Choice from Standard Color Brochure – These Color brochures and swatch boards and even actual shingle samples will be provided for free by Dynamic.
  - Install new ridgecap shingle on all corners, match shingle color
  - Remove old dripedge and Furnish and Install new edge metal at the bottom of the mansard around entire perimeter - Customer color choice from standard color chart
  - **Roof cement over each nail of each shingle, required on a slope this steep and roof cement along bottom edge to adhere drip edge to bottom row of shingles**
  - Furnish and Install new 24 ga. Coping metal – we will remove and dispose of old coping metal. The metal will be installed and sealed to Florida code. ( attach with screws with rubber gromets and caulk all seams) We will match existing coping metal size and it is customer color choice from Standard color chart –
  - Dispose of all waste and clean grounds, we will also clean grounds and parking areas at the end of each day we are there. Each night we will temporarily tie in new shingles into old to prevent any overnight leaking.
  - Obtain final inspections from Pinellas County and manufacturer.
  - Present customer with a manufacturers Labor/material warranty and a contractors Labor warranty
- TOTAL COST:** for New Dimensional Shingle System on Mansard and New 24 ga. Coping metal:

**\$ 75,900.00 – Based on 48 SQ's**

- Wood deck and fascia replacement cost(**If not mentioned above**) (
  - ½" plywood remove old and replace with new \$ 115.00 / sheet 5/8" - \$100.00/sheet
  - 1" x 6" or 1" x 8"& 2" x 4" deck replacement done at \$ 8.50 per lineal foot
  - 1" x 6" or 1" x 8" Pressure Treated fascia replacement done at \$9.50 per lineal ft
  - Any 2" x 6" or 8" or 1" x 12" work will be done at \$ 10.00 per lineal ft.
  - Any specialty wood such as Cyprus or larger fascia will be priced on a per event basis

**PAYMENT TERMS:**

The labor, material and equipment required for this job will be furnished by **Aderhold Roofing Corporation** for a total investment of:



**ADERHOLD ROOFING CORPORATION**

4440 Eagle Falls Place, Tampa, Florida 33619

Tel: (813) 681-3735 \* Lic. # CCC1329750, CGC1520242

*Two Hundred Sixteen Thousand Dollars & <sup>00/100</sup>.....\$763,140.00<sup>00</sup>*

- **Due to the volatility in market pricing, suppliers cannot lock in material pricing until time of shipment. Even if we purchase it upfront, the price can still change at time of shipping. This may/will result in a change order increasing (or decreasing) the cost of insulation, fasteners, membrane, or other materials related to the work.**

Payment to be made as follows: 35% Down and Net 30 from there.

**This proposal will be subject to withdrawal if not accepted within 15 days.**



**ADERHOLD ROOFING CORPORATION**

4440 Eagle Falls Place, Tampa, Florida 33619

Tel: (813) 681-3735 \* Lic. # CCC1329750, CGC1520242

**TERMS**

**Contract Price:** Owner shall pay Contractor pursuant to the terms listed on page 1. Owner shall pay or cause to be paid the amount of the payment request to Contractor within **five (5) business days** of receipt of a payment request from Contractor. Payments not timely made shall accrue interest on a daily basis at the rate of 1.5% per month, not to exceed the maximum amount of interest allowed by law.

**Disclaimer.** Owner acknowledges that Contractor may be repairing work that was previously damaged by mold, water, termites, or other conditions ("Pre-Existing Conditions") unrelated to the work performed by Contractor on the Project. Accordingly, Contractor disclaims all liability for all claims, disputes, rights, losses, damages, causes of action or controversies ("Claims") pertaining to Pre-Existing Conditions, whether those Claims arise in law, equity, contract, warranty, tort, or federal or state statutory claims. The Owner is solely liable and responsible for all damages, whether actual or consequential, arising out of or relating to Pre-Existing Conditions.

In addition, Contractor disclaims all liability for all claims, disputes, rights, losses, damages, causes of action or controversies ("Claims") pertaining to mold, mildew, fungi, spores, algae, microscopic organisms, hazardous chemicals, biological agents or allergens (collectively referred to as "Mold"), including Claims arising out or relating to the detection, removal, disposal, or remediation of Mold, whether those Claims arise in law, equity, contract, warranty, tort, or federal or state statutory claims, and whether those Claims are based on the acts or omissions of Contractor or individuals or entities under Contractor's control. The Customer is solely liable and responsible for all damages, whether actual or consequential, caused by Mold and incurred by Customer, Contractor or third parties.

Contractor shall not be liable for any damage, whether actual or consequential, or claim arising out of or relating to Acts of God, accidents, civil disturbances, delays in obtaining materials, fires, hurricanes and other weather conditions, strikes, war or other causes beyond Contractor's reasonable control.

**Time:** Time is of the essence for all purposes of this Agreement unless expressly provided to the contrary.

Any express warranty provided (if any) by Contractor is the sole and exclusive remedy for alleged construction defects, in lieu of all other remedies, implied or statutory. Unless otherwise provided: **THERE ARE NO EXPRESS OR IMPLIED WARRANTIES WHATSOEVER INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.** All warranties or guarantees provided by Contractor, if any, shall be deemed null and void if Owner fails to strictly adhere to the payment terms contained in the Agreement. All warranties and guarantees if any, provided under the Agreement are solely for the original Owner and are non-transferable, unless otherwise agreed to by Contractor and Owner in writing.

**Assignment:** This Agreement shall not be assignable by Owner without the written consent of the Contractor. Any attempt at assignment may be deemed a default.

**Complete Agreement:** This Agreement (including all exhibits and addenda) constitutes the sole and entire agreement between the parties. No modification, written or verbal, shall be binding upon either party unless agreed to in writing signed by both parties. Each provision of this Agreement is severable from every other provision, and if any provision is unenforceable, the remainder of the Agreement will remain valid and enforceable. This Agreement shall inure to the benefit of the heirs, personal representatives, successors and assigns of Contractor and Owner respectively as permitted. Each provision of the Agreement shall be construed as if both parties mutually drafted this Agreement.

**Effective Date:** The effective date of this Agreement ("Effective Date") will be the date when the last one of the Owner and Contractor has executed this Agreement, provided that the Agreement is fully executed and delivered by Owner and Contractor. This Agreement may be executed in counterparts, and the counterparts collectively shall constitute the Agreement. A facsimile copy of this Agreement and any signatures on this Agreement shall be considered for all purposes as originals, but any party executing by a facsimile agrees to deliver a copy containing original signatures following such facsimile transmission at the request of the other party.

**Governing Law:** This Agreement shall be governed by the laws of the State of Florida, and any action brought to enforce the provisions of this Agreement shall be subject to the jurisdiction of the **Hillsborough County Circuit Court or the United States District Court for the Middle District of Florida-Tampa Division**, for a federal district court proceeding.

**Notices:** Any notice required or permitted to be delivered under this Agreement shall be personally delivered or mailed by certified mail, return receipt requested, to the parties at the addresses set forth in the introductory paragraph of this Agreement and shall be effective upon personal delivery or **two (2) days** after deposit of the notice with the United States Postal Service.

The losing party in any legal or equitable action arising out of or relating to this Agreement including appellate and/or bankruptcy proceedings shall reimburse the prevailing party on demand for all attorney's fees, costs, and expenses incurred by the prevailing party in connection with the action.

The person signing on behalf of Owner acknowledges that it has received the board and unit Owner's approval to the extent necessary; complied with all rules, regulations and laws governing this Contract; and that the person signing this Contract has the requisite authority to bind the Owner. **WAIVER:** Each party agrees that as a material part of the consideration hereunder and as an inducement to enter into this Agreement, each party hereby waives the right to a jury trial.

**OWNER/AUTHORIZED AGENT SIGNATURE**

**ADERHOLD ROOFING CORPORATION**

\_\_\_\_\_  
**Printed Name:** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date** \_\_\_\_\_



**AGREEMENT WITH COMMERCIAL PROPERTY OWNER**

This Agreement is dated 12/15/2022 and is by and between:

**Owner:** Hodge Management LLC  
Contact: Jessica Hodge  
Phone: 813.507.0505  
Email:  
jessica@hodgemanagement.com

and

**Contractor:**  
Jay Mott  
Regional Sales Mgr.  
727-459-4600  
Dynamic Roofing Holdings,  
LLC d/b/a Dynamic National  
10597 Oak Street NE  
St. Petersburg, FL 33716  
727-498-6204  
Fax: 727-490-4393  
Contractor License No. CCC1330028  
Contact: [Jay.Mott@dynamicnational.com](mailto:Jay.Mott@dynamicnational.com)

This Agreement consists of this Cover Page, the attached Terms and Conditions, attached Exhibits, if any, and any other Contract Documents, as defined in the Terms and Conditions.

---

**Roofing: PERC Building | 12810 US Highway 19 N Clearwater FL, 33764**

System: Fully Adhered TPO  
Manufacturer: Elevate (Formally Firestone)  
SQFT: 19,960

**Roof System:**

- Remove existing roofing assembly, all flashings, and metals to the concrete deck.
- Furnish and install new 1/8" Tapered ISO sloped to roof edge set-in low-rise foam. Crickets and saddles will be installed behind pop ups.
- Furnish and install one layer of 1/2" Securock over Insulation system set-in low-rise foam.
- Furnish and install new Elevate .060 TPO fully adhered to Securock per FL BLDG Code.
- Flash all pipes, roof curbs and penetrations. All AC stand legs will be flashed with split pipe boots.
- Furnish and install new base flashings, terminated with termination bar and counter flashed per manufacturer's specifications.
- Remove all job-related debris daily.

**Sheet Metal:**

- Furnish and install approx. 270' of new 24 Gauge Kynar counterflashing to replace existing.
- Furnish and install approx. 860' of new 24 Gauge Kynar edge metal. Edge Metal will be secured with a continuous cleat.

- Furnish and install Pitch Pockets t and Goosenecks to replace existing.
- Furnish and install approx. 600' of 24 Gauge Kynar gutter with approx. 15 new downspouts.

Spoke with Jay 12/16:  
\$29,400 (\$1,050 x 28  
A/C Units) included  
in base price for  
disconnect/reconnect

**HVAC:**

- Disconnect existing units.
- Furnish and install new AC stands attached per FL Bldg Code and temp in.
- Lift units to new stands, re connect and perform a systems check on all units.

**\*Note: Pricing can only be held for Fifteen (15) Days due to current market conditions and as per Article 2 Price.**

**Manufacturer's Warranty:** 20 Year Elevate NDL Warranty  
Dynamic National Warranty: 2 Year Contractor Warranty

**Base Price: \$537,610.00**

Quoted base price \$537,610 minus \$29,400 = \$508,210 for Flat roof scope

**TILE to SHINGLE MANSARD's SCOPE OF WORK:**

- Obtain all permits, insurances, and variances needed to begin this project.
- We will adhere strictly to OSHA and state codes, we will be working with our lift equipment, it will all be certified and our workers will be in harness's at all times.
- Dynamic will provide all waste equipment and restroom facilities and will work with the board and maintenance of the facility as where to place our equipment. A man-lift will be needed for the entire length of project. We will secure and leave at Alpine Court each night – we work very closely with all owners on placement of this equipment.
- Tear off all existing Tile mansards mansard and underlayment and dispose of waste Re-nail deck to all county and state codes.
- Remove and Replace any rotted plywood, fascia or deck boards – **First 3 boards are free, after 3, follow wood pricing guide below.**
- **Furnish and Install a peel and stick underlayment that is approved for shingle to the entire deck of Mansard**
- **Double layer Peel and stick on all valley or reverse corners of Mansards**
- Furnish and install a Peel and stick starter or standard starter shingle around entire bottom of Mansard, secure this bottom edge with roof cement or Peel and stick starter to code – Starter will ensure a very straight uniform look of the new Dimensional shingles
- Furnish and Install a GAF Timberline HDZ, Owens Corning Duration or IKO Cambridge Limited Lifetime Dimensional Shingle - Customer Color Choice from Standard Color Brochure – These Color brochures and swatch boards and even actual shingle samples will be provided for free by Dynamic.
- Install new ridgecap shingle on all corners, match shingle color
- Remove old dripedge and Furnish and Install new edge metal at the bottom of the mansard around entire perimeter - Customer color choice from standard color chart
- **Roof cement over each nail of each shingle, required on a slope this steep and roof cement along bottom edge to adhere drip edge to bottom row of shingles**
- Furnish and Install new 24 ga. Coping metal – we will remove and dispose of old coping metal. The metal will be installed and sealed to Florida code. ( attach with screws with rubber gromets and caulk all seams) We will match existing coping metal size and it is customer color choice from Standard color chart –

- Dispose of all waste and clean grounds, we will also clean grounds and parking areas at the end of each day we are there. Each night we will temporarily tie in new shingles into old to prevent any overnight leaking.
- Obtain final inspections from Pinellas County and manufacturer.
- Present customer with a manufacturers Labor/material warranty and a contractors Labor warranty

**An extended Golden Pledge warranty is available with GAF, roof must be installed by a GAF Master Elite Installer in order to offer this Warranty. United is Master Elite status with GAF. Basic overview is 2 yr. Labor/material warranty no pro-ration and warranty is transferable. (Standard limited lifetime warranty is material only and pro rates after 10 yrs.) . Golden Pledge Warranty. – Total Cost: \$ 1,500.00 total for 2058 Alpine.**

TOTAL COST: for New Dimensional Shingle System on Mansard and New 24 ga. Coping metal:

**\$ 59,900.00**  
 (Based on 4800 sq. ft.)  
 (Includes all areas with tile)

**Wood Replacement Pricing Guide: (After 3 sheets the following applies)**

- Plywood Decking : \$ 95.00 /per ½” sheet take out old replace with new
- 5/8’ will be done at \$105.00 per sheet
- Replace any 1’ x 6” fascia or decking - \$ 5.50/lineal foot
- Replace 2” x 4” - \$ 5.00 lineal foot
- Replace any 2 x 6 or 2 x 8 - \$ 7.50 a lineal ft.
- If we run across any specialty wood – Cedar – Tongue and groove etc... we will discuss replacement cost at the time of discovery before we replace anything

**Price Includes:**

- **Our price includes all lift equipment and scaffolding needed for this project.**
- **Price includes all multiple story and double layer tear off charges**
- **Price Includes 3 free board replacement- per building**
- **Limited Lifetime warranty on shingles – Material and a 5 yr. Contractor Labor warranty- Extended Warranties available**

**Exclusions:**

- This proposal is based upon working daylight hours from 7:00 AM to 7:00 PM
- This proposal is based upon having adequate access adjacent to the building for the staging of all required equipment, dumpsters, material etc.
- All metal Flashing will be shop fabricated using Drexel Kynar Standard Colors.
- Exclude all interior protection.
- Exclude all fixed ladders.
- Exclude all mechanical, electrical, or plumbing work.

**Payment Terms:**

**Deposit – 25%**

**Material Delivery – 25%**

**Material Completion – 40%**

**Warranty Delivery – 10%**

**BY YOUR SIGNATURE, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS AGREEMENT, THAT YOU HAVE HAD OPPORTUNITY TO CONSULT LEGAL COUNSEL PRIOR TO ENTERING INTO THIS AGREEMENT, AND THAT YOU ARE A DULY AUTHORIZED REPRESENTATIVE OF THE OWNER.**

OWNER:

CONTRACTOR:

\_\_\_\_\_

\_\_\_\_\_

Title:

Title:



# TERMS AND CONDITIONS

## ARTICLE 1 THE WORK

1.1 PARTIES This is an agreement ("Agreement") between Dynamic Roofing Holdings, LLC d/b/a Dynamic National ("Contractor") and the property owner ("Owner") indicated on the first page or pages attached hereto ("Cover Page") for the construction of a roof (the "Work") at the location indicated on the Cover Page (the "Worksite"). Contractor and Owner may be referred to in this Agreement individually as "Party" and collectively as "Parties."

1.2 AGREEMENT Contractor shall use diligent and reasonable efforts to perform the Work in substantial compliance with the provisions set forth on the Cover Page, these Terms and Conditions, any prior signed Contingency Agreement, any exhibits attached or appended to this Agreement ("Exhibit" or "Exhibits") and any other documents that may be required to complete the Work (collectively, "Contract Documents"). Except where the Contract Documents indicate that others are responsible, Contractor shall deliver and provide all labor, materials, equipment, and services necessary to complete the Work. The Parties agree that non-material modifications and deviations from the scope of the Work may occur, including substitution of materials of similar quality, to achieve the best and most efficient manner and method of construction of the improvements. Such modifications shall not form the basis for any claim arising under this Agreement unless such modifications or deviations are substantially different from the overall design of the Work or substantially impair the value of the improvements.

## ARTICLE 2 PRICE

2.1 Owner shall pay Contractor the lump sum price as indicated on the Cover Page. The lump sum price, together with any changes, supplements or other adjustments as set forth in Article 7, constitutes the contract price ("Contract Price").

## ARTICLE 3 CONTRACTOR'S RESPONSIBILITIES

3.1 CONTRACTOR'S RESPONSIBILITIES Contractor shall be responsible for supervision and coordination of the Work, including the construction means, methods, techniques, sequences, and procedures utilized, unless the Contract Documents give other specific instructions.

3.1.1 Except for permits and fees that are the responsibility of Owner pursuant to this Agreement, Contractor shall obtain and pay for all necessary permits, licenses, and renewals pertaining to the Work and shall schedule all required tests, approvals, and inspections of the Work.

3.1.2 Contractor shall pay all taxes applicable for the Work.

3.1.3 Should Owner or others authorized by Owner elect to perform work at the Worksite directly, the Parties shall coordinate the activities of all work and shall agree upon fair and reasonable schedules and operational procedures for Worksite activities. Contract Price and Contract Time, as defined in Article 6, may be equitably adjusted for changes made necessary by the coordination of construction activities.

3.1.4 Before commencing the Work, Contractor shall examine and compare any drawings and specifications with information furnished in the Contract Documents; relevant field measurements made by Contractor; and any visible conditions at the Worksite affecting the Work. These obligations are for the purpose of facilitating coordination and construction by the Contractor and are not for the purpose of discovering errors, omissions, or inconsistencies in the Contract Documents. Should Contractor actually discover any errors, omissions, or inconsistencies in the Contract Documents, Contractor shall promptly report them to Owner, who shall then assume the obligations to correct such errors.

## 3.2 WARRANTY

3.2.1 Contractor warrants that all materials and equipment shall be new unless otherwise specified, of good quality, in substantial compliance with the Contract Documents, and free from defective workmanship and materials for the warranty length indicated on the Cover Page. The warranty period shall begin as of the date of Substantial Completion, as defined in Section 8.4. Contractor further warrants that, for the warranty period, the Work will be free from material defects not intrinsic in the design or materials required in the Contract Documents. Contractor's warranty does not include remedies for defects or damages caused by normal wear and tear during normal usage, use for a purpose for which the Work was not intended, improper or insufficient maintenance, modifications performed by Owner or others retained by Owner, or abuse.

3.2.2 If, prior to the date of Substantial Completion and within one year after the date of Substantial Completion, any portion of the Work is discovered to be not in conformance with the Contract Documents ("Defective Work"), Owner shall promptly notify Contractor in writing. Unless Owner accepts the condition or waives Contractor's obligations herein, Contractor shall promptly correct the Defective Work at its own cost and time.

3.2.3 Any warranty provided by the manufacturer of any materials used in the Work is provided solely by the manufacturer and not Contractor. CONTRACTOR MAKES NO REPRESENTATION, GUARANTY OR WARRANTY, EXPRESS OR IMPLIED, AND DISCLAIMS ANY AND ALL EXPRESS OR IMPLIED WARRANTIES AS TO THE MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE CONCERNING THE GOODS AND MATERIALS USED IN THE WORK.

3.2.4 Contractor does not warrant or warrant against, as the case may be, the following:

3.2.4.1 Ponding of water or inadequacy of drainage due to the location of roof drains or scuppers or pre-existing structural conditions, provided Contractor installs the roof system in accordance with manufacturer's recommendations or industry standard;

3.2.4.2 The adequacy of any engineering or design to determine the structural integrity of the building. All structural, design or code requirements necessary for the building to accommodate the roof system to be installed is the responsibility of Owner;

3.2.4.3 The condition of HVAC equipment. If within the scope of Work, Contractor shall re-install HVAC equipment in its as-is condition;

3.2.4.4 Damage to under-deck items that are not visible or known to Contractor at the commencement of the Work. Owner agrees to identify any known conditions or hazards prior to Contractor commencing work.

3.3 SAFETY Contractor shall have overall responsibility for safety precautions and programs in the performance of the Work, except that Contractor's subcontractors shall also be responsible for the safety of persons or property in the performance of their work, and for compliance with the provisions of laws. Contractor shall take reasonable steps to protect its employees and other persons at the Worksite; materials and equipment stored at the Worksite or off-site locations; and the Worksite property.

3.4 SUBMITTALS Contractor shall submit to Owner for review and approval, and in a manner consistent with the schedule of the Work, all shop drawings, samples, product data, and similar submittals required by the Contract Documents. To the extent that submittals accepted by Owner identify changes, deviations, or substitutions from the requirements of the Contract Documents, Owner agrees to any corresponding change in the Contract Price or Contract Time. Owner shall be responsible for review and approval of submittals with reasonable promptness to avoid causing delay.

3.5 CONCEALED OR UNKNOWN SITE CONDITIONS If a condition encountered at the Worksite is (a) a subsurface or other physical condition which is materially different from those indicated in the Contract Documents, or (b) an unusual and unknown physical condition which is materially different from conditions ordinarily encountered and generally recognized as inherent in the Work provided for in the Contract Documents, Contractor shall stop Work and give prompt notice of the condition to Owner. Owner shall investigate and then discuss with Contractor how Work may proceed. Contractor shall not be required to perform any Work relating to the condition without the mutual agreement of the Parties. Any change in the Contract Price or Contract Time as a result of the unknown condition shall be made by Change Order, as defined in Article 7. Contractor shall, in no event, be liable for any hazardous materials or conditions existing on the Worksite or those pre-existing hazardous conditions that Contractor exacerbates, other than those hazardous materials that Contractor introduces to the Worksite. Owner hereby agrees to indemnify, defend, and hold Contractor harmless from and against any and all liabilities, damages, costs, losses, expenses, fees and costs of any nature (including, but not limited to, reasonable attorneys' fees and costs) arising from, whether directly or indirectly, such pre-existing hazardous materials or conditions.

3.6 CLEANING UP Contractor shall regularly remove debris and waste materials at the Worksite resulting from the Work, including upon reaching Substantial Completion.

#### **ARTICLE 4 OWNER'S RESPONSIBILITIES**

- 4.1 **TIMELY RESPONSE** Any information or services to be provided by Owner shall be provided in a timely manner.
- 4.2 **INSURANCE CLAIM** If Owner is relying on proceeds from a claim filed with Owner's insurance company to pay the Contract Price, in whole or in part, Owner agrees and understands that it shall be responsible for paying the entirety of the Contract Price irrespective of whether the Owner's insurance claim covers some or all of the Contract Price. Owner also understands and agrees that payment will be made pursuant to Section 8 irrespective of when Owner may receive proceeds from its insurance company on its claim.
- 4.3 **WORKSITE INFORMATION** Upon request by Contractor, Owner shall provide information regarding the physical, structural, and mechanical characteristics and conditions of the Worksite or the presence of hazardous materials, including, but not limited to, surveys, evaluations, legal descriptions, data, drawings, environmental studies, reports, investigations, tests, inspections, and other documents. However, in no event shall Contractor be liable for any errors, deficiencies, or discrepancies in such Worksite Information or any liabilities, claims, losses, damages, costs, fees, and expenses of any nature (including, but not limited to, reasonable attorneys' fees and costs) arising from such errors, discrepancies, or deficiencies.
- 4.4 **OWNER APPROVALS** Owner shall be responsible for complying with all deed restrictions and association requirements, if any, regarding the Work to be performed, including but not limited to all plan or architectural approval, height restrictions, notices or any other applicable requirements or covenants. Owner warrants that, unless Owner has provided notice to Contractor of specific restrictions prior to commencement of the Work, there are no restrictions or covenants that would prevent Contractor from performing the Work as set forth herein.
- 4.5 **INSPECTION OF MATERIALS** Owner may inspect goods and materials to be used in the Work upon delivery to the Worksite. A failure to object to the use of the goods and materials within twenty-four (24) hours of delivery, or prior to the incorporation of the materials into the Work, whichever occurs first, shall constitute an acceptance of the goods and materials.
- 4.6 **ROOFTOP ITEMS** At Contractor's request, Owner shall disable, disconnect, or detach air conditioning units, electrical lines, water pipes, vents and other items on the rooftop that may interfere with the Work or cause a safety hazard. Owner shall be responsible for reconnecting or reattaching these items after completion of the Work. To the extent any of these items are not located a safe distance below the roof decking, Contractor shall not be responsible for any damages resulting from nail penetrations or performance of the Work.
- 4.7 **OBLIGATION TO PROTECT PROPERTY AND NOTIFY TENANTS** Owner agrees to remove and/or protect any property, fixtures, furniture, clothing, valuables, or other items that are covered by the roof area where Work is to be performed, including both the interior and exterior spaces. Due to the nature of the Work, a certain amount of vibration or movement can be expected that could affect items under the roof or work area. Dirt or dust could enter the interior of the structure. Unexpected weather could result in water intrusion despite Contractor's best efforts to protect against such intrusion. It shall be Owner's responsibility to notify and tenants of Work to be performed. Contractor shall not be liable for damage caused by Owner's failure to take precautionary measures to protect property contents and fixtures or for any delays caused by failure to notify tenants, which may result in a Change Order to adjust the Contract Price or Contract Time.
- 4.8 **NOTICE OF COMMENCEMENT** Owner shall be responsible for timely and completely preparing and recording a Notice of Commencement for the project. Contractor may assist Owner in the preparation of the Notice of Commencement, however, it remains the Owner's sole responsibility to provide accurate information for the Notice, to review the information contained in the Notice prior to signing it and to sign the Notice before a Notary Public prior to the commencement of Work.
- 4.9 **WORK AND DIRECTION BY OWNER** Owner shall not perform any work or retain any other contractor or trade to perform any work directly or purchase any materials directly without the express written consent of Contractor. Violation of this provision shall constitute a default pursuant to Section 12 and shall void all warranties provided by Contractor herein. If the Parties agree that another contractor or trade shall perform work and Contractor is required to supervise the contractor or trade, Owner shall agree to pay Contractor's applicable supervisory fee.
- 4.10 **MECHANICS AND CONSTRUCTION LIEN INFORMATION** Within three (3) business days after receiving Contractor's request, Owner shall provide Contractor with the information necessary to give notice of or enforce mechanics' lien rights and, where applicable, stop notices. This information shall include Owner's interest in the real property where the Worksite is located and the record legal title.
- 4.11 **CONFIDENTIALITY** Owner shall keep confidential and not disclose to any third party the terms of this Agreement, including but not limited to any quotes or pricing information provided by Contractor. Notwithstanding the foregoing, Owner may share the information with Owner's legal counsel, accountants, or tax advisers. Nothing in this provision shall prohibit Owner from disclosing information as required by any regulatory agency or court or as required by other lawful process as may be necessary for the prosecution of claims relating to the performance or enforcement of this Agreement.

#### **ARTICLE 5 SUBCONTRACTS**

- 5.1 Contractor may select and engage material suppliers and subcontractors of its choosing ("Subcontractors") and agrees to bind every subcontractor (and require every subcontractor to so bind its subcontractors and suppliers) to all the provisions of this Agreement and the Contract Documents as they apply to the Subcontractors' portions of the Work. Contractor shall supervise and coordinate all work by Subcontractors.

#### **ARTICLE 6 CONTRACT TIME, DELAYS AND EXTENSIONS OF TIME**

- 6.1 **CONTRACT TIME** The Work shall commence and be completed on the dates indicated on the Cover Page or on dates mutually agreed upon by the Parties, subject to adjustments as provided in the Contract Documents (the "Contract Time"). Time is of the essence for obligations of the Contract Documents.
- 6.2 **SEQUENCE OF WORK** Owner may determine the sequence in which the Work shall be performed, provided it does not unreasonably interfere with Contractor's ability to schedule and complete the Work.
- 6.3 **DELAY** If Contractor is delayed at any time in the commencement or progress of the Work by any cause beyond the control of Contractor, Contractor shall be entitled to an equitable extension of the Contract Time. Examples of causes beyond the control of Contractor include, but are not limited to, acts or omissions of Owner or others; changes ordered by Owner; encountering hazardous materials or concealed and unknown conditions; transportation delays not reasonably foreseeable; labor disputes not involving Contractor; fire; adverse governmental actions, unavoidable accidents or circumstances; adverse weather conditions; unavoidable delays in the delivery of materials; and other acts of God or force majeure. The Parties each agree to undertake reasonable steps to mitigate the effect of such delays.
- 6.4 **LIQUIDATED DAMAGES** If Owner refuses to permit Contractor to proceed with construction on the agreed date of Work commencement, Owner acknowledges and agrees that Contractor will suffer damages including but not limited to loss of profit. It would be difficult and impractical to determine the amount of such damages; thus, the Parties agree that, in the event of such default, Owner will pay to Contractor, or Contractor shall retain from any deposits paid, a minimum of thirty percent (30%) of the Contract Price as agreed liquidated damages.

#### **ARTICLE 7 CHANGES**

- 7.1 **CHANGE ORDERS** Contractor may request or Owner may order changes in the Work or the timing or sequencing of performance of the Work that impacts the Contract Price or the Contract Time. All such changes in the Work that affect the Contract Time or Contract Price shall be formalized in a written form acceptable to Contractor ("Change Order"). A Change Order may include any supplements approved by the Insurer that cause a change in the Work.
- 7.2 **ADJUSTMENTS** Upon the Parties' agreement to a Change Order, the Parties shall promptly negotiate in good faith an appropriate adjustment to the Contract Price or the Contract Time. Acceptance of the Change Order and any adjustment in the Contract Price or Contract Time shall not be unreasonably withheld. Contractor shall not be obligated to perform changes in the Work without an approved Change Order.

7.3 ADJUSTMENTS BASED ON COSTS An increase or decrease in the Contract Price or the Contract Time resulting from a change in the Work shall be determined by a mutually accepted itemized lump sum. If a cost or credit determination cannot be agreed upon, the cost of the change in the Work shall be determined by the reasonable actual expense incurred or savings realized in the performance of the Work resulting from the change plus allowances for Contractor's overhead and profit.

7.4 ADJUSTMENTS BASED ON MATERIAL PRICING The parties acknowledge that some of the materials and products to be used and installed in the construction of this project may become unavailable, delayed in shipment and/or subject to price increases due to circumstances beyond the control of the contractor, including the COVID-19 pandemic. If a specified product is unavailable or shipment is delayed, contractor shall provide written notice to customer and shall be afforded additional time and substitute products may be considered. If there is an increase in price of materials, equipment or products between the date of this Agreement and the time when the project is ready for the installation of the affected material, the contract sum shall be increased to reflect the additional cost to obtain the materials, provided that the contractor gives the customer written notice and documentation of the increased costs.

7.5 BUILDING GUIDELINES Construction details or methods that are omitted from or are not detailed in the scope of Work and are not covered by building code guidelines shall be determined solely by Contractor. Owner understands and agrees that in the course of construction, certain minor changes, deviations or omissions may be necessitated by governmental authorities, job conditions, design changes by Owner or a design professional, acts of God, unavailability of materials or other conditions beyond the reasonable control of Contractor. Owner authorizes such changes deemed necessary by Contractor, without the need for a written Change Order, provided that the changes do not materially affect the Contract Price or time for completion.

#### ARTICLE 8 PAYMENT

8.1 PAYMENT The Parties will agree to a periodic payment schedule based on completion of progressive stages of the Work and Owner agrees to make progress payments as set forth in an attached exhibit or as indicated on the Cover Page of this Agreement ("Progress Payments"). Invoices for Progress Payments will be sent to Owner according to the stated payment schedule and payment must be remitted to Contractor within seven (7) calendar days of invoice date. If no periodic payment schedule is attached as an exhibit to this Agreement, the Contractor will invoice all remaining amounts due upon Substantial Completion of the Work, which shall be paid by Owner within seven (7) calendar days from invoice date, or within seven (7) days of receipt of funds from Insurer if not received within seven (7) calendar days of the invoice date. If a deposit is required, the amount shall be indicated on the Cover Page and paid by Owner prior to Contractor's order of materials. Claims not reserved in writing by Owner at the time final payment is made shall be waived except for claims relating to liens or similar encumbrances, warranties, Defective Work, and latent defects.

8.2 OWNER'S RIGHT TO REJECT Owner may adjust or reject a payment invoice only under the following circumstances: (a) Contractor's repeated failure to perform the Work as required by the Contract Documents; (b) loss or damage to Owner's property caused by Contractor that is not otherwise covered by Owner's or Contractor's insurance; (c) Contractor's failure to pay its Subcontractors following receipt of payment from Owner for that portion of the Work or for supplies, provided that Owner is making payments to Contractor in accordance with this Agreement; or (d) rejected or Defective Work not corrected by Contractor in a timely fashion. No later than seven (7) calendar days after receipt of an invoice, Owner shall give written notice to Contractor disputing the payment and specifying the reasons for the adjustment or rejection. Upon Contractor's cure of any of the above reasons, Owner shall promptly pay amounts previously withheld.

8.3 RIGHT TO STOP WORK If for any reason not the fault of Contractor, Contractor does not receive a progress payment from Owner within seven (7) calendar days after the time such payment is due, Contractor may, without prejudice to and in addition to any other legal remedies, stop Work until payment of the full amount has been received. If Contractor incurs costs or is delayed resulting from shutdown, delay, and start-up, Contractor may seek an equitable adjustment in the Contract Price and/or Contract Time.

8.4 SUBSTANTIAL COMPLETION Substantial completion of the Work shall be reached at the time Owner is able to utilize the labor, materials or equipment provided by Contractor for its intended purpose ("Substantial Completion"). Upon reaching Substantial Completion, Contractor shall (a) request Owner to perform a walk-through inspection of the completed Work; (b) schedule a final inspection by the applicable governing authority; and (c) document the Work with photos and/or recordings. Owner shall identify at the time of its inspection any punch list items to be corrected or completed to achieve Final Completion, as defined below.

8.5 FINAL COMPLETION Final completion shall be achieved upon the governing authority's indication that the Work has passed all applicable inspections and Contractor's completion of any punch list items identified by Owner or required by the governing authority to pass inspection ("Final Completion"). At Final Completion, Contractor shall submit to Owner, if applicable: (a) a final set of any record drawings and operating and maintenance manuals; (b) product warranty documents; (c) material valuations for applicable tax-exempt projects; and (d) any appropriate lien waivers or certifications of completion reasonably requested by Owner.

8.6 LATE PAYMENT Payments due but unpaid shall bear interest from the date payment is due at the rate of the lesser of 1.5% per month or the maximum interest allowed under applicable law.

#### ARTICLE 9 INDEMNITY

9.1 To the fullest extent permitted by law, Contractor shall indemnify and hold harmless Owner, Owner's officers, directors, members, consultants, agents, and employees from all claims that arise from the performance of the Work, provided that such claims are attributable to bodily injury and tangible property damage, other than to the Work itself and other insured property, including reasonable attorneys' fees, costs, and expenses, but only to the extent actually caused by the negligent acts or omissions of Contractor, subcontractors, suppliers, or anyone employed directly or indirectly by any of them or by anyone for whose acts any of them may be liable. Contractor shall be entitled to reimbursement of any costs, including defense costs, paid above Contractor's percentage of liability for the underlying claim to the extent provided in the section immediately below.

9.2 To the fullest extent permitted by law, Owner shall indemnify and hold harmless Contractor, its officers, directors, or members, subcontractors, suppliers, or anyone employed directly or indirectly by any of them or anyone for whose acts any of them may be liable from all claims for bodily injury and property damage, including reasonable attorneys' fees, costs, and expenses, that may arise from the performance of work or other actions by Owner, its design professionals, or others retained by Owner, but only to the extent actually caused by the negligent acts or omissions of Owner, the design professionals, or others retained by Owner. Owner shall be entitled to reimbursement of any defense costs paid above Owner's percentage of liability for the underlying claim to the extent provided in the section immediately above.

#### ARTICLE 10 INSURANCE

10.1 CONTRACTOR'S INSURANCE Before commencing the Work Contractor shall procure and maintain in force workers' compensation, business automobile liability, and Commercial General Liability ("CGL") insurance. The CGL policy shall include coverage for liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, contractual liability, and broad form property damage. Contractor shall maintain completed operations liability insurance for one year after Substantial Completion. If requested, Contractor shall provide Owner with certificates of the insurance coverage required. Insurance coverage required shall be underwritten by insurance companies lawfully authorized to do business where the Worksite is located.

10.2 PROPERTY INSURANCE Owner represents and warrants that it has in place, or shall procure and maintain for the duration of the Work and prior to the commencement of the Work, property and casualty insurance for the Worksite that insures at least against and not exclude: (a) the perils of fire, lightning, explosion, windstorm, hail, smoke, aircraft and vehicles, riot and civil commotion, theft, vandalism, malicious mischief, debris removal, flood, earth movement, water damage, wind damage, testing if applicable, collapse however caused; and (b) coverage extension for damage to existing

buildings, plant, or other structures at the Worksite, when the Worksite is contained within or attached to such existing buildings, plant or structures. If such coverage for the Worksite is provided under a Builder's Risk policy, Contractor shall be included as a Named Insured, and if such coverage for the Worksite is provided under an Installation Floater policy, then Contractor shall be included as a Loss Payee to the extent of Contractor's financial interests in the Work (as these capitalized terms are used and defined in the relevant Builder's Risk policy).

10.2.1 The Parties each waive all rights against each other and their respective employees, agents, contractors, Subcontractors, suppliers, and sub-subcontractors, and design professionals to the extent any damages are covered by the property insurance required hereunder, or any property insurance applicable to the Work or the Worksite, except such rights as they may have to the proceeds of the insurance.

10.2.2 Except to the extent a loss is covered by applicable insurance, risk of loss from damage to the Work shall be upon Owner until the date of Final Completion.

#### **ARTICLE 11 LIMITED MUTUAL WAIVER OF CONSEQUENTIAL DAMAGES**

11.1 Except for (a) losses covered by insurance required by the Contract Documents, or (b) specific items of damages excluded from this waiver as mutually agreed upon by the Parties and identified herein, the Parties agree to waive all claims against each other for any consequential damages that may arise out of or relate to this Agreement. This article shall also apply to the termination of this Agreement and shall survive such termination.

#### **ARTICLE 12 NOTICE TO CURE AND TERMINATION**

12.1 NOTICE TO CURE A DEFAULT If Contractor persistently fails to supply enough qualified workers, proper materials, or equipment to complete the Work or fails to make prompt payment to its workers, Subcontractors, or suppliers, disregards law or the orders of any public authority having jurisdiction, or otherwise materially breaches a provision of this Agreement, Contractor may be deemed in default. If Contractor fails to commence and to continue satisfactory correction of such default with diligence and promptness within fifteen (15) business days after receipt of written notification, then Owner, without prejudice to any other rights or remedies, shall have the right to take reasonable steps it deems necessary to correct deficiencies and charge the cost to Contractor, who shall be liable for such payments including reasonable overhead and profit.

12.2 TERMINATION BY OWNER Upon expiration of the notice for default period pursuant to §12.1, Owner may terminate this Agreement by written notice. Termination for default is in addition to any other remedies available to Owner. If Owner's costs arising out of Contractor's failure to cure, including the costs of completing the Work, exceed the unpaid Contract Price, Contractor shall be liable to Owner for such excess costs. If Owner's costs are less than the unpaid Contract Price, Owner shall pay the difference to Contractor. If Owner exercises its rights under this section, upon the request of Contractor, Owner shall furnish to Contractor a detailed accounting of the costs incurred by Owner. Owner shall make reasonable efforts to mitigate any damages arising from Contractor default.

12.3 TERMINATION BY CONTRACTOR Contractor may terminate this Agreement if the Work has been stopped for at least thirty (30) calendar days through no fault of Contractor for any of the following reasons: (a) under court order or order of other governmental authorities having jurisdiction; (b) as a result of the declaration of a national emergency or other governmental act during which, through no act or fault of Contractor, materials are not available; or (c) because Owner has stopped the Work without reasonable justification. In addition, upon seven (7) calendar days' written notice to Owner, and an opportunity to cure within three (3) business days, Contractor may terminate the Agreement if Owner: (a) assigns this Agreement over Contractor's reasonable objection; (b) fails to pay Contractor in accordance with this Agreement; or (d) otherwise materially breaches this Agreement.

12.4 RIGHT TO PAYMENT UPON TERMINATION Upon termination by Contractor pursuant to this Agreement, Contractor shall be entitled to recover from Owner payment for all Work executed and for any proven loss, cost, or expense in connection with the Work, including all demobilization costs plus reasonable overhead and profit. Even after termination the provisions of this Agreement still apply to any Work performed, payments made, events occurring, costs charged or incurred, or obligations arising before the termination date.

#### **ARTICLE 13 DISPUTE MITIGATION AND RESOLUTION**

13.1 DIRECT SETTLEMENT DISCUSSIONS If a dispute arises out of or relates to this Agreement or its breach, the Parties shall engage in direct discussions and make a good faith effort to resolve such dispute.

13.2 MEDIATION Disputes between Owner and Contractor not resolved by direct discussion shall be submitted to mediation pursuant to the Construction Industry Mediation Rules of the American Arbitration Association ("AAA") or an alternative mediator or mediation service mutually agreed upon by the Parties. Engaging in mediation is a condition precedent to any form of binding dispute resolution.

13.3 BINDING DISPUTE RESOLUTION If neither direct discussions nor mediation successfully resolves the dispute, the method of binding dispute resolution shall be at Contractor's option and shall be one of the following:

13.3.1 ARBITRATION If the Contractor has selected arbitration as the method for binding dispute resolution, any unresolved claim, dispute or other matter in question arising out of or related to this Agreement shall be determined by a single arbitrator in accordance with the Construction Industry Arbitration Rules of the AAA then in effect or an alternative private arbitrator or arbitration service mutually agreed upon by the Parties. **EACH PARTY WAIVES THEIR RIGHT TO BE HEARD IN A COURT OF LAW**, with or without a jury. An arbitrator's award shall be final and binding upon the Parties, and judgment may be entered upon it in any court having jurisdiction.

13.3.2 LITIGATION If the Contractor elects not to consent to arbitration, then either or both Parties may resort to an appropriate judicial action filed in either the state or federal court having jurisdiction of the matter in the venue indicated in Section 13.5. **IN ANY SUCH ACTION, CONTRACTOR AND OWNER HEREBY VOLUNTARILY, KNOWINGLY, IRREVOCABLY AND UNCONDITIONALLY WAIVE ANY RIGHT TO HAVE A JURY PARTICIPATE IN THE RESOLUTION OF ANY DISPUTE (WHETHER BASED UPON CONTRACT, TORT OR OTHERWISE) BETWEEN CONTRACTOR AND OWNER ARISING OUT OF OR IN ANY WAY RELATED TO THIS AGREEMENT**

Contractor shall notify Owner of its election of arbitration or litigation within thirty (30) calendar days after the end of a mediation proceeding in which the Parties did not resolve all disputes. If Contractor fails to make an election, then arbitration is the default and not litigation.

13.4 COSTS AND ATTORNEYS' FEES The costs of any binding dispute resolution procedures and reasonable attorneys' fees shall be borne by the non-prevailing Party, as determined by the adjudicator of the dispute.

13.5 VENUE St. Petersburg, Florida shall serve as the venue for all dispute resolution methods as set forth in this Article 13.

#### **ARTICLE 14 MISCELLANEOUS**

14.1 **FLORIDA STATUTORY NOTICE REQUIREMENTS: ANY CLAIMS FOR CONSTRUCTION DEFECTS ARE SUBJECT TO THE NOTICE AND CURE PROVISIONS OF CHAPTER 558, FLORIDA STATUTES.**

14.2 EXTENT OF AGREEMENT Except as expressly provided, this Agreement is for the exclusive benefit of the Parties and not for the benefit of any third party. This Agreement represents the entire and integrated agreement between the Parties, and supersedes all prior negotiations, representations, or agreements, either written or oral.

14.3 ASSIGNMENT Except as to the assignment of proceeds, Owner may not assign this Agreement, in whole or in part, without the written consent of Contractor.

14.4 GOVERNING LAW This Agreement shall be governed and interpreted in accordance with the laws of the state in which the Worksite is located, notwithstanding the state's conflicts of interest laws.

14.5 NOTICE Unless changed in writing, a Party's address or email address indicated on the Cover Page shall be used when delivering notice to a physical address. Except for Agreement termination and as otherwise specified in the Contract Documents, notice is effective upon transmission by any effective means, including electronic mail, U.S. mail and express delivery service.

14.6 JOINT DRAFTING The Parties expressly agree that this Agreement was jointly drafted, and that they both had opportunity to negotiate terms and to obtain assistance of counsel in reviewing terms before execution. This Agreement shall be construed neither against nor in favor of either Party but shall be construed in a neutral manner.

14.7 SEVERABILITY The partial or complete invalidity of any one or more provisions of this Agreement shall not affect the validity or continuing force and effect of any other provision.

14.8 NO WAIVER OF PERFORMANCE Either Party's failure to insist upon any, in any one or more instances, on the performance of any of the terms, covenants, or conditions of this Agreement, or to exercise any of its rights, shall not be construed as a waiver or relinquishment of such term, covenant, condition, or right with respect to further performance or any other term, covenant, condition, or right.

END OF DOCUMENT

# **M**CMULLEN ROOFING, INC.

---

December 16, 2022

Hodge Management, LLC  
Attn: Jessica Hodge

RE: PERC 12810 US Highway 19 North Re-roof proposal

Thank you for the opportunity to provide you with our estimate for the above referenced project. We propose to furnish all materials and perform all labor necessary to complete the following scope of work:

Scope of Work-low slope:

- Tear off and dispose of the existing roof system down to the existing concrete and wood deck
- Re-nail the existing wood deck to meet current building codes
- Provide and install a 1/8" tapered insulation system to provided proper drainage, mechanically attached to the wood deck on the steeper slope flat roofs and adhered to the concrete decks using Johns Manville insulation adhesive
- Provide and install a Johns Manville 60mil TPO single ply roof system, fully adhered to the insulation system.
- Provide and install a new 24ga Kynar painted shop fabricated edge metal, 6" box gutter with 4" downspouts, and coping cap on parapet walls, standard colors only
- Provide and install new AC stands of the 28 existing AC units on the main roof area includes new shrouds for the existing lines. **Excludes the disconnection and reconnection of the units.**
- Clean up and removal of all debris
- Manufacturer's 20 year No Dollar Limit warranty is included
- Contractor's 2 year workmanship warranty is included

Scope of Work-steep slope:

- Tear off and dispose of the existing tile roof system to a clean wood deck
- Re-nail the existing wood deck to meet current building codes
- Provide and install a GAF self adhering shingle underlayment directly to a clean wood deck
- Provide and install a GAF Timberline HD shingle, standard colors only
- Provide and instal a standard painted galvanized edge metal, standard colors only
- Manufacturer's material warranty is included
- Contractor's 2 year workmanship warranty is included

**Price: \$568,970.00**

Exclusions & Clarifications:

- Since the roofing industry is experiencing some significant material shortages and unprecedented volatility in pricing, McMullen Roofing reserves the right to request a change order for the increase in materials based on the pricing of material at shipment date. Proof of pricing at time of proposal vs. time of shipment will be provided for any requested change order to cover material cost increase.
- We specifically exclude rotted wood replacement and hidden damages from the price below, as this amount is unknown. Any rotted wood found shall be replaced, and billed at a time and material rate of \$70.00 per man- hour plus materials.
- **We specifically exclude any mechanical related work with the existing AC units (or other roof top equipment) other than the installation of the AC stands**
- Excludes the roof area on the front roof area with the new TPO roof system
- All permitting and inspection fees are included

Price Provision:

Due to the extreme volatility of the marketplace with regards to the cost of roofing related products, the price quoted in this proposal is valid only for **30** days. Otherwise additional costs may be applied.

Payment Terms:

To be negotiated upon award of contract. Attachment "A" McMullen Roofing Conditions and Warranties is applicable and part of this proposal. Attachment "B" McMullen Roofing Contractor's Warranty is applicable and part of this proposal.

If you have any questions about this proposal, please feel free to contact me. Thank you again for the opportunity to provide you with our estimate.

Sincerely,

*Adam L. Smith*  
Adam L. Smith  
President/Sr. Estimator



**Roof Bids:  
1601 16th St. S.**





**AGREEMENT WITH COMMERCIAL PROPERTY OWNER**

This Agreement is dated 12/15/2022 and is by and between:

**Owner:** Hodge Management LLC  
Contact: Jessica Hodge  
Phone: 813.507.0505  
Email:  
[jessica@hodgemanagement.com](mailto:jessica@hodgemanagement.com)

**Contractor:**  
Jay Mott  
Regional Sales Mgr.  
727-459-4600  
and  
Dynamic Roofing Holdings,  
LLC d/b/a Dynamic National  
10597 Oak Street NE  
St. Petersburg, FL 33716  
727-498-6204  
Fax: 727-490-4393  
Contractor License No. CCC1330028  
Contact: [Jay.Mott@dynamicnational.com](mailto:Jay.Mott@dynamicnational.com)

**PERC OFFICE BUILDING's**

**1519, 1523 and 1601 16<sup>th</sup> St S  
St Petersburg, FL**

This Agreement consists of this Cover Page, the attached Terms and Conditions, attached Exhibits, if any, and any other Contract Documents, as defined in the Terms and Conditions.

---

**Roofing: PERC OFFICE Building's | 1519, 1523 and 1601 16<sup>th</sup> St S**

System: Fully Adhered TPO  
Manufacturer: Elevate (Formally Firestone)  
SQFT: approximately 9000 sq.ft.

**Roof System:**

- Remove existing roofing assembly, all flashings, and metals to the concrete deck.
- Furnish and install new 1/8" Tapered ISO sloped to roof edge set-in low-rise foam. Crickets and saddles will be installed behind pop ups.
- Furnish and install one layer of 1/2" Securock over Insulation system set-in low-rise foam.
- Furnish and install new Elevate .060 TPO fully adhered to Securock per FL BLDG Code.
- Flash all pipes, roof curbs and penetrations. All AC stand legs will be flashed with split pipe boots.
- Furnish and install new base flashings, terminated with termination bar and counter flashed per manufacturer's specifications.
- Remove all job-related debris daily.

**Sheet Metal:**

- Furnish and install new 24 Gauge Kynar counterflashing to replace existing.
- Furnish and install new 24 Gauge Kynar edge metal. Edge Metal will be secured with a continuous cleat.
- Furnish and install Pitch Pockets and Goosenecks to replace existing.
- Furnish and install Gauge Kynar gutter with approx. 15 new downspouts.

## HVAC:

- Disconnect existing units.
- Furnish and install new AC stands attached per FL Bldg Code and temp in.
- Lift units to new stands, re connect and perform a systems check on all units.

**\*Note: Pricing can only be held for Fifteen (15) Days due to current market conditions and as per Article 2 Price.**

**Manufacturer's Warranty:** 20 Year Elevate NDL Warranty  
Dynamic National Warranty: 2 Year Contractor Warranty

**Base Price: \$ 172,900.00**  
**(Includes Mechanical Work)**

**Above Price Includes Shingle Mansard in front of building – Replace with New GAF HDZ Dimensional Shingle and Peel and Stick Underlayment Golden Pledge Warranty Available**

## **TILE to SHINGLE MANSARD's SCOPE OF WORK:**

- Obtain all permits, insurances, and variances needed to begin this project.
- We will adhere strictly to OSHA and state codes, we will be working with our lift equipment, it will all be certified and our workers will be in harness's at all times.
- Dynamic will provide all waste equipment and restroom facilities and will work with the board and maintenance of the facility as where to place our equipment. A man-lift will be needed for the entire length of project. We will secure and leave at Alpine Court each night – we work very closely with all owners on placement of this equipment.
- Tear off all existing Shingle mansard and underlayment and dispose of waste Re-nail deck to all county and state codes.
- Remove and Replace any rotted plywood, fascia or deck boards – **First 3 boards are free, after 3, follow wood pricing guide below.**
- **Furnish and Install a peel and stick underlayment that is approved for shingle to the entire deck of Mansard**
- **Double layer Peel and stick on all valley or reverse corners of Mansards**
- Furnish and install a Peel and stick starter or standard starter shingle around entire bottom of Mansard, secure this bottom edge with roof cement or Peel and stick starter to code – Starter will ensure a very straight uniform look of the new Dimensional shingles
- Furnish and Install a GAF Timberline HDZ, Owens Corning Duration or IKO Cambridge Limited Lifetime Dimensional Shingle - Customer Color Choice from Standard Color Brochure – These Color brochures and swatch boards and even actual shingle samples will be provided for free by Dynamic.
- Install new ridgecap shingle on all corners, match shingle color
- Remove old dripedge and Furnish and Install new edge metal at the bottom of the mansard around entire perimeter - Customer color choice from standard color chart
- **Roof cement over each nail of each shingle, required on a slope this steep and roof cement along bottom edge to adhere drip edge to bottom row of shingles**
- Furnish and Install new 24 ga. Coping metal – we will remove and dispose of old coping metal. The metal will be installed and sealed to Florida code. ( attach with screws with rubber gromets and caulk all seams) We will match existing coping metal size and it is customer color choice from Standard color chart –

- Dispose of all waste and clean grounds, we will also clean grounds and parking areas at the end of each day we are there. Each night we will temporarily tie in new shingles into old to prevent any overnight leaking.
- Obtain final inspections from Pinellas County and manufacturer.
- Present customer with a manufacturers Labor/material warranty and a contractors Labor warranty

**An extended Golden Pledge warranty is available with GAF, roof must be installed by a GAF Master Elite Installer in order to offer this Warranty. United is Master Elite status with GAF. Basic overview is 2 yr. Labor/material warranty no pro-ration and warranty is transferable. (Standard limited lifetime warranty is material only and pro rates after 10 yrs.) . Golden Pledge Warranty. – Total Cost: \$ 650.00**

**Wood Replacement Pricing Guide: (After 3 sheets the following applies)**

- Plywood Decking : \$ 95.00 /per 1/2” sheet take out old replace with new
- 5/8’ will be done at \$105.00 per sheet
- Replace any 1’ x 6” fascia or decking - \$ 5.50/lineal foot
- Replace 2” x 4” - \$ 5.00 lineal foot
- Replace any 2 x 6 or 2 x 8 - \$ 7.50 a lineal ft.
- If we run across any specialty wood – Cedar – Tongue and groove etc... we will discuss replacement cost at the time of discovery before we replace anything

**Price Includes:**

- **Our price includes all lift equipment and scaffolding needed for this project.**
- **Price includes all multiple story and double layer tear off charges**
- **Price Includes 3 free board replacement- per building**
- **Limited Lifetime warranty on shingles – Material and a 5 yr. Contractor Labor warranty- Extended Warranties available**

**Exclusions:**

- This proposal is based upon working daylight hours from 7:00 AM to 7:00 PM
- This proposal is based upon having adequate access adjacent to the building for the staging of all required equipment, dumpsters, material etc.
- All metal Flashing will be shop fabricated using Drexel Kynar Standard Colors.
- Exclude all interior protection.
- Exclude all fixed ladders.
- Exclude all mechanical, electrical, or plumbing work.

**Payment Terms:**

**Deposit – 25%**

**Material Delivery – 25%**

**Material Completion – 40%**

**Warranty Delivery – 10%**

---

**BY YOUR SIGNATURE, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS OF THIS AGREEMENT, THAT YOU HAVE HAD OPPORTUNITY TO CONSULT LEGAL COUNSEL PRIOR TO ENTERING INTO THIS AGREEMENT, AND THAT YOU ARE A DULY AUTHORIZED REPRESENTATIVE OF THE OWNER.**

---

OWNER:  
Title:

---

CONTRACTOR:  
Title:

# TERMS AND CONDITIONS

## ARTICLE 1 THE WORK

1.1 PARTIES This is an agreement ("Agreement") between Dynamic Roofing Holdings, LLC d/b/a Dynamic National ("Contractor") and the property owner ("Owner") indicated on the first page or pages attached hereto ("Cover Page") for the construction of a roof (the "Work") at the location indicated on the Cover Page (the "Worksite"). Contractor and Owner may be referred to in this Agreement individually as "Party" and collectively as "Parties."

1.2 AGREEMENT Contractor shall use diligent and reasonable efforts to perform the Work in substantial compliance with the provisions set forth on the Cover Page, these Terms and Conditions, any prior signed Contingency Agreement, any exhibits attached or appended to this Agreement ("Exhibit" or "Exhibits") and any other documents that may be required to complete the Work (collectively, "Contract Documents"). Except where the Contract Documents indicate that others are responsible, Contractor shall deliver and provide all labor, materials, equipment, and services necessary to complete the Work. The Parties agree that non-material modifications and deviations from the scope of the Work may occur, including substitution of materials of similar quality, to achieve the best and most efficient manner and method of construction of the improvements. Such modifications shall not form the basis for any claim arising under this Agreement unless such modifications or deviations are substantially different from the overall design of the Work or substantially impair the value of the improvements.

## ARTICLE 2 PRICE

2.1 Owner shall pay Contractor the lump sum price as indicated on the Cover Page. The lump sum price, together with any changes, supplements or other adjustments as set forth in Article 7, constitutes the contract price ("Contract Price").

## ARTICLE 3 CONTRACTOR'S RESPONSIBILITIES

3.1 CONTRACTOR'S RESPONSIBILITIES Contractor shall be responsible for supervision and coordination of the Work, including the construction means, methods, techniques, sequences, and procedures utilized, unless the Contract Documents give other specific instructions.

3.1.1 Except for permits and fees that are the responsibility of Owner pursuant to this Agreement, Contractor shall obtain and pay for all necessary permits, licenses, and renewals pertaining to the Work and shall schedule all required tests, approvals, and inspections of the Work.

3.1.2 Contractor shall pay all taxes applicable for the Work.

3.1.3 Should Owner or others authorized by Owner elect to perform work at the Worksite directly, the Parties shall coordinate the activities of all work and shall agree upon fair and reasonable schedules and operational procedures for Worksite activities. Contract Price and Contract Time, as defined in Article 6, may be equitably adjusted for changes made necessary by the coordination of construction activities.

3.1.4 Before commencing the Work, Contractor shall examine and compare any drawings and specifications with information furnished in the Contract Documents; relevant field measurements made by Contractor; and any visible conditions at the Worksite affecting the Work. These obligations are for the purpose of facilitating coordination and construction by the Contractor and are not for the purpose of discovering errors, omissions, or inconsistencies in the Contract Documents. Should Contractor actually discover any errors, omissions, or inconsistencies in the Contract Documents, Contractor shall promptly report them to Owner, who shall then assume the obligations to correct such errors.

## 3.2 WARRANTY

3.2.1 Contractor warrants that all materials and equipment shall be new unless otherwise specified, of good quality, in substantial compliance with the Contract Documents, and free from defective workmanship and materials for the warranty length indicated on the Cover Page. The warranty period shall begin as of the date of Substantial Completion, as defined in Section 8.4. Contractor further warrants that, for the warranty period, the Work will be free from material defects not intrinsic in the design or materials required in the Contract Documents. Contractor's warranty does not include remedies for defects or damages caused by normal wear and tear during normal usage, use for a purpose for which the Work was not intended, improper or insufficient maintenance, modifications performed by Owner or others retained by Owner, or abuse.

3.2.2 If, prior to the date of Substantial Completion and within one year after the date of Substantial Completion, any portion of the Work is discovered to be not in conformance with the Contract Documents ("Defective Work"), Owner shall promptly notify Contractor in writing. Unless Owner accepts the condition or waives Contractor's obligations herein, Contractor shall promptly correct the Defective Work at its own cost and time.

3.2.3 Any warranty provided by the manufacturer of any materials used in the Work is provided solely by the manufacturer and not Contractor. CONTRACTOR MAKES NO REPRESENTATION, GUARANTY OR WARRANTY, EXPRESS OR IMPLIED, AND DISCLAIMS ANY AND ALL EXPRESS OR IMPLIED WARRANTIES AS TO THE MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE CONCERNING THE GOODS AND MATERIALS USED IN THE WORK.

3.2.4 Contractor does not warrant or warrant against, as the case may be, the following:

3.2.4.1 Ponding of water or inadequacy of drainage due to the location of roof drains or scuppers or pre-existing structural conditions, provided Contractor installs the roof system in accordance with manufacturer's recommendations or industry standard;

3.2.4.2 The adequacy of any engineering or design to determine the structural integrity of the building. All structural, design or code requirements necessary for the building to accommodate the roof system to be installed is the responsibility of Owner;

3.2.4.3 The condition of HVAC equipment. If within the scope of Work, Contractor shall re-install HVAC equipment in its as-is condition;

3.2.4.4 Damage to under-deck items that are not visible or known to Contractor at the commencement of the Work. Owner agrees to identify any known conditions or hazards prior to Contractor commencing work.

3.3 SAFETY Contractor shall have overall responsibility for safety precautions and programs in the performance of the Work, except that Contractor's subcontractors shall also be responsible for the safety of persons or property in the performance of their work, and for compliance with the provisions of laws. Contractor shall take reasonable steps to protect its employees and other persons at the Worksite; materials and equipment stored at the Worksite or off-site locations; and the Worksite property.

3.4 SUBMITTALS Contractor shall submit to Owner for review and approval, and in a manner consistent with the schedule of the Work, all shop drawings, samples, product data, and similar submittals required by the Contract Documents. To the extent that submittals accepted by Owner identify changes, deviations, or substitutions from the requirements of the Contract Documents, Owner agrees to any corresponding change in the Contract Price or Contract Time. Owner shall be responsible for review and approval of submittals with reasonable promptness to avoid causing delay.

3.5 CONCEALED OR UNKNOWN SITE CONDITIONS If a condition encountered at the Worksite is (a) a subsurface or other physical condition which is materially different from those indicated in the Contract Documents, or (b) an unusual and unknown physical condition which is materially different from conditions ordinarily encountered and generally recognized as inherent in the Work provided for in the Contract Documents, Contractor shall stop Work and give prompt notice of the condition to Owner. Owner shall investigate and then discuss with Contractor how Work may proceed. Contractor shall not be required to perform any Work relating to the condition without the mutual agreement of the Parties. Any change in the Contract Price or Contract Time as a result of the unknown condition shall be made by Change Order, as defined in Article 7. Contractor shall, in no event, be liable for any hazardous materials or conditions existing on the Worksite or those pre-existing hazardous conditions that Contractor exacerbates, other than those hazardous materials that Contractor introduces to the Worksite. Owner hereby agrees to indemnify, defend, and hold Contractor harmless from and against any and all liabilities, damages, costs, losses, expenses, fees and costs of any nature (including, but not limited to, reasonable attorneys' fees and costs) arising from, whether directly or indirectly, such pre-existing hazardous materials or conditions.

3.6 CLEANING UP Contractor shall regularly remove debris and waste materials at the Worksite resulting from the Work, including upon reaching Substantial Completion.

#### **ARTICLE 4 OWNER'S RESPONSIBILITIES**

- 4.1 **TIMELY RESPONSE** Any information or services to be provided by Owner shall be provided in a timely manner.
- 4.2 **INSURANCE CLAIM** If Owner is relying on proceeds from a claim filed with Owner's insurance company to pay the Contract Price, in whole or in part, Owner agrees and understands that it shall be responsible for paying the entirety of the Contract Price irrespective of whether the Owner's insurance claim covers some or all of the Contract Price. Owner also understands and agrees that payment will be made pursuant to Section 8 irrespective of when Owner may receive proceeds from its insurance company on its claim.
- 4.3 **WORKSITE INFORMATION** Upon request by Contractor, Owner shall provide information regarding the physical, structural, and mechanical characteristics and conditions of the Worksite or the presence of hazardous materials, including, but not limited to, surveys, evaluations, legal descriptions, data, drawings, environmental studies, reports, investigations, tests, inspections, and other documents. However, in no event shall Contractor be liable for any errors, deficiencies, or discrepancies in such Worksite Information or any liabilities, claims, losses, damages, costs, fees, and expenses of any nature (including, but not limited to, reasonable attorneys' fees and costs) arising from such errors, discrepancies, or deficiencies.
- 4.4 **OWNER APPROVALS** Owner shall be responsible for complying with all deed restrictions and association requirements, if any, regarding the Work to be performed, including but not limited to all plan or architectural approval, height restrictions, notices or any other applicable requirements or covenants. Owner warrants that, unless Owner has provided notice to Contractor of specific restrictions prior to commencement of the Work, there are no restrictions or covenants that would prevent Contractor from performing the Work as set forth herein.
- 4.5 **INSPECTION OF MATERIALS** Owner may inspect goods and materials to be used in the Work upon delivery to the Worksite. A failure to object to the use of the goods and materials within twenty-four (24) hours of delivery, or prior to the incorporation of the materials into the Work, whichever occurs first, shall constitute an acceptance of the goods and materials.
- 4.6 **ROOFTOP ITEMS** At Contractor's request, Owner shall disable, disconnect, or detach air conditioning units, electrical lines, water pipes, vents and other items on the rooftop that may interfere with the Work or cause a safety hazard. Owner shall be responsible for reconnecting or reattaching these items after completion of the Work. To the extent any of these items are not located a safe distance below the roof decking, Contractor shall not be responsible for any damages resulting from nail penetrations or performance of the Work.
- 4.7 **OBLIGATION TO PROTECT PROPERTY AND NOTIFY TENANTS** Owner agrees to remove and/or protect any property, fixtures, furniture, clothing, valuables, or other items that are covered by the roof area where Work is to be performed, including both the interior and exterior spaces. Due to the nature of the Work, a certain amount of vibration or movement can be expected that could affect items under the roof or work area. Dirt or dust could enter the interior of the structure. Unexpected weather could result in water intrusion despite Contractor's best efforts to protect against such intrusion. It shall be Owner's responsibility to notify and tenants of Work to be performed. Contractor shall not be liable for damage caused by Owner's failure to take precautionary measures to protect property contents and fixtures or for any delays caused by failure to notify tenants, which may result in a Change Order to adjust the Contract Price or Contract Time.
- 4.8 **NOTICE OF COMMENCEMENT** Owner shall be responsible for timely and completely preparing and recording a Notice of Commencement for the project. Contractor may assist Owner in the preparation of the Notice of Commencement, however, it remains the Owner's sole responsibility to provide accurate information for the Notice, to review the information contained in the Notice prior to signing it and to sign the Notice before a Notary Public prior to the commencement of Work.
- 4.9 **WORK AND DIRECTION BY OWNER** Owner shall not perform any work or retain any other contractor or trade to perform any work directly or purchase any materials directly without the express written consent of Contractor. Violation of this provision shall constitute a default pursuant to Section 12 and shall void all warranties provided by Contractor herein. If the Parties agree that another contractor or trade shall perform work and Contractor is required to supervise the contractor or trade, Owner shall agree to pay Contractor's applicable supervisory fee.
- 4.10 **MECHANICS AND CONSTRUCTION LIEN INFORMATION** Within three (3) business days after receiving Contractor's request, Owner shall provide Contractor with the information necessary to give notice of or enforce mechanics' lien rights and, where applicable, stop notices. This information shall include Owner's interest in the real property where the Worksite is located and the record legal title.
- 4.11 **CONFIDENTIALITY** Owner shall keep confidential and not disclose to any third party the terms of this Agreement, including but not limited to any quotes or pricing information provided by Contractor. Notwithstanding the foregoing, Owner may share the information with Owner's legal counsel, accountants, or tax advisers. Nothing in this provision shall prohibit Owner from disclosing information as required by any regulatory agency or court or as required by other lawful process as may be necessary for the prosecution of claims relating to the performance or enforcement of this Agreement.

#### **ARTICLE 5 SUBCONTRACTS**

- 5.1 Contractor may select and engage material suppliers and subcontractors of its choosing ("Subcontractors") and agrees to bind every subcontractor (and require every subcontractor to so bind its subcontractors and suppliers) to all the provisions of this Agreement and the Contract Documents as they apply to the Subcontractors' portions of the Work. Contractor shall supervise and coordinate all work by Subcontractors.

#### **ARTICLE 6 CONTRACT TIME, DELAYS AND EXTENSIONS OF TIME**

- 6.1 **CONTRACT TIME** The Work shall commence and be completed on the dates indicated on the Cover Page or on dates mutually agreed upon by the Parties, subject to adjustments as provided in the Contract Documents (the "Contract Time"). Time is of the essence for obligations of the Contract Documents.
- 6.2 **SEQUENCE OF WORK** Owner may determine the sequence in which the Work shall be performed, provided it does not unreasonably interfere with Contractor's ability to schedule and complete the Work.
- 6.3 **DELAY** If Contractor is delayed at any time in the commencement or progress of the Work by any cause beyond the control of Contractor, Contractor shall be entitled to an equitable extension of the Contract Time. Examples of causes beyond the control of Contractor include, but are not limited to, acts or omissions of Owner or others; changes ordered by Owner; encountering hazardous materials or concealed and unknown conditions; transportation delays not reasonably foreseeable; labor disputes not involving Contractor; fire; adverse governmental actions, unavoidable accidents or circumstances; adverse weather conditions; unavoidable delays in the delivery of materials; and other acts of God or force majeure. The Parties each agree to undertake reasonable steps to mitigate the effect of such delays.
- 6.4 **LIQUIDATED DAMAGES** If Owner refuses to permit Contractor to proceed with construction on the agreed date of Work commencement, Owner acknowledges and agrees that Contractor will suffer damages including but not limited to loss of profit. It would be difficult and impractical to determine the amount of such damages; thus, the Parties agree that, in the event of such default, Owner will pay to Contractor, or Contractor shall retain from any deposits paid, a minimum of thirty percent (30%) of the Contract Price as agreed liquidated damages.

#### **ARTICLE 7 CHANGES**

- 7.1 **CHANGE ORDERS** Contractor may request or Owner may order changes in the Work or the timing or sequencing of performance of the Work that impacts the Contract Price or the Contract Time. All such changes in the Work that affect the Contract Time or Contract Price shall be formalized in a written form acceptable to Contractor ("Change Order"). A Change Order may include any supplements approved by the Insurer that cause a change in the Work.
- 7.2 **ADJUSTMENTS** Upon the Parties' agreement to a Change Order, the Parties shall promptly negotiate in good faith an appropriate adjustment to the Contract Price or the Contract Time. Acceptance of the Change Order and any adjustment in the Contract Price or Contract Time shall not be unreasonably withheld. Contractor shall not be obligated to perform changes in the Work without an approved Change Order.

7.3 ADJUSTMENTS BASED ON COSTS An increase or decrease in the Contract Price or the Contract Time resulting from a change in the Work shall be determined by a mutually accepted itemized lump sum. If a cost or credit determination cannot be agreed upon, the cost of the change in the Work shall be determined by the reasonable actual expense incurred or savings realized in the performance of the Work resulting from the change plus allowances for Contractor's overhead and profit.

7.4 ADJUSTMENTS BASED ON MATERIAL PRICING The parties acknowledge that some of the materials and products to be used and installed in the construction of this project may become unavailable, delayed in shipment and/or subject to price increases due to circumstances beyond the control of the contractor, including the COVID-19 pandemic. If a specified product is unavailable or shipment is delayed, contractor shall provide written notice to customer and shall be afforded additional time and substitute products may be considered. If there is an increase in price of materials, equipment or products between the date of this Agreement and the time when the project is ready for the installation of the affected material, the contract sum shall be increased to reflect the additional cost to obtain the materials, provided that the contractor gives the customer written notice and documentation of the increased costs.

7.5 BUILDING GUIDELINES Construction details or methods that are omitted from or are not detailed in the scope of Work and are not covered by building code guidelines shall be determined solely by Contractor. Owner understands and agrees that in the course of construction, certain minor changes, deviations or omissions may be necessitated by governmental authorities, job conditions, design changes by Owner or a design professional, acts of God, unavailability of materials or other conditions beyond the reasonable control of Contractor. Owner authorizes such changes deemed necessary by Contractor, without the need for a written Change Order, provided that the changes do not materially affect the Contract Price or time for completion.

#### ARTICLE 8 PAYMENT

8.1 PAYMENT The Parties will agree to a periodic payment schedule based on completion of progressive stages of the Work and Owner agrees to make progress payments as set forth in an attached exhibit or as indicated on the Cover Page of this Agreement ("Progress Payments"). Invoices for Progress Payments will be sent to Owner according to the stated payment schedule and payment must be remitted to Contractor within seven (7) calendar days of invoice date. If no periodic payment schedule is attached as an exhibit to this Agreement, the Contractor will invoice all remaining amounts due upon Substantial Completion of the Work, which shall be paid by Owner within seven (7) calendar days from invoice date, or within seven (7) days of receipt of funds from Insurer if not received within seven (7) calendar days of the invoice date. If a deposit is required, the amount shall be indicated on the Cover Page and paid by Owner prior to Contractor's order of materials. Claims not reserved in writing by Owner at the time final payment is made shall be waived except for claims relating to liens or similar encumbrances, warranties, Defective Work, and latent defects.

8.2 OWNER'S RIGHT TO REJECT Owner may adjust or reject a payment invoice only under the following circumstances: (a) Contractor's repeated failure to perform the Work as required by the Contract Documents; (b) loss or damage to Owner's property caused by Contractor that is not otherwise covered by Owner's or Contractor's insurance; (c) Contractor's failure to pay its Subcontractors following receipt of payment from Owner for that portion of the Work or for supplies, provided that Owner is making payments to Contractor in accordance with this Agreement; or (d) rejected or Defective Work not corrected by Contractor in a timely fashion. No later than seven (7) calendar days after receipt of an invoice, Owner shall give written notice to Contractor disputing the payment and specifying the reasons for the adjustment or rejection. Upon Contractor's cure of any of the above reasons, Owner shall promptly pay amounts previously withheld.

8.3 RIGHT TO STOP WORK If for any reason not the fault of Contractor, Contractor does not receive a progress payment from Owner within seven (7) calendar days after the time such payment is due, Contractor may, without prejudice to and in addition to any other legal remedies, stop Work until payment of the full amount has been received. If Contractor incurs costs or is delayed resulting from shutdown, delay, and start-up, Contractor may seek an equitable adjustment in the Contract Price and/or Contract Time.

8.4 SUBSTANTIAL COMPLETION Substantial completion of the Work shall be reached at the time Owner is able to utilize the labor, materials or equipment provided by Contractor for its intended purpose ("Substantial Completion"). Upon reaching Substantial Completion, Contractor shall (a) request Owner to perform a walk-through inspection of the completed Work; (b) schedule a final inspection by the applicable governing authority; and (c) document the Work with photos and/or recordings. Owner shall identify at the time of its inspection any punch list items to be corrected or completed to achieve Final Completion, as defined below.

8.5 FINAL COMPLETION Final completion shall be achieved upon the governing authority's indication that the Work has passed all applicable inspections and Contractor's completion of any punch list items identified by Owner or required by the governing authority to pass inspection ("Final Completion"). At Final Completion, Contractor shall submit to Owner, if applicable: (a) a final set of any record drawings and operating and maintenance manuals; (b) product warranty documents; (c) material valuations for applicable tax-exempt projects; and (d) any appropriate lien waivers or certifications of completion reasonably requested by Owner.

8.6 LATE PAYMENT Payments due but unpaid shall bear interest from the date payment is due at the rate of the lesser of 1.5% per month or the maximum interest allowed under applicable law.

#### ARTICLE 9 INDEMNITY

9.1 To the fullest extent permitted by law, Contractor shall indemnify and hold harmless Owner, Owner's officers, directors, members, consultants, agents, and employees from all claims that arise from the performance of the Work, provided that such claims are attributable to bodily injury and tangible property damage, other than to the Work itself and other insured property, including reasonable attorneys' fees, costs, and expenses, but only to the extent actually caused by the negligent acts or omissions of Contractor, subcontractors, suppliers, or anyone employed directly or indirectly by any of them or by anyone for whose acts any of them may be liable. Contractor shall be entitled to reimbursement of any costs, including defense costs, paid above Contractor's percentage of liability for the underlying claim to the extent provided in the section immediately below.

9.2 To the fullest extent permitted by law, Owner shall indemnify and hold harmless Contractor, its officers, directors, or members, subcontractors, suppliers, or anyone employed directly or indirectly by any of them or anyone for whose acts any of them may be liable from all claims for bodily injury and property damage, including reasonable attorneys' fees, costs, and expenses, that may arise from the performance of work or other actions by Owner, its design professionals, or others retained by Owner, but only to the extent actually caused by the negligent acts or omissions of Owner, the design professionals, or others retained by Owner. Owner shall be entitled to reimbursement of any defense costs paid above Owner's percentage of liability for the underlying claim to the extent provided in the section immediately above.

#### ARTICLE 10 INSURANCE

10.1 CONTRACTOR'S INSURANCE Before commencing the Work Contractor shall procure and maintain in force workers' compensation, business automobile liability, and Commercial General Liability ("CGL") insurance. The CGL policy shall include coverage for liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, contractual liability, and broad form property damage. Contractor shall maintain completed operations liability insurance for one year after Substantial Completion. If requested, Contractor shall provide Owner with certificates of the insurance coverage required. Insurance coverage required shall be underwritten by insurance companies lawfully authorized to do business where the Worksite is located.

10.2 PROPERTY INSURANCE Owner represents and warrants that it has in place, or shall procure and maintain for the duration of the Work and prior to the commencement of the Work, property and casualty insurance for the Worksite that insures at least against and not exclude: (a) the perils of fire, lightning, explosion, windstorm, hail, smoke, aircraft and vehicles, riot and civil commotion, theft, vandalism, malicious mischief, debris removal, flood, earth movement, water damage, wind damage, testing if applicable, collapse however caused; and (b) coverage extension for damage to existing

buildings, plant, or other structures at the Worksite, when the Worksite is contained within or attached to such existing buildings, plant or structures. If such coverage for the Worksite is provided under a Builder's Risk policy, Contractor shall be included as a Named Insured, and if such coverage for the Worksite is provided under an Installation Floater policy, then Contractor shall be included as a Loss Payee to the extent of Contractor's financial interests in the Work (as these capitalized terms are used and defined in the relevant Builder's Risk policy).

10.2.1 The Parties each waive all rights against each other and their respective employees, agents, contractors, Subcontractors, suppliers, and sub-subcontractors, and design professionals to the extent any damages are covered by the property insurance required hereunder, or any property insurance applicable to the Work or the Worksite, except such rights as they may have to the proceeds of the insurance.

10.2.2 Except to the extent a loss is covered by applicable insurance, risk of loss from damage to the Work shall be upon Owner until the date of Final Completion.

#### **ARTICLE 11 LIMITED MUTUAL WAIVER OF CONSEQUENTIAL DAMAGES**

11.1 Except for (a) losses covered by insurance required by the Contract Documents, or (b) specific items of damages excluded from this waiver as mutually agreed upon by the Parties and identified herein, the Parties agree to waive all claims against each other for any consequential damages that may arise out of or relate to this Agreement. This article shall also apply to the termination of this Agreement and shall survive such termination.

#### **ARTICLE 12 NOTICE TO CURE AND TERMINATION**

12.1 NOTICE TO CURE A DEFAULT If Contractor persistently fails to supply enough qualified workers, proper materials, or equipment to complete the Work or fails to make prompt payment to its workers, Subcontractors, or suppliers, disregards law or the orders of any public authority having jurisdiction, or otherwise materially breaches a provision of this Agreement, Contractor may be deemed in default. If Contractor fails to commence and to continue satisfactory correction of such default with diligence and promptness within fifteen (15) business days after receipt of written notification, then Owner, without prejudice to any other rights or remedies, shall have the right to take reasonable steps it deems necessary to correct deficiencies and charge the cost to Contractor, who shall be liable for such payments including reasonable overhead and profit.

12.2 TERMINATION BY OWNER Upon expiration of the notice for default period pursuant to §12.1, Owner may terminate this Agreement by written notice. Termination for default is in addition to any other remedies available to Owner. If Owner's costs arising out of Contractor's failure to cure, including the costs of completing the Work, exceed the unpaid Contract Price, Contractor shall be liable to Owner for such excess costs. If Owner's costs are less than the unpaid Contract Price, Owner shall pay the difference to Contractor. If Owner exercises its rights under this section, upon the request of Contractor, Owner shall furnish to Contractor a detailed accounting of the costs incurred by Owner. Owner shall make reasonable efforts to mitigate any damages arising from Contractor default.

12.3 TERMINATION BY CONTRACTOR Contractor may terminate this Agreement if the Work has been stopped for at least thirty (30) calendar days through no fault of Contractor for any of the following reasons: (a) under court order or order of other governmental authorities having jurisdiction; (b) as a result of the declaration of a national emergency or other governmental act during which, through no act or fault of Contractor, materials are not available; or (c) because Owner has stopped the Work without reasonable justification. In addition, upon seven (7) calendar days' written notice to Owner, and an opportunity to cure within three (3) business days, Contractor may terminate the Agreement if Owner: (a) assigns this Agreement over Contractor's reasonable objection; (b) fails to pay Contractor in accordance with this Agreement; or (d) otherwise materially breaches this Agreement.

12.4 RIGHT TO PAYMENT UPON TERMINATION Upon termination by Contractor pursuant to this Agreement, Contractor shall be entitled to recover from Owner payment for all Work executed and for any proven loss, cost, or expense in connection with the Work, including all demobilization costs plus reasonable overhead and profit. Even after termination the provisions of this Agreement still apply to any Work performed, payments made, events occurring, costs charged or incurred, or obligations arising before the termination date.

#### **ARTICLE 13 DISPUTE MITIGATION AND RESOLUTION**

13.1 DIRECT SETTLEMENT DISCUSSIONS If a dispute arises out of or relates to this Agreement or its breach, the Parties shall engage in direct discussions and make a good faith effort to resolve such dispute.

13.2 MEDIATION Disputes between Owner and Contractor not resolved by direct discussion shall be submitted to mediation pursuant to the Construction Industry Mediation Rules of the American Arbitration Association ("AAA") or an alternative mediator or mediation service mutually agreed upon by the Parties. Engaging in mediation is a condition precedent to any form of binding dispute resolution.

13.3 BINDING DISPUTE RESOLUTION If neither direct discussions nor mediation successfully resolves the dispute, the method of binding dispute resolution shall be at Contractor's option and shall be one of the following:

13.3.1 ARBITRATION If the Contractor has selected arbitration as the method for binding dispute resolution, any unresolved claim, dispute or other matter in question arising out of or related to this Agreement shall be determined by a single arbitrator in accordance with the Construction Industry Arbitration Rules of the AAA then in effect or an alternative private arbitrator or arbitration service mutually agreed upon by the Parties.

**EACH PARTY WAIVES THEIR RIGHT TO BE HEARD IN A COURT OF LAW**, with or without a jury. An arbitrator's award shall be final and binding upon the Parties, and judgment may be entered upon it in any court having jurisdiction.

13.3.2 LITIGATION If the Contractor elects not to consent to arbitration, then either or both Parties may resort to an appropriate judicial action filed in either the state or federal court having jurisdiction of the matter in the venue indicated in Section 13.5. **IN ANY SUCH ACTION, CONTRACTOR AND OWNER HEREBY VOLUNTARILY, KNOWINGLY, IRREVOCABLY AND UNCONDITIONALLY WAIVE ANY RIGHT TO HAVE A JURY PARTICIPATE IN THE RESOLUTION OF ANY DISPUTE (WHETHER BASED UPON CONTRACT, TORT OR OTHERWISE) BETWEEN CONTRACTOR AND OWNER ARISING OUT OF OR IN ANY WAY RELATED TO THIS AGREEMENT**

Contractor shall notify Owner of its election of arbitration or litigation within thirty (30) calendar days after the end of a mediation proceeding in which the Parties did not resolve all disputes. If Contractor fails to make an election, then arbitration is the default and not litigation.

13.4 COSTS AND ATTORNEYS' FEES The costs of any binding dispute resolution procedures and reasonable attorneys' fees shall be borne by the non-prevailing Party, as determined by the adjudicator of the dispute.

13.5 VENUE St. Petersburg, Florida shall serve as the venue for all dispute resolution methods as set forth in this Article 13.

#### **ARTICLE 14 MISCELLANEOUS**

14.1 **FLORIDA STATUTORY NOTICE REQUIREMENTS: ANY CLAIMS FOR CONSTRUCTION DEFECTS ARE SUBJECT TO THE NOTICE AND CURE PROVISIONS OF CHAPTER 558, FLORIDA STATUTES.**

14.2 EXTENT OF AGREEMENT Except as expressly provided, this Agreement is for the exclusive benefit of the Parties and not for the benefit of any third party. This Agreement represents the entire and integrated agreement between the Parties, and supersedes all prior negotiations, representations, or agreements, either written or oral.

14.3 ASSIGNMENT Except as to the assignment of proceeds, Owner may not assign this Agreement, in whole or in part, without the written consent of Contractor.

14.4 GOVERNING LAW This Agreement shall be governed and interpreted in accordance with the laws of the state in which the Worksite is located, notwithstanding the state's conflicts of interest laws.

14.5 NOTICE Unless changed in writing, a Party's address or email address indicated on the Cover Page shall be used when delivering notice to a physical address. Except for Agreement termination and as otherwise specified in the Contract Documents, notice is effective upon transmission by any effective means, including electronic mail, U.S. mail and express delivery service.

14.6 JOINT DRAFTING The Parties expressly agree that this Agreement was jointly drafted, and that they both had opportunity to negotiate terms and to obtain assistance of counsel in reviewing terms before execution. This Agreement shall be construed neither against nor in favor of either Party but shall be construed in a neutral manner.

14.7 SEVERABILITY The partial or complete invalidity of any one or more provisions of this Agreement shall not affect the validity or continuing force and effect of any other provision.

14.8 NO WAIVER OF PERFORMANCE Either Party's failure to insist upon any, in any one or more instances, on the performance of any of the terms, covenants, or conditions of this Agreement, or to exercise any of its rights, shall not be construed as a waiver or relinquishment of such term, covenant, condition, or right with respect to further performance or any other term, covenant, condition, or right.

END OF DOCUMENT



# **M**CMULLEN ROOFING, INC.

---

December 16, 2022

Hodge Management, LLC  
Attn: Jessica Hodge

RE: PERC 1523 16<sup>th</sup> Street South Re-roof proposal

Thank you for the opportunity to provide you with our estimate for the above referenced project. We propose to furnish all materials and perform all labor necessary to complete the following scope of work:

Scope of Work- low slope on south and north bldg:

- Tear off and dispose of the existing roof system down to the existing wood deck
- Re-nail the existing wood deck to meet current building codes
- Provide and install a 1/8" tapered insulation system to provided proper drainage, mechanically attached to the wood deck
- Provide and install a Johns Manville 60mil TPO single ply roof system, fully adhered to the insulation system.
- Provide and install a new 24ga Kynar painted shop fabricated coping cap on parapet walls and edge metal, standard colors only
- Clean up and removal of all debris
- Manufacturer's 20 year No Dollar Limit warranty is included
- Contractor's 2 year workmanship warranty is included

Scope of Work- steep slope (south bldg only):

- Tear off and dispose of the existing shingle roof system on south building mansard to a clean wood deck
- Re-nail the existing wood deck to meet current building codes
- Provide and install a GAF self adhering shingle underlayment directly to a clean wood deck
- Provide and install a GAF Timberline HD shingle, standard colors only
- Provide and instal a standard painted galvanized edge metal, standard colors only
- Manufacturer's material warranty is included
- Contractor's 2 year workmanship warranty is included

**Price: \$173,410.00**

Exclusions & Clarifications:

- Since the roofing industry is experiencing some significant material shortages and unprecedented volatility in pricing, McMullen Roofing reserves the right to request a change order for the increase in materials based on the pricing of material at shipment date. Proof of pricing at time of proposal vs. time of shipment will be provided for any requested change order to cover material cost increase.
- We specifically exclude rotted wood replacement and hidden damages from the price below, as this amount is unknown. Any rotted wood found shall be replaced, and billed at a time and material rate of \$70.00 per man- hour plus materials.
- We specifically exclude any mechanical related work with the existing AC units (or other roof top equipment) other than the installation of the AC stands
- All permitting and inspection fees are included

Price Provision:

Due to the extreme volatility of the marketplace with regards to the cost of roofing related products, the price quoted in this proposal is valid only for **30** days. Otherwise additional costs may be applied.

Payment Terms:

To be negotiated upon award of contract. Attachment "A" McMullen Roofing Conditions and Warranties is applicable and part of this proposal. Attachment "B" McMullen Roofing Contractor's Warranty is applicable and part of this proposal.

If you have any questions about this proposal, please feel free to contact me. Thank you again for the opportunity to provide you with our estimate.

Sincerely,  
*Adam L. Smith*

Adam L. Smith  
President/Sr. Estimator

November 12, 2019

Pinellas Ex Offender Re Entry Coalition  
12810 US Hwy 19N  
Clearwater, FL 33764

RE: Continental Housing Program, 12810 US Hwy 19N, Clearwater, FL 33764  
Office Remodel Proposal

To Whom It May Concern,

Hodge Management, LLC is pleased to submit a proposal to provide all supervision, labor, material, and equipment to perform the office remodel work as shown per the plans dated 10/1/19 as prepared by G2Design and Responses to Questions dated 10/28/19. The breakdown is as follows:

Office Remodel per plans	\$768,190.00
--------------------------	--------------


The total cost for the above-mentioned work is Seven Hundred Sixty Eight Thousand One Hundred Ninety and 00/100 dollars (\$768,190.00). Work would be performed during normal business hours Mon-Fri 7am-4pm.

Clarifications:

- Permit fees to be reimbursable and are not included in the above price
- Performance and Payment Bond is included
- Standard one-year warranty is included
- Construction power and water provided by owner

Please feel free to contact me if you have any questions or concerns at (813) 507-0506. We appreciate your business and the opportunity to work with you.

Regards,

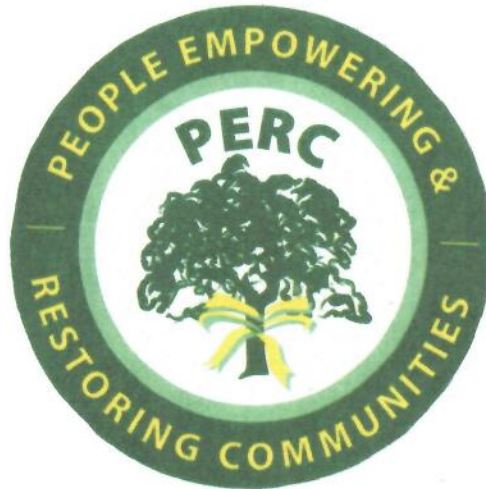


Jessica Hodge, President  
Hodge Management, LLC

# Renovations to the Continental Housing Program

November 12, 2019

2:00PM



Proposal

Clarifications

Bid Bond

Florida Trench Safety Act

Drug Free Workplace Program Certification

Small Business Enterprise Certification

Section 3 Certification

EVELAND BROTHERS, INC.  
12790 Automobile Boulevard  
Clearwater, Florida 33762-4719  
Ph. (727) 573-1107  
Info@Evelandconstruction.com

# **Eveland Brothers, Inc.**

12790 Automobile Blvd.  
Clearwater, Florida 33762  
(727) 573-1107  
Info@Evelandconstruction.com

November 12, 2019

Pinellas Ex-Offender Re-entry Coalition  
12810 US Highway 19 North  
Clearwater, Florida 33764

## **BID PROPOSAL RENOVATIONS TO THE CONTINENTAL HOUSING PROGRAM**

Eveland Brothers, Inc., proposes and agrees to furnish all labor, material and equipment for the construction of the **Renovations to Continental Housing Program**, as per the Plans Land Survey, by LI-EN LEE; MING-KUN LAI & SHIU-HUL LAI, dated 03-10-1989, A001, Cover Sheet, A002 Site Plan, A101 Existing 1<sup>st</sup> Floor Plan, A102 Existing 2<sup>nd</sup> Floor Plan, 1<sup>st</sup> Floor Demolition Plan, 2<sup>nd</sup> Floor Demolition Plan, A121 1<sup>st</sup> Floor Proposed Plan, A122 2<sup>nd</sup> Floor Proposed Plan, A201 1<sup>st</sup> Floor Life Safety Plan, A202 2<sup>nd</sup> Floor Life Safety Plan, A301 1<sup>st</sup> Floor Refl. Ceiling Plan, A302 2<sup>nd</sup> Floor Refl. Ceiling Plan, A401 Details, A402 Schedules & Details, A501 Specs, S001 Structural Specifications, S002 Structural Specifications and Schedules, S101 Ground Floor/Foundation Plan, S102 Second Floor Infill Plan, S201 Foundation Details, S202 Typical Masonry Details, S301 Steel Framing Details, S302 Wood Framing Details, S303 Masonry Renovation Details, M0.1 Mechanical General, M4.1 Mechanical Proposed 1<sup>st</sup> Floor Plan, M4.2 Mechanical Proposed 2<sup>nd</sup> Floor Plan, M4.3 Mechanical Proposed Roof Plan, M7.1 Mechanical Schedules, M9.1 Mechanical Details, M9.2 Mechanical Details, M9.3 Mechanical Details, M9.4 Mechanical Details, E0.1 Electrical General, E0.2 Electrical Specifications, E1.1 Electrical Site Plan, E2.1 Electrical 1<sup>st</sup> Floor Demo Plan, E3.1 Electrical 2<sup>nd</sup> Floor Demo Plan, E4.1 Electrical Proposed 1<sup>st</sup> Floor Plan, E4.2 Electrical Proposed 2<sup>nd</sup> Floor Plan, E5.1 Electrical Proposed 1<sup>st</sup> Floor Plan, E5.2 Electrical Proposed 2<sup>nd</sup> Floor Plan, E5.3 Electrical Proposed Roof Plan, E7.1 Electrical Panel Schedules, E8.1 Electrical Riser Diagram, P0.1 Plumbing General, P4.1 Plumbing Proposed 1<sup>st</sup> Floor Plan, and P8.1 Plumbing Riser Diagrams, all as per G2 Design, dated 10/01/19 shown, noted and described and reasonably intended requirements of the plans.

**BASE BID \$ Eight Hundred Forty Nine Thousand and 00/100 (\$849,000.00), Sales Tax Included.**

### **See Attached:**

Clarification to Bid Proposal  
Bid Bond  
Florida Trench Safety Act  
Drug Free Certification  
Small Business Enterprise Certification  
Section 3 Certification



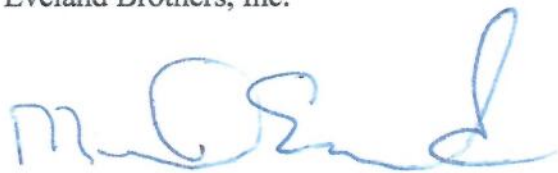
## Eveland Brothers, Inc.

12790 Automobile Blvd.  
Clearwater, Florida 33762  
(727) 573-1107  
Info@Evelandconstruction.com

The undersigned agrees this Bid Proposal will not be withdrawn for a period of thirty (30) days, from the date hereon.

All costs are subject to change, depending on Owners final selection of materials.

Sincerely,  
Eveland Brothers, Inc.

A handwritten signature in blue ink, appearing to read "m. eveland", with a large, stylized flourish at the end.

Michael M. Eveland Vice President



Commercial Contractor • Construction Manager • Design Build • Renovations/Build-Outs

November 12, 2019

To: Michael Jalazo  
CEO/Executive Director  
People Empowering and Restoring Communities

**Subject: PERC Office Remodel**

Dear Michael,

It is with great pleasure we submit this proposal for the work to be performed at the **PERC Office Remodel** located at 12810 US Highway 19 North in Clearwater, Florida. We propose to provide all labor, material and equipment to complete work as denoted in G2 Design Drawings dated October 1, 2019.

**Job Total: \$ 966,327.00**

Best Regards,

*Joe Trias*

A handwritten signature in black ink, appearing to read "Joe Trias", is written over a horizontal line. The signature is stylized and somewhat scribbled.

Price is good for 30-days. Work includes Davis bacon Wages.

---

License # CGC1524923  
Phone: 813-737-0070  
Fax: 866-230-3368

[www.triasconstruction.com](http://www.triasconstruction.com)

Trias Construction, LLC  
24740 State Road 54  
Lutz, FL. 33559



Commercial Contractor • Construction Manager • Design Build • Renovations/Build-Outs

## **Inclusions and Exclusions** (based on Drawings dated 10.01.2019)

### **Inclusions**

- Payment and performance bond
- Project Management and Supervision
- As-Builts and O & M Manuals
- General Liability and Workers Compensation Insurance
- Building Permits (\$5,000.00 allowance)
- Demolition, removal, and disposal of non-hazardous materials
- Daily and final clean-up
- Temporary fencing
- Project identification signs
- Asbestos testing and remediation (\$8,520.00 allowance)
- Concrete and masonry work as per plans
- Structural steel work, including stairs, as per plan
- Framing and drywall as per plan
- Install blown insulation at second floor (\$3,420.00 allowance)
- Firestopping (\$5,000.00 allowance)
- Provide and install interior doors, frames, and hardware as per plan
- Provide and install TPO roofing (\$66,300.00 allowance)
- Provide and install roof sheathing to replace damaged (\$2,000.00)
- Patch stucco at exterior (\$7,500.00 allowance)
- Provide and install flooring and wall tile as per plan
- Paint walls, ceilings, doors, and frames as per plan
- Provide and install toilet accessories as per plan
- Provide and install signage as per plan
- Perform plumbing work as per plan
- Replace walk-in cooler / freezer (\$14,967.00 allowance)
- Perform mechanical work as per plan
- Perform electrical work as per plan

### **Exclusions**

- Impact fees
- Design and/or Engineering
- Builder's Risk Insurance
- Any work to exterior doors and windows
- Fire Alarm System
- Surveillance / Security System
- Communications / Data (conduit by Trias Construction)
- Unforeseen conditions
- Handling and disposal of hazardous materials

---

License # CGC1524923  
Phone: 813-737-0070  
Fax: 866-230-3368

[www.triasconstruction.com](http://www.triasconstruction.com)

Trias Construction, LLC  
24740 State Road 54  
Lutz, FL. 33559





Commercial Contractor • Construction Manager • Design Build • Renovations/Build-Outs

### Alternates

<b>Alternate 1:</b> Remove Re-roof Allowance (deduct)	(\$66,300.00)
<b>Alternate 2:</b> Remove roof sheathing allowance (deduct)	(\$2,000.00)
<b>Alternate 3:</b> Owner to pay for permitting (deduct)	(\$5,000.00)
<b>Alternate 4:</b> Remove Asbestos Testing and Remediation Allowance (deduct)	(\$8,520.00)
<b>Alternate 5:</b> Remove Stucco Repair Allowance (deduct)	(\$7,500.00)
<b>Alternate 6:</b> Remove Blown Insulation Allowance (deduct)	(\$3,420.00)
<b>Alternate 7:</b> Remove Walk-In Cooler / Freezer Allowance (deduct)	(\$14,967.00)



---

License # CGC1524923  
Phone: 813-737-0070  
Fax: 866-230-3368

[www.triasconstruction.com](http://www.triasconstruction.com)

Trias Construction, LLC  
24740 State Road 54  
Lutz, FL. 33559

Project	Original	Updated
<b>Continental</b>		
CDBG	\$ 775,000.00	\$ 775,000.00
Roof	\$ 245,813.00	\$ 759,169.78
Admin	\$ 29,377.00	\$ 54,087.73
Inflation	\$ 312,360.00	\$ 322,584.76
<b>Total</b>	<b>\$ 1,362,550.00</b>	<b>\$ 1,910,842.27</b>
<b>ARPA Request</b>	<b>\$ 587,550.00</b>	<b>\$ 1,135,842.27</b>
<b>Welch</b>		
CDBG	\$ 305,000.00	\$ 305,000.00
Roof	\$ 193,040.00	\$ 224,504.28
Admin	\$ 10,160.00	\$ 26,475.21
<b>Total</b>	<b>\$ 508,200.00</b>	<b>\$ 555,979.49</b>
<b>ARPA request</b>	<b>\$ 203,200.00</b>	<b>\$ 250,979.49</b>
<b>WAVE Tiny Homes Program</b>		
Const Cost	\$ 2,310,400.00	\$ 2,310,400.00
Dev Cost	\$ 345,125.00	\$ 345,125.00
Planning Cost	\$ 369,664.00	\$ 369,664.00
Finance Cost	\$ 283,250.00	\$ 283,250.00
Contractor	\$ 404,320.00	\$ 404,320.00
<b>Total</b>	<b>\$ 3,712,759.00</b>	<b>\$ 3,712,759.00</b>
<b>Revenues</b>		
LIHTC Tax Credit	\$ 1,598,566.00	\$ 1,598,566.00
LIHTC Bonds	\$ 1,670,742.00	\$ 1,670,742.00
Penny IV	\$ 443,451.00	\$ 443,451.00
<b>Total</b>	<b>\$ 3,712,759.00</b>	<b>\$ 3,712,759.00</b>
<b>ARPA Req</b>	<b>\$ 1,670,742.00</b>	<b>\$ 1,074,670.24</b>
Remaining Project Debt	\$ -	\$ 596,071.76
<b>ARPA Req Total</b>	<b>\$ 2,461,492.00</b>	<b>\$ 2,461,492.00</b>
<b>Project Total</b>	<b>\$ 5,583,509.00</b>	<b>\$ 6,179,580.76</b>

	Expense Items to be funded by ARPA
	ARPA request amount
<p>Note: For the Tiny Homes program our request is to fund repayment of the LIHTC bonds that are a mandatory portion of a Tax Credit request. Paying down these bonds reduces the debt on the development.</p>	

## People Empowering and Restoring Communities 2022 2023 Operating Budget

### **REVENUE**

#### Full Programs

Complex Case Reintegration Program	\$ 175,000.00
IDEA Pinellas	\$ 568,710.00
Cohort of Champions	\$ 199,000.00
WMR Program USF	\$ 30,000.00
Hidden Voices Program	\$ 175,000.00
St Pete Works Contract SPC	\$ 245,000.00
STARS Program Pinellas County	\$ 150,000.00
MOVE Up Program United Way	\$ 133,333.00
	\$ 1,676,043.00

#### Program Services

Program Service Fees	\$ 165,000.00
Homeless Empowerment Program	\$ 120,000.00
Foundation for Health St Pete Services	\$ 35,000.00
	\$ 320,000.00

#### Housing Programs

One Unique Transition	\$ 15,000.00
Continental Income - General	\$ 400,000.00
Transition in Place Program VA	\$ 540,000.00
	\$ 955,000.00

#### Rent Received

Rent Received Welch Plaza	\$ 40,500.00
Rent Received Storage Unit	\$ 6,000.00
	\$ 46,500.00

#### One Time Grants

Community Development Block Grant	\$ 1,000,000.00
-----------------------------------	-----------------

#### Donations

Miscellaneous Donations	\$ 24,000.00
-------------------------	--------------

### **TOTAL REVENUE**

### **EXPENSES**

#### Accounting

Accounting Fees	\$ 40,000.00
-----------------	--------------

#### Advertising/Marketing

Marketing- General	\$ 12,000.00
--------------------	--------------

Automotive Expenses

Automotive Expenses	\$ 2,400.00
Gas	\$ 6,000.00
Vehicle Lease	\$ 9,000.00
	\$ 17,400.00

Continental General

Continental Daily Expenses	\$ 24,000.00
Continental Revocations	\$ 12,000.00
	\$ 36,000.00

Facility Rentals

Rent Tarpon	\$ 10,200.00
Rent Storage Unit	\$ 12,000.00
Rent Zephyrhills	\$ 10,800.00
Rent New Port Richey	\$ 15,000.00
	\$ 48,000.00

Insurance

Property Insurance	\$ 60,000.00
Liability Insurance	\$ 36,000.00
Cyber Liability Insurance	\$ 2,400.00
Property insurance	\$ 24,000.00
Automobile Insurance	\$ 7,200.00
	\$ 129,600.00

IT Expenses

Internet/Phone/TV	\$ 65,000.00
IT Montly	\$ 12,000.00
Telehealth	\$ 2,500.00
	\$ 79,500.00

Licensing

Taxes and Licenses	\$ 24,000.00
--------------------	--------------

Mortgages

Continental	\$ 173,810.00
Welch Plaza	\$ 45,600.00
Campbell Park	\$ 9,600.00
	\$ 229,010.00

Office/Admin Expenses General

Printing	\$ 6,000.00
Meals/Meeting	\$ 3,600.00
Office/General Admin	\$ 12,000.00
Donations	\$ 1,500.00
Dues and Subscriptions	\$ 1,000.00

Miscellaneous Fees	\$ 1,000.00
	\$ 25,100.00
<u>One Time Expenses</u>	
CDBG Expenses	\$ 1,000,000.00
<u>Payroll Expenses</u>	
Outside Contract Services General	\$ 180,000.00
Outside Contract Services Continental	\$ 120,000.00
Payroll Expenses	\$ 1,000,000.00
Outside Contract Services FHSP	\$ 25,000.00
Outside Contract Services H.Voices	\$ 48,000.00
Outside Contract Services SPW	\$ 80,000.00
	\$ 1,453,000.00
<u>Professional Services</u>	
Architecture Services	\$ 6,000.00
Bank Fees	\$ 1,000.00
	\$ 7,000.00
<u>Program Specific</u>	
Cohort of Champions Incentives	\$ 25,000.00
Direct Client Costs - General	\$ 12,000.00
UA Screening	\$ 1,500.00
	\$ 38,500.00
<u>Renovations</u>	
Welch Renovation Expenses	\$ 12,000.00
Campbell Park Renovations	\$ 12,000.00
Tiny House Expenses	\$ 30,000.00
	\$ 54,000.00
<u>Staff Expenses</u>	
Employee Reimbursement	\$ 4,000.00
Continuing Education	\$ 3,600.00
	\$ 7,600.00
<u>Supplies</u>	
Supplies	\$ 20,000.00
SSP Supplies	\$ 240,000.00
	\$ 260,000.00
<u>Utilities</u>	
Utilities General	\$ 80,000.00
Utilities Continental	\$ 115,000.00
OUT Utilities	\$ 7,200.00
	\$ 202,200.00

**EXPENDITURES**

Revenues	\$ 4,021,543.00
Expenditures	\$ 3,662,910.00
<b>NET INCOME</b>	<b>\$ 358,633.00</b>

\$ 1,676,043.00

\$ 320,000.00

\$ 955,000.00

\$ 46,500.00

\$ 1,000,000.00

\$ 24,000.00

**\$ 4,021,543.00**

\$ 40,000.00

\$ 12,000.00

\$ 17,400.00

\$ 36,000.00

\$ 48,000.00

\$ 129,600.00

\$ 79,500.00

\$ 24,000.00

\$ 229,010.00



\$ 25,100.00

\$ 1,000,000.00

\$ 1,453,000.00

\$ 7,000.00

\$ 38,500.00

\$ 54,000.00

\$ 7,600.00

\$ 260,000.00

\$ 202,200.00

\$ 3,662,910.00

Name	Organization
<b>Michael Jalazo</b>	PERC
<b>Zachary White</b>	Homeless Empowerment Project
<b>Bethann Barrett</b>	Bank OZK
<b>Sarah Couture</b>	Fines and Fees Justice Center
<b>Matt Spence</b>	Feeding Tampa Bay
<b>Julian Riley</b>	JMR International
<b>Dr. LaDonna Butler</b>	The Well for Life
<b>Richard Rippy</b>	City National Bank
<b>Sean Kennedy</b>	Associate
<b>AJ Murphy</b>	PERC
<b>Milly Taylor</b>	St. Vincent de Paul CARES
<b>Erin McKenney</b>	University of Tampa
<b>David Benson</b>	Lockheed Martin Space

Title	Board Role
President/CEO	Ex Officio
Executive Vice President	Chair
Senior Vice President	Treasurer
State Director	Secretary
Chief Programs Officer	Member
CEO	Member
Founder	Member
Vice President	Member
Westport Consulting Group	Member
Retired	Member
Supervisor, ESG	Member
Capital Campaign Director	Member
Central Billing & Accounting	Member

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning ..... 2021, and ending ..... 20 .....

**2021**

Department of the Treasury  
Internal Revenue Service

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

Name of filer

**Pinellas Ex-Offender Re-Entry Coalition, Inc.**

EIN or SSN

**59-3643636**

Name and title of officer or person subject to tax **Michael Jalazo**  
**CEO**

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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>2,725,953</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

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

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

**PIN: check one box only**

I authorize **Wells, Houser & Schatzel, P.A.** to enter my PIN **60503** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date **11/14/22**

**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.

\*\*\*\*\*

Do not enter all zeros

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

ERO's signature

Date **11/14/22**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

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

<b>C</b> Name of organization <b>Pinellas Ex-Offender Re-Entry Coalition, Inc.</b>		<b>D</b> Employer identification number <b>59-3643636</b>
Doing business as		<b>E</b> Telephone number <b>855-505-7372</b>
Number and street (or P.O. box if mail is not delivered to street address) <b>12810 US HWY 19 N, Suite 1</b>		<b>G</b> Gross receipts\$ <b>2,725,953</b>
Room/suite	City or town, state or province, country, and ZIP or foreign postal code <b>Clearwater FL 33764</b>	

**F** Name and address of principal officer:  
**Michael Jalazo**  
**12810 US Highway 19N**  
**Clearwater FL 33764**

**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: **www.exoffender.org** **H(c)** Group exemption number \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1999** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Provision Of Outreach Services To Ex-Offenders.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>12</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>12</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>20</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>0</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>654,998</b>	<b>736,532</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>2,003,263</b>	<b>1,989,421</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0</b>	<b>0</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,658,261</b>	<b>2,725,953</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0</b>	<b>0</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>35,333</b>	<b>300,085</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>898,829</b>	<b>870,140</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	<b>0</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,854,310</b>	<b>1,156,421</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,788,472</b>	<b>2,326,646</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-130,211</b>	<b>399,307</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>2,511,534</b>	<b>2,698,931</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>2,725,992</b>	<b>2,514,082</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>-214,458</b>	<b>184,849</b>

**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: **Michael Jalazo** Date: \_\_\_\_\_  
Type or print name and title: **CEO**

**Paid Preparer Use Only**

Print/Type preparer's name: **John Houser** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Check  if self-employed PTIN: **P00430324**

Firm's name: **Wells, Houser & Schatzel, P.A.** Firm's EIN: **59-2921780**  
Firm's address: **500 94th Ave N Saint Petersburg, FL 33702-2406** Phone no.: **727-578-1040**

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:

**Provision Of Outreach Services To Ex-Offenders.**

**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 \$ **1,941,832** including grants of \$ ) (Revenue \$ **1,989,421** )

**Provides outreach services to Ex-Offenders in the community and assists them in obtaining needed services to adequately re-integrate into society as productive members of the community.**

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

**N/A**

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

**N/A**

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **1,941,832**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

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

		Yes	No
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?		

1a	56
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>20</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) <b>Zachary White</b> ..... Chairman	2.00 0.00	X						0	0	0
(2) <b>Millie Taylor</b> ..... Secretary	2.00 0.00	X						0	0	0
(3) <b>Richard Rippy</b> ..... Treasurer	2.00 0.00	X						0	0	0
(4) <b>Roy James</b> ..... Board member	2.00 0.00	X						0	0	0
(5) <b>Tammy Greer</b> ..... Board member	2.00 0.00	X						0	0	0
(6) <b>Matt Spence</b> ..... Board member	2.00 0.00	X						0	0	0
(7) <b>Betty Hardy</b> ..... Board member	2.00 0.00	X						0	0	0
(8) <b>Kip Corriveau</b> ..... Board member	2.00 0.00	X						0	0	0
(9) <b>Julien Riley</b> ..... Board member	2.00 0.00	X						0	0	0
(10) <b>Sean Kennedy</b> ..... Board member	2.00 0.00	X						0	0	0
(11) <b>Brian Monaghan</b> ..... Board member	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(12) <b>Tommy Heid</b> Board member	2.00 0.00	X						0	0	0
(13) <b>Michael Jalazo</b> CEO	40.00 0.00			X				81,068	0	12,101
<b>1b Subtotal</b>								<b>81,068</b>		<b>12,101</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>81,068</b>		<b>12,101</b>

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

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

**Section B. Independent Contractors**

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

(A) 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	566,852				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	169,680				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f			<b>736,532</b>			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> Transition in Place		624310	510,713	510,713		
	<b>b</b> Continental		624310	389,871	389,871		
	<b>c</b> Cohort of Champions		624310	214,065	214,065		
	<b>d</b> Workforce Reimbursement		624310	210,585	210,585		
	<b>e</b> Second Chance		624310	192,000	192,000		
	<b>f</b> All other program service revenue		624310	472,187	472,187		
<b>g Total.</b> Add lines 2a-2f			<b>1,989,421</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
		<b>6a</b>	(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		<b>7a</b>	(ii) Other				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			<b>2,725,953</b>	<b>1,989,421</b>	<b>0</b>	<b>0</b>	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members	300,085	300,085		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	81,068	60,801	20,267	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	621,032	465,774	155,258	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	111,303	83,478	27,825	
<b>10</b> Payroll taxes	56,737	42,552	14,185	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	12,550		12,550	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	344,900	344,900		
<b>12</b> Advertising and promotion	3,783	2,837	946	
<b>13</b> Office expenses	127,513	97,660	29,853	
<b>14</b> Information technology	25,696	23,166	2,530	
<b>15</b> Royalties				
<b>16</b> Occupancy	353,617	303,231	50,386	
<b>17</b> Travel	12,179	9,134	3,045	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,502	2,413	89	
<b>20</b> Interest	151,309	113,482	37,827	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	66,124	49,593	16,531	
<b>23</b> Insurance	56,248	42,726	13,522	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,326,646	1,941,832	384,814	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>23,175</b>	<b>1</b>	<b>74,096</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>122,480</b>	<b>4</b>	<b>242,019</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>43,674</b>	<b>7</b>	<b>53,192</b>
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>2,503,955</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>385,652</b>	<b>2,154,594</b>	<b>10c</b> <b>2,118,303</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	<b>1,720</b>	<b>14</b>	<b>17,799</b>
	<b>15</b> Other assets. See Part IV, line 11	<b>165,891</b>	<b>15</b>	<b>193,522</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>2,511,534</b>	<b>16</b>	<b>2,698,931</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>56,198</b>	<b>17</b>	<b>33,941</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	<b>344</b>	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>2,373,737</b>	<b>23</b>	<b>2,478,653</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>295,713</b>	<b>25</b>	<b>1,488</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>2,725,992</b>	<b>26</b>	<b>2,514,082</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>-214,458</b>	<b>27</b>	<b>184,849</b>
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	<b>-214,458</b>	<b>32</b>	<b>184,849</b>
<b>33</b> Total liabilities and net assets/fund balances	<b>2,511,534</b>	<b>33</b>	<b>2,698,931</b>	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,725,953</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,326,646</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>399,307</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>-214,458</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>184,849</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		<b>X</b>
<b>2b</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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Name of the organization <b>Pinellas Ex-Offender Re-Entry Coalition, Inc.</b>	Employer identification number <b>59-3643636</b>
--	---

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	910,290	953,501	1,684,512	654,998	736,532	4,939,833
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	910,290	953,501	1,684,512	654,998	736,532	4,939,833
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						4,939,833

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	910,290	953,501	1,684,512	654,998	736,532	4,939,833
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,481,810	1,110,328	1,386,517	1,999,056	1,989,421	7,967,132
<b>11 Total support.</b> Add lines 7 through 10						12,906,965

**12** Gross receipts from related activities, etc. (see instructions) 12 7,971,340

**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**

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

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	38.27 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	41.49 %

**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

**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

**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

**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

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 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
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	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>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	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>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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>		
<b>7</b>	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>		
<b>8</b>	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>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b>	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>		
<b>c</b>	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>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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



**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.)

**Part II, Line 10 - Other Income Detail**

**Program fees** **\$ 7,967,132**

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization <b>Pinellas Ex-Offender Re-Entry Coalition, Inc.</b>	Employer identification number <b>59-3643636</b>
--	---

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

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

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

Name of organization

**Pinellas Ex-Offender Re-Entry**

Employer identification number

**59-3643636**

**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	Department of Justice Pinellas REACH 12810 US Highway 19 N Clearwater FL 33764-7216	\$ 319,943	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Pinellas County Bd of County Comm 12810 US Highway 19N Clearwater FL 33764-7216	\$ 27,909	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Small Business Administration EIDL Advance 12810 US Highway 19N Clearwater FL 33764-7216	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Small Business Administration PPP Loan Forgiveness 12810 US Highway 19N Clearwater FL 33764-7216	\$ 194,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	United Way Suncoast 12810 US Highway 19N Clearwater FL 33764-7216	\$ 157,500	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Pinellas Ex-Offender Re-Entry Coalition, Inc.

Employer identification number

59-3643636

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, total acreage, number of easements on historic structures, and various monitoring and expense questions with Yes/No checkboxes.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures with revenue and asset amounts.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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  Yes  No

**Part V Endowment Funds.**

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>189,555</b>		<b>189,555</b>
<b>b</b> Buildings		<b>2,246,399</b>	<b>320,657</b>	<b>1,925,742</b>
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		<b>68,001</b>	<b>64,995</b>	<b>3,006</b>
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,118,303</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>Construction in Progress Tiny House</b>	<b>130,527</b>
(2) <b>Construction in Progress CDBG PC</b>	<b>54,220</b>
(3) <b>Security deposits Utilities</b>	<b>7,775</b>
(4) <b>Refundable deposit</b>	<b>1,000</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>193,522</b>

**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) <b>Refundable deposits</b>	<b>1,488</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,488</b>

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







**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization	<b>Pinellas Ex-Offender Re-Entry Coalition, Inc.</b>	Employer identification number	<b>59-3643636</b>
--------------------------	--	--------------------------------	-------------------

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Return is completed by Independent Certified Public Accountant and provided to the CEO for review. The CEO signs and returns the e-file authorization form to the Independent CPA once the return has been reviewed for completeness and accuracy. The Independent CPA transmits the return to the Internal Revenue Service electronically.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Board of directors list any conflicts annually and through the year if any arise in the interim periods.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Governing documents are provided upon request.

**Form 990, Part IX, Line 11g - Other Fees for Services****Description**

	<b>Tot/Prog Service</b>	<b>Mgt &amp; General</b>	<b>Fundraising</b>
<b>Outside Contract Services</b>	\$ 113,333	\$ 0	\$ 0
<b>Outside Contract Svc Continen</b>	\$ 106,135	\$ 0	\$ 0
<b>Outside Contract Svc FHSP</b>	\$ 5,610	\$ 0	\$ 0
<b>Outside Contract Svc Workforc</b>	\$ 73,983	\$ 0	\$ 0

Name of the organization

Employer identification number

**Pinellas Ex-Offender Re-Entry**

**59-3643636**

**Outside Contract Svc Hidden V**

\$ 45,839                      \$ 0                      \$ 0

**Total**

\$ 344,900                      \$ 0                      \$ 0

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

**Pinellas Ex-Offender Re-Entry  
Coalition, Inc.**

Employer identification number

**59-3643636**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) <b>Allinova Transitions, LLC</b> 2640 14th Ave N St. Petersburg FL 33713 47-2323054	<b>Rental</b>	<b>FL</b>	<b>N/A</b>					<b>X</b>	<b>N/A</b>		<b>X</b>	
(2)												
(3)												
(4)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>	X	
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) <b>Allinova Transitions, LLC</b>	<b>d</b>	<b>50,692</b>	<b>Cash</b>
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**Schedule R - Group Exemption Relationships**

Allinova Transition, LLC was formed to hold title to residential rental property and manage the property rental that is used as transitional housing for ex-offenders. Pinellas Ex-Offender Re-Entry Coalition, Inc. CEO is a 50% member in the LLC.

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Non-Residential Real Property:</b>									
40	Welch Renovation Costs	12/23/21	21,301			21,301	39 MMS/L	0	23
41	Welch Renovation CDBG SP	1/01/21	6,409			6,409	39 MMS/L	0	157
			<u>27,710</u>			<u>27,710</u>		<u>0</u>	<u>180</u>
<b>Prior MACRS:</b>									
3	Dell Server	5/11/12	3,143		X	1,571	5 HY 200DB	3,143	0
4	Office chairs - Sams Club	5/16/12	1,243		X	621	7 HY 200DB	1,243	0
5	8 Dell laptops and accessories	5/17/12	6,454		X	3,227	5 HY 200DB	6,454	0
6	2 - Fire extinguishers	5/21/12	128		X	64	7 HY 200DB	128	0
7	Used telephone system	5/21/12	1,400			1,400	7 HY 200DB	1,400	0
8	Used office furniture	5/30/12	655			655	7 HY 200DB	655	0
9	Locks	5/31/12	100		X	50	7 HY 200DB	100	0
10	File cabinet replacement keys	6/06/12	131		X	65	7 HY 200DB	131	0
11	Used refrigerator	6/22/12	229			229	7 HY 200DB	229	0
12	Desktop computer - Best Buy	8/08/12	867		X	434	5 HY 200DB	867	0
13	Sinage templates	10/17/12	210		X	105	7 HY 200DB	210	0
14	4 Brother HL 2240 printers	5/17/12	400		X	200	5 HY 200DB	400	0
15	1 HP Color Laser 200	5/17/12	250		X	125	5 HY 200DB	250	0
16	1 Epson Workforce all-in-one inkjet	5/17/12	100		X	50	5 HY 200DB	100	0
17	Client check in system Voicent	7/31/12	6,783		X	3,391	7 HY 200DB	6,783	0
19	Building - 16th St. S.	12/02/14	315,116			315,116	39 MMS/L	48,816	8,080
20	Improvements - 16th St. S.	12/31/15	9,311			9,311	39 MMS/L	1,204	238
21	Improvements -16th Street	11/03/16	25,721			25,721	39 MMS/L	2,720	660
22	Flooring - 16th Street	7/22/16	5,100			5,100	39 MMS/L	583	131
23	Continental mattresses	6/09/16	9,913		X	4,956	7 HY 200DB	8,807	443
24	Continental improvements	11/25/16	1,457			1,457	39 MMS/L	154	37
25	Continental roofing	6/30/16	4,324			4,324	39 MMS/L	504	110
26	Continental HVAC system	8/10/16	35,000		X	17,500	7 HY 200DB	31,095	1,562
27	Continental improvements	8/26/16	25,334			25,334	39 MMS/L	2,842	650
28	Lawn equipment	10/31/16	995		X	497	5 HY 200DB	966	29
32	Continental building	5/19/16	1,375,535			1,375,535	39 MMS/L	163,124	35,270
33	Welch Renovation Costs	12/11/17	290,926			290,926	27 MMS/L	32,178	10,579
34	Welch renovation costs	11/19/18	38,685			38,685	27 MMS/L	2,989	1,407
35	Continental improvements	12/19/18	20,127			20,127	27 MMS/L	1,494	732
36	Welch Renovation Costs	9/30/19	6,966			6,966	27 MMS/L	327	253
37	Continental Improvements	12/28/19	16,036			16,036	27 MMS/L	607	584
38	Continental improvements	8/19/20	84,050			84,050	27 MMS/L	1,146	3,057
			<u>2,286,689</u>			<u>2,253,828</u>		<u>321,649</u>	<u>63,822</u>
<b>Other Depreciation:</b>									
18	Land - 16th St S	12/02/14	35,000			35,000	0 -- Land	0	0
30	Prescott lot	4/28/16	605			605	0 -- Land	0	0
31	Continental land	5/19/16	153,950			153,950	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
<b>Amortization:</b>									
39	Loan costs - OZK Refi	8/30/21	18,203			18,203	5 MOAmort	0	1,517
29	Loan Costs FCLF	11/19/16	4,250			4,250	7 MOAmort	2,530	607
			<u>22,453</u>			<u>22,453</u>		<u>2,530</u>	<u>2,124</u>
	<b>Grand Totals</b>		2,526,407			2,493,546		324,179	66,126
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,526,407</u>			<u>2,493,546</u>		<u>324,179</u>	<u>66,126</u>



## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Non-Residential Real Property:</b>									
40	Welch Renovation Costs	12/23/21	21,301			21,301	39 MMS/L	0	23
41	Welch Renovation CDBG SP	1/01/21	6,409			6,409	39 MMS/L	0	157
			<u>27,710</u>			<u>27,710</u>		<u>0</u>	<u>180</u>
<b>Prior MACRS:</b>									
3	Dell Server	5/11/12	3,143		X	1,571	5 HY 200DB	3,143	0
4	Office chairs - Sams Club	5/16/12	1,243		X	621	7 HY 200DB	1,243	0
5	8 Dell laptops and accessories	5/17/12	6,454		X	3,227	5 HY 200DB	6,454	0
6	2 - Fire extinguishers	5/21/12	128		X	64	7 HY 200DB	128	0
7	Used telephone system	5/21/12	1,400			1,400	7 HY 150DB	1,400	0
8	Used office furniture	5/30/12	655			655	7 HY 150DB	655	0
9	Locks	5/31/12	100		X	50	7 HY 200DB	100	0
10	File cabinet replacement keys	6/06/12	131		X	65	7 HY 200DB	131	0
11	Used refrigerator	6/22/12	229			229	7 HY 150DB	229	0
12	Desktop computer - Best Buy	8/08/12	867		X	434	5 HY 200DB	867	0
13	Sinage templates	10/17/12	210		X	105	7 HY 200DB	210	0
14	4 Brother HL 2240 printers	5/17/12	400		X	200	5 HY 200DB	400	0
15	1 HP Color Laser 200	5/17/12	250		X	125	5 HY 200DB	250	0
16	1 Epson Workforce all-in-one inkjet	5/17/12	100		X	50	5 HY 200DB	100	0
17	Client check in system Voicent	7/31/12	6,783		X	3,391	7 HY 200DB	6,783	0
19	Building - 16th St. S.	12/02/14	315,116			315,116	39 MMS/L	48,816	8,080
20	Improvements - 16th St. S.	12/31/15	9,311			9,311	39 MMS/L	1,204	238
21	Improvements -16th Street	11/03/16	25,721			25,721	39 MMS/L	2,720	660
22	Flooring - 16th Street	7/22/16	5,100			5,100	39 MMS/L	583	131
23	Continental mattresses	6/09/16	9,913		X	4,956	7 HY 200DB	8,807	443
24	Continental improvements	11/25/16	1,457			1,457	39 MMS/L	154	37
25	Continental roofing	6/30/16	4,324			4,324	39 MMS/L	504	110
26	Continental HVAC system	8/10/16	35,000		X	17,500	7 HY 200DB	31,095	1,562
27	Continental improvements	8/26/16	25,334			25,334	39 MMS/L	2,842	650
28	Lawn equipment	10/31/16	995		X	497	5 HY 200DB	966	29
32	Continental building	5/19/16	1,375,535			1,375,535	39 MMS/L	163,124	35,270
33	Welch Renovation Costs	12/11/17	290,926			290,926	27 MMS/L	32,178	10,579
34	Welch renovation costs	11/19/18	38,685			38,685	27 MMS/L	2,989	1,407
35	Continental improvements	12/19/18	20,127			20,127	27 MMS/L	1,494	732
36	Welch Renovation Costs	9/30/19	6,966			6,966	27 MMS/L	327	253
37	Continental Improvements	12/28/19	16,036			16,036	27 MMS/L	607	584
38	Continental improvements	8/19/20	84,050			84,050	27 MMS/L	1,146	3,057
			<u>2,286,689</u>			<u>2,253,828</u>		<u>321,649</u>	<u>63,822</u>
<b>Other Depreciation:</b>									
18	Land - 16th St S	12/02/14	35,000			35,000	0 -- Land	0	0
30	Prescott lot	4/28/16	605			605	0 -- Land	0	0
31	Continental land	5/19/16	153,950			153,950	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		2,503,954			2,471,093		321,649	64,002
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,503,954</u>			<u>2,471,093</u>		<u>321,649</u>	<u>64,002</u>

**Bonus Depreciation Report****Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
3	Dell Server	5/11/12	3,143		0	0	1,572	1,571
4	Office chairs - Sams Club	5/16/12	1,243		0	0	622	621
5	8 Dell laptops and accessories	5/17/12	6,454		0	0	3,227	3,227
6	2 - Fire extinguishers	5/21/12	128		0	0	64	64
9	Locks	5/31/12	100		0	0	50	50
10	File cabinet replacement keys	6/06/12	131		0	0	66	65
12	Desktop computer - Best Buy	8/08/12	867		0	0	433	434
13	Sinage templates	10/17/12	210		0	0	105	105
14	4 Brother HL 2240 printers	5/17/12	400		0	0	200	200
15	1 HP Color Laser 200	5/17/12	250		0	0	125	125
16	1 Epson Workforce all-in-one inkjet	5/17/12	100		0	0	50	50
17	Client check in system Voicent	7/31/12	6,783		0	0	3,392	3,391
23	Continental mattresses	6/09/16	9,913		0	0	4,957	4,956
26	Continental HVAC system	8/10/16	35,000		0	0	17,500	17,500
28	Lawn equipment	10/31/16	995		0	0	498	497
<b>Grand Total</b>			<u>65,717</u>		<u>0</u>	<u>0</u>	<u>32,861</u>	<u>32,856</u>

**Depreciation Adjustment Report****All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	3	Dell Server	0	0	0
Page 1	1	4	Office chairs - Sams Club	0	0	0
Page 1	1	5	8 Dell laptops and accessories	0	0	0
Page 1	1	6	2 - Fire extinguishers	0	0	0
Page 1	1	7	Used telephone system	0	0	0
Page 1	1	8	Used office furniture	0	0	0
Page 1	1	9	Locks	0	0	0
Page 1	1	10	File cabinet replacement keys	0	0	0
Page 1	1	11	Used refrigerator	0	0	0
Page 1	1	12	Desktop computer - Best Buy	0	0	0
Page 1	1	13	Sinage templates	0	0	0
Page 1	1	14	4 Brother HL 2240 printers	0	0	0
Page 1	1	15	1 HP Color Laser 200	0	0	0
Page 1	1	16	1 Epson Workforce all-in-one inkjet	0	0	0
Page 1	1	17	Client check in system Voicent	0	0	0
Page 1	1	19	Building - 16th St. S.	8,080	8,080	0
Page 1	1	20	Improvements - 16th St. S.	238	238	0
Page 1	1	21	Improvements -16th Street	660	660	0
Page 1	1	22	Flooring - 16th Street	131	131	0
Page 1	1	23	Continental mattresses	443	443	0
Page 1	1	24	Continental improvements	37	37	0
Page 1	1	25	Continental roofing	110	110	0
Page 1	1	26	Continental HVAC system	1,562	1,562	0
Page 1	1	27	Continental improvements	650	650	0
Page 1	1	28	Lawn equipment	29	29	0
Page 1	1	32	Continental building	35,270	35,270	0
Page 1	1	33	Welch Renovation Costs	10,579	10,579	0
Page 1	1	34	Welch renovation costs	1,407	1,407	0
Page 1	1	35	Continental improvements	732	732	0
Page 1	1	36	Welch Renovation Costs	253	253	0
Page 1	1	37	Continental Improvements	584	584	0
Page 1	1	38	Continental improvements	3,057	3,057	0
Page 1	1	40	Welch Renovation Costs	23	23	0
Page 1	1	41	Welch Renovation CDBG SP	157	157	0
				<u>64,002</u>	<u>64,002</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
3	Dell Server	5/11/12	3,143	0	0
4	Office chairs - Sams Club	5/16/12	1,243	0	0
5	8 Dell laptops and accessories	5/17/12	6,454	0	0
6	2 - Fire extinguishers	5/21/12	128	0	0
7	Used telephone system	5/21/12	1,400	0	0
8	Used office furniture	5/30/12	655	0	0
9	Locks	5/31/12	100	0	0
10	File cabinet replacement keys	6/06/12	131	0	0
11	Used refrigerator	6/22/12	229	0	0
12	Desktop computer - Best Buy	8/08/12	867	0	0
13	Sinage templates	10/17/12	210	0	0
14	4 Brother HL 2240 printers	5/17/12	400	0	0
15	1 HP Color Laser 200	5/17/12	250	0	0
16	1 Epson Workforce all-in-one inkjet	5/17/12	100	0	0
17	Client check in system Voicent	7/31/12	6,783	0	0
19	Building - 16th St. S.	12/02/14	315,116	8,080	8,080
20	Improvements - 16th St. S.	12/31/15	9,311	239	239
21	Improvements -16th Street	11/03/16	25,721	660	660
22	Flooring - 16th Street	7/22/16	5,100	131	131
23	Continental mattresses	6/09/16	9,913	442	442
24	Continental improvements	11/25/16	1,457	38	38
25	Continental roofing	6/30/16	4,324	111	111
26	Continental HVAC system	8/10/16	35,000	1,562	1,562
27	Continental improvements	8/26/16	25,334	649	649
28	Lawn equipment	10/31/16	995	0	0
32	Continental building	5/19/16	1,375,535	35,271	35,271
33	Welch Renovation Costs	12/11/17	290,926	10,579	10,579
34	Welch renovation costs	11/19/18	38,685	1,407	1,407
35	Continental improvements	12/19/18	20,127	732	732
36	Welch Renovation Costs	9/30/19	6,966	254	254
37	Continental Improvements	12/28/19	16,036	583	583
38	Continental improvements	8/19/20	84,050	3,056	3,056
40	Welch Renovation Costs	12/23/21	21,301	546	546
41	Welch Renovation CDBG SP	1/01/21	6,409	165	165
			<u>2,314,399</u>	<u>64,505</u>	<u>64,505</u>
<b>Other Depreciation:</b>					
18	Land - 16th St S	12/02/14	35,000	0	0
30	Prescott lot	4/28/16	605	0	0
31	Continental land	5/19/16	<u>153,950</u>	<u>0</u>	<u>0</u>
	<b>Total Other Depreciation</b>		<u>189,555</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>189,555</u>	<u>0</u>	<u>0</u>
<b>Amortization:</b>					
39	Loan costs - OZK Refi	8/30/21	18,203	3,641	3,641
29	Loan Costs FCLF	11/19/16	<u>4,250</u>	<u>607</u>	<u>607</u>
			<u>22,453</u>	<u>4,248</u>	<u>4,248</u>
	<b>Grand Totals</b>		<u>2,526,407</u>	<u>68,753</u>	<u>68,753</u>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**Pinellas Ex-Offender Re-Entry  
Coalition, Inc.**

**59-3643636**

		2020	2021	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1. 76,262	169,680	93,418
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. 578,736	566,852	-11,884
	4. Program service revenue .....	4. 2,003,263	1,989,421	-13,842
	5. Investment income .....	5.		
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8.		
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11.		
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12. 2,658,261</b>	<b>2,725,953</b>	<b>67,692</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14. 35,333	300,085	264,752
	15. Compensation of officers, directors, trustees, etc. ....	15. 73,478	81,068	7,590
	16. Salaries, other compensation, and employee benefits .....	16. 825,351	789,072	-36,279
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 993,514	357,450	-636,064
	19. Occupancy, rent, utilities, and maintenance .....	19. 343,959	353,617	9,658
	20. Depreciation and Depletion .....	20. 62,546	66,124	3,578
	21. Other expenses .....	21. 454,291	379,230	-75,061
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22. 2,788,472</b>	<b>2,326,646</b>	<b>-461,826</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23. -130,211</b>	<b>399,307</b>	<b>529,518</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue .....	24. 2,658,261	2,725,953	67,692
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. 2,003,263	1,989,421	-13,842
	27. Total assets .....	27. 2,511,534	2,698,931	187,397
	28. Total liabilities .....	28. 2,725,992	2,514,082	-211,910
	29. Retained earnings .....	29. -214,458	184,849	399,307
	30. Number of voting members of governing body .....	30. 12	12	
	31. Number of independent voting members of governing body .....	31. 12	12	
	32. Number of employees .....	32. 24	20	
33. Number of volunteers .....	33.			

<b>Form 990</b>	<b>Tax Return History</b>	<b>2021</b>
Name <b>Pinellas Ex-Offender Re-Entry Coalition, Inc.</b>		Employer Identification Number <b>59-3643636</b>

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	910,290	953,501	1,684,512	654,998	736,532	
Membership dues .....						
Program service revenue .....	1,481,810	1,110,329	1,386,517	2,003,263	1,989,421	
Capital gain or loss .....						
Investment income .....						
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>2,392,100</b>	<b>2,063,830</b>	<b>3,071,029</b>	<b>2,658,261</b>	<b>2,725,953</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....	8,051	9,629	103,933	35,333	300,085	
Compensation of officers, etc. ....	65,000	67,098	70,788	73,478	81,068	
Other compensation .....	592,907	656,180	1,041,616	825,351	789,072	
Professional fees .....	696,360	735,288	950,892	993,514	357,450	
Occupancy costs .....	259,387	273,402	267,355	343,959	353,617	
Depreciation and depletion .....	52,793	61,181	61,757	62,546	66,124	
Other expenses .....	289,408	352,899	506,372	454,291	379,230	
<b>Total expenses</b> .....	<b>1,963,906</b>	<b>2,155,677</b>	<b>3,002,713</b>	<b>2,788,472</b>	<b>2,326,646</b>	
<b>Excess or (Deficit)</b> .....	<b>428,194</b>	<b>-91,847</b>	<b>68,316</b>	<b>-130,211</b>	<b>399,307</b>	
<b>Total exempt revenue</b> .....	<b>2,392,100</b>	<b>2,063,830</b>	<b>3,071,029</b>	<b>2,658,261</b>	<b>2,725,953</b>	
Total unrelated revenue .....						
Total excludable revenue .....	1,481,810	1,110,329	1,386,517	2,003,263	1,989,421	
Total Assets .....	2,414,934	2,573,445	2,721,542	2,511,534	2,698,931	
Total Liabilities .....	2,204,261	2,454,619	2,634,400	2,725,992	2,514,082	
Net Fund Balances .....	210,673	118,826	87,142	-214,458	184,849	

60503 Pinellas Ex-Offender Re-Entry

59-3643636

FYE: 12/31/2021

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Outside Contract Services	\$ 113,333	\$ 113,333	\$	\$
Outside Contract Svc Continen	106,135	106,135		
Outside Contract Svc FHSP	5,610	5,610		
Outside Contract Svc Workforc	73,983	73,983		
Outside Contract Svc Hidden V	45,839	45,839		
Total	<u>\$ 344,900</u>	<u>\$ 344,900</u>	<u>\$ 0</u>	<u>\$ 0</u>

60503 Pinellas Ex-Offender Re-Entry

59-3643636

FYE: 12/31/2021

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Amounts below Sch B threshold	\$ 11,180
Department of Justice Cash Contribution	319,943
Mahaffey Foundation Cash Contribution	1,000
Pinellas County Bd of County Comm Cash Contribution	27,909
Small Business Administration Cash Contribution	25,000
Small Business Adminstration Cash Contribution	194,000
United Way Suncoast Cash Contribution	157,500
Total	<u>\$ 736,532</u>

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Tansition in Place	\$ 510,713
Continental	389,871
Cohort of Champions	214,065
Workforce Reimbursement	210,585
Second Chance	192,000
Client service fees	183,190
HEP	117,200
STARS	87,518
Hidden Voices	49,425
Framework	29,286
Fdn for Healthy St Pete	5,568
Total	<u>\$ 1,989,421</u>



# Pinellas Ex Offender Re Entry Coalition

## Balance Sheet

As of December 31, 2021

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Allinova Transition (#8579)	1,551.39
Cash Clearing	0.00
Cash on hand	100.00
OZK Continental Square	1,234.88
OZK Main	70,922.61
PERC BB&T	47.85
PERC Master (Regions #1516)	0.00
PERC Synovous (#6821)	205.85
PERC Transitional (WF #2901)	33.30
Regions Square (#1334)	0.00
<b>Total Bank Accounts</b>	<b>\$74,095.88</b>
Accounts Receivable	
11000 Accounts Receivable	242,019.38
<b>Total Accounts Receivable</b>	<b>\$242,019.38</b>
Other Current Assets	
Credit Line Transfer	0.00
Employee Loan Receivable	2,500.00
Future disbursement - Hotel FCLF Inc	0.00
Loan Receivable - AT, LLC	0.00
Loan Receivable - One Unique Transition	0.00
Refundable deposits	1,000.00
Uncategorized Asset	0.00
<b>Total Other Current Assets</b>	<b>\$3,500.00</b>
<b>Total Current Assets</b>	<b>\$319,615.26</b>
Fixed Assets	
15000 Furniture and Equipment	23,087.83
Accumulated Depreciation	-385,652.01
Accumulated Depreciaton Allinova	0.00
Allinova Building	0.00
Allinova Building improvements	0.00
Allinova Land	0.00
Allinvova Building Improvements	0.00
Building Improvements	404,418.53
Building Improvements - Continental	196,242.66

# Pinellas Ex Offender Re Entry Coalition

## Balance Sheet

As of December 31, 2021

	TOTAL
Buildings	
Building - 16th St S	315,115.65
Buildings - Hotel	1,375,534.74
<b>Total Buildings</b>	<b>1,690,650.39</b>
Construction in Progress CDBG PC	54,219.77
Construction in Progress CDBG SP	0.00
Construction in Progress Tiny House	130,527.34
Land	
Land - 16th St S	35,000.00
Land - Hotel	153,950.00
Land - Prescott lot (16th St/Welch)	605.44
<b>Total Land</b>	<b>189,555.44</b>
<b>Total Fixed Assets</b>	<b>\$2,303,049.95</b>
Other Assets	
18600 Other Assets	0.00
18700 Security Deposits Asset	0.00
Due from Allinova	50,691.82
Intangibles	
Accumulated amortization	-4,653.81
Loan Costs - Hotel	4,250.00
Loan costs - OZK	18,203.00
<b>Total Intangibles</b>	<b>17,799.19</b>
Security Deposits - Utilities	7,775.00
Wells Fargo Transitional	0.00
<b>Total Other Assets</b>	<b>\$76,266.01</b>
<b>TOTAL ASSETS</b>	<b>\$2,698,931.22</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	0.00
<b>Total Accounts Payable</b>	<b>\$0.00</b>
Credit Cards	
American Express (#72004)	0.00
American Express II	23,024.60
BB&T Visa (#6556)	5,121.98
BB&T Visa Card- Allinova (#2936)	0.00
Capital One CC (#9656)	136.59
Credit Card	0.00
Wells Fargo Visa Card (#4732)	6,212.91

# Pinellas Ex Offender Re Entry Coalition

## Balance Sheet

As of December 31, 2021

	TOTAL
<b>Total Credit Cards</b>	<b>\$34,496.08</b>
Other Current Liabilities	
24000 Payroll Liabilities	1,564.96
CC AJE Holding Account	0.00
Credit for AV taxes - Hotel	0.00
Loan payable - EBF	0.00
Loan Premium	0.00
<b>Total Loan payable - EBF</b>	<b>0.00</b>
Loan payable - EIDL	0.00
Loan Payable - FCLF #334	44,521.91
Loan Payable - FCLF Hurricane Recovery	70,321.07
Loan payable - Jalazo	-2,119.48
Loan Payable - Pearl Capital	0.00
Loan Premium	0.00
<b>Total Loan Payable - Pearl Capital</b>	<b>0.00</b>
Rental deposits - Hotel	1,488.00
Unearned revenue	0.00
<b>Total Other Current Liabilities</b>	<b>\$115,776.46</b>
<b>Total Current Liabilities</b>	<b>\$150,272.54</b>
Long-Term Liabilities	
27200 Other Liabilities	0.00
CARES Act Loan	0.00
Due to PERC	0.00
Loan payable - Bank OZK Refi	596,270.59
Loan payable - BB&T	0.00
Loan payable - Synovus LOC	0.00
Mortgage payable - hotel	1,613,276.86
Regions Bank Line of Credit	0.00
SBA Loan Payable	154,261.94
<b>Total Long-Term Liabilities</b>	<b>\$2,363,809.39</b>
<b>Total Liabilities</b>	<b>\$2,514,081.93</b>
Equity	
30000 Opening Bal Equity	0.00
32000 Unrestricted Net Assets	-214,458.36
Net Income	399,307.65
<b>Total Equity</b>	<b>\$184,849.29</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$2,698,931.22</b>

# Pinellas Ex Offender Re Entry Coalition

## Profit and Loss

January - December 2021

	TOTAL
Income	
43300 Direct Public Grants	9,340.00
43340 Nonprofit Organization Grants	1,840.00
<b>Total 43300 Direct Public Grants</b>	<b>11,180.00</b>
44500 Government Grants	243,043.71
47200 Program Income	
47240 Program Service Fees	147,352.79
Continental	58,569.39
HEP	117,200.00
Program Fees OUT	0.00
Program Income One Unique	0.00
<b>Total 47200 Program Income</b>	<b>323,122.18</b>
48000 Pinellas REACH Grant Reimbursement	319,942.91
68000 Transition In Place	510,713.28
CDBG	3,865.57
Client Program Service Fees (DOC)	6,122.50
Cohort of Champions Reimbursement	214,065.18
Continental Income	331,302.40
Donation-Mahaffey	1,000.00
Framework Income	29,286.00
Hidden Voices	49,425.00
Mortgage Income	0.00
Program Income FHSP	4,247.50
Refund	15,069.50
Reimbursement	1,320.00
Rent Payment Welch	6,400.00
Rent Received Business Enterprise Park	1,500.00
Rent Received Emerson	6,435.00
Sales of Product Income	261.00
Second Chance Tiny House Grant	192,000.00
SPW Grant Reimbursement	154,841.56
STARS Reimbursement	87,517.85
Uncategorized Income	49.00
United Way Suncoast	157,500.00
Workforce Reimbursement	55,743.84
<b>Total Income</b>	<b>\$2,725,953.98</b>
<b>GROSS PROFIT</b>	<b>\$2,725,953.98</b>
Expenses	
13000 Cell Phone Expenses	17,343.81

# Pinellas Ex Offender Re Entry Coalition

## Profit and Loss

January - December 2021

	TOTAL
62100 Contract Services	
62110 Accounting Fees	12,550.00
62150 Outside Contract Services	112,352.70
62160 Outside Contract Services Continental	106,135.00
Outside Contract Servicese	980.00
<b>Total 62100 Contract Services</b>	<b>232,017.70</b>
62800 Facilities and Equipment	
62870 Property Insurance	55,526.58
62890 Rent, Parking, Utilities	80,324.19
Continental Utilies	111,062.82
<b>Total 62890 Rent, Parking, Utilities</b>	<b>191,387.01</b>
<b>Total 62800 Facilities and Equipment</b>	<b>246,913.59</b>
65000 Operations	
65020 Postage, Mailing Service	53.97
65030 Printing and Copying	5,734.19
65040 Supplies	9,308.11
65050 Telephone, Telecommunications	60,081.38
Office/General Administrative Expenses	1,456.37
Taxes & Licenses	14,639.10
<b>Total 65000 Operations</b>	<b>91,273.12</b>
65100 Other Types of Expenses	
65120 Insurance - Liability, D and O	35,072.95
<b>Total 65100 Other Types of Expenses</b>	<b>35,072.95</b>
66000 Payroll Expenses	0.00
Benefits	82,969.19
<b>Total 66000 Payroll Expenses</b>	<b>82,969.19</b>
68300 Travel and Meetings	356.93
69000 Direct Client Costs REACH	298.98
69100 Grant Reimbursement REACH	169,643.55
69150 Contract/Other Payments REACH	60,524.00
69200 Supplies & Materials REACH	6,756.68
69250 Cell Phone Expenses-REACH	1,350.00
69260 Liability Insurance- REACH	2,153.25
69270 Program/Data MGMT - REACH	0.00
Advertising/Promotional	3,782.29
Allinvoa taxes and licenses	516.25
Allinvoa utilities	5,961.97
Architecture Services	0.00
Automobile Insurance	5,447.38
Automotive Expenses	538.36
Bank fee	2,881.48

# Pinellas Ex Offender Re Entry Coalition

## Profit and Loss

January - December 2021

	TOTAL
Campbell Park Mortgage	0.00
Client refund	271.98
Cohort of Champions Grant Reimbursement	1,250.00
Cohort of Champions Incentives	15,596.56
Continental Daily Expenses	21,344.41
Continental Renovation	15,981.47
Continental Repairs	438.40
Continuing Education Staff	2,145.27
Credit Line Payment	0.00
Cyber Liability Insurance	874.00
Depreciation expense	64,000.55
Direct Client Costs	11,334.68
Donation	1,279.00
Dues & Subscriptions	650.00
Emerson Profit	0.00
Employee Incentive	181.87
Employee Reimbursement	3,783.62
Fees	1,045.92
Gas	4,157.52
Grant Reimbursement	31,685.68
Insurance	12,700.56
Interest expense	151,309.33
iPad Data Plans	259.87
Loan Repayment	0.00
Loan/Advance	0.00
Meals	3,079.15
Office/General Administrative Expenses	9,593.34
outside contract Services FHSP	5,610.00
outside contract Services Hidden Voices	45,838.75
outside contract Services Workforce	73,983.00
OZK Bank Transfer	0.00
Payroll admin/processing/workers comp	28,153.33
Payroll Taxes	
FICA - Employer portion	50,073.83
Unemployment Taxes	6,662.63
<b>Total Payroll Taxes</b>	<b>56,736.46</b>
Permits	785.04
Pest Control	107.00
Program Incentives	4,876.97
Reimbursement expenses Allinova OUT	-5,961.97
Renovation Continental	3,250.71
Renovation Costs Campbell park	0.00

# Pinellas Ex Offender Re Entry Coalition

## Profit and Loss

January - December 2021

	TOTAL
Rent	5,415.17
Rent- Tarpon	10,396.05
Storage Units	12,484.21
<b>Total Rent</b>	<b>28,295.43</b>
Rent Zephyrhills	9,300.00
Rent- New Port Richey	14,731.14
Repairs & Maintenance	86.60
Salaries - Officer	81,067.79
Salaries - Staff	621,031.55
Scheduling System	200.00
STARS Graduation	382.34
Technical Support	10,122.00
Tele Health	2,448.80
Tiny House Expenses	0.00
Training	1,125.00
UA Screen	1,229.36
Uncategorized Expense	150.26
Vehicle Lease	8,395.11
Website Expenses	12,000.00
Welch Property Mortgage	0.00
Welch Renovation Costs	0.00
Zephyrhills Utilities	68.00
<b>Total Expenses</b>	<b>\$2,322,777.33</b>
<b>NET OPERATING INCOME</b>	<b>\$403,176.65</b>
Other Expenses	
80400 Program Admin Allocations	1,711.34
amortization expense	2,124.06
Electric Car Charging	33.60
Reconciliation Discrepancies	0.00
<b>Total Other Expenses</b>	<b>\$3,869.00</b>
<b>NET OTHER INCOME</b>	<b>\$ -3,869.00</b>
<b>NET INCOME</b>	<b>\$399,307.65</b>

# Pinellas Ex Offender Re Entry Coalition

## Statement of Cash Flows

January - December 2021

	TOTAL
<b>OPERATING ACTIVITIES</b>	
Net Income	399,307.65
Adjustments to reconcile Net Income to Net Cash provided by operations:	
11000 Accounts Receivable	-119,539.37
Employee Loan Receivable	-2,500.00
Uncategorized Asset	0.00
Building Improvements	-27,709.96
Intangibles:Accumulated amortization	2,124.06
American Express (#72004)	0.00
American Express II	-1,768.99
BB&T Visa (#6556)	-2,117.29
Capital One CC (#9656)	-13,098.39
Credit Card	0.00
Wells Fargo Visa Card (#4732)	-4,716.79
24000 Payroll Liabilities	1,564.96
Loan payable - EIDL	-25,000.00
Loan Payable - FCLF #334	-5,478.09
Loan Payable - FCLF Hurricane Recovery	-10,175.61
Loan payable - Jalazo	-2,463.73
Loan Repayment	0.00
<b>Total Adjustments to reconcile Net Income to Net Cash provided by operations:</b>	<b>-210,879.20</b>
<b>Net cash provided by operating activities</b>	<b>\$188,428.45</b>
<b>INVESTING ACTIVITIES</b>	
Accumulated Depreciation	64,000.55
Construction in Progress CDBG SP	6,408.75
Construction in Progress Tiny House	-34,039.06
Due from Allinova	-7,018.31
Intangibles:Loan costs - OZK	-18,203.00
<b>Net cash provided by investing activities</b>	<b>\$11,148.93</b>
<b>FINANCING ACTIVITIES</b>	
CARES Act Loan	-194,000.00
Loan payable - Bank OZK Refi	596,270.59
Loan payable - BB&T	-214,475.08
Mortgage payable - hotel	260,746.05
Regions Bank Line of Credit	-294,225.00
30000 Opening Bal Equity	0.00
32000 Unrestricted Net Assets	-302,972.88
<b>Net cash provided by financing activities</b>	<b>\$ -148,656.32</b>
<b>NET CASH INCREASE FOR PERIOD</b>	<b>\$50,921.06</b>
Cash at beginning of period	23,174.82
<b>CASH AT END OF PERIOD</b>	<b>\$74,095.88</b>



Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning ..... 2021, and ending ..... 20 .....

**2021**

Department of the Treasury  
Internal Revenue Service

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

Name of filer

**Pinellas Ex-Offender Re-Entry Coalition, Inc.**

EIN or SSN

**59-3643636**

Name and title of officer or person subject to tax **Michael Jalazo**  
**CEO**

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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>2,725,953</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

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

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

**PIN: check one box only**

I authorize **Wells, Houser & Schatzel, P.A.** to enter my PIN **60503** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date **11/14/22**

**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.

\*\*\*\*\*

Do not enter all zeros

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

ERO's signature

Date **11/14/22**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

**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**

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

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Pinellas Ex-Offender Re-Entry Coalition, Inc.</b>		<b>D</b> Employer identification number <b>59-3643636</b>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>12810 US HWY 19 N, Suite 1</b>		<b>E</b> Telephone number <b>855-505-7372</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Clearwater FL 33764</b>		<b>G</b> Gross receipts\$ <b>2,725,953</b>

<b>F</b> Name and address of principal officer: <b>Michael Jalazo</b> <b>12810 US Highway 19N</b> <b>Clearwater FL 33764</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
---	---

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>www.exoffender.org</b>	<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>1999</b>	<b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>Provision Of Outreach Services To Ex-Offenders.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>20</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>654,998</b>	<b>736,532</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,003,263</b>	<b>1,989,421</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,658,261</b>	<b>2,725,953</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>35,333</b>	<b>300,085</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>898,829</b>	<b>870,140</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,854,310</b>	<b>1,156,421</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,788,472</b>	<b>2,326,646</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-130,211</b>	<b>399,307</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,511,534</b>	<b>2,698,931</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,725,992</b>	<b>2,514,082</b>
		<b>-214,458</b>	<b>184,849</b>

**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.

<b>Sign Here</b>	Signature of officer <b>Michael Jalazo</b>	Date
	Type or print name and title <b>CEO</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>John Houser</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00430324</b>
	Firm's name <b>Wells, Houser &amp; Schatzel, P.A.</b>	Firm's EIN <b>59-2921780</b>			
	Firm's address <b>500 94th Ave N Saint Petersburg, FL 33702-2406</b>	Phone no. <b>727-578-1040</b>			

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:

**Provision Of Outreach Services To Ex-Offenders.**

**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 \$ **1,941,832** including grants of \$ ) (Revenue \$ **1,989,421** )

**Provides outreach services to Ex-Offenders in the community and assists them in obtaining needed services to adequately re-integrate into society as productive members of the community.**

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

**N/A**

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

**N/A**

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **1,941,832**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

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

		Yes	No
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?		

1a	56
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>20</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			<b>X</b>
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>12</b>	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>12</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

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

**Michael Jalazo**  
**Clearwater**  
**12810 US Highway 19N**

**FL 33764**

**855-505-7372**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) <b>Zachary White</b> ..... Chairman	2.00 0.00	X						0	0	0
(2) <b>Millie Taylor</b> ..... Secretary	2.00 0.00	X						0	0	0
(3) <b>Richard Rippy</b> ..... Treasurer	2.00 0.00	X						0	0	0
(4) <b>Roy James</b> ..... Board member	2.00 0.00	X						0	0	0
(5) <b>Tammy Greer</b> ..... Board member	2.00 0.00	X						0	0	0
(6) <b>Matt Spence</b> ..... Board member	2.00 0.00	X						0	0	0
(7) <b>Betty Hardy</b> ..... Board member	2.00 0.00	X						0	0	0
(8) <b>Kip Corriveau</b> ..... Board member	2.00 0.00	X						0	0	0
(9) <b>Julien Riley</b> ..... Board member	2.00 0.00	X						0	0	0
(10) <b>Sean Kennedy</b> ..... Board member	2.00 0.00	X						0	0	0
(11) <b>Brian Monaghan</b> ..... Board member	2.00 0.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(12) <b>Tommy Heid</b> Board member	2.00 0.00	X						0	0	0
(13) <b>Michael Jalazo</b> CEO	40.00 0.00			X				81,068	0	12,101
<b>1b Subtotal</b>								<b>81,068</b>		<b>12,101</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>81,068</b>		<b>12,101</b>

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

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

**Section B. Independent Contractors**

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

(A) 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	566,852				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	169,680				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f			<b>736,532</b>			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> Transition in Place		624310	510,713	510,713		
	<b>b</b> Continental		624310	389,871	389,871		
	<b>c</b> Cohort of Champions		624310	214,065	214,065		
	<b>d</b> Workforce Reimbursement		624310	210,585	210,585		
	<b>e</b> Second Chance		624310	192,000	192,000		
	<b>f</b> All other program service revenue		624310	472,187	472,187		
<b>g Total.</b> Add lines 2a-2f			<b>1,989,421</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents		(i) Real				
			(ii) Personal				
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
<b>c</b> Gain or (loss)	<b>7c</b>						
<b>d</b> Net gain or (loss)							
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions			<b>2,725,953</b>	<b>1,989,421</b>	<b>0</b>	<b>0</b>	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members	300,085	300,085		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	81,068	60,801	20,267	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	621,032	465,774	155,258	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	111,303	83,478	27,825	
<b>10</b> Payroll taxes	56,737	42,552	14,185	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	12,550		12,550	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	344,900	344,900		
<b>12</b> Advertising and promotion	3,783	2,837	946	
<b>13</b> Office expenses	127,513	97,660	29,853	
<b>14</b> Information technology	25,696	23,166	2,530	
<b>15</b> Royalties				
<b>16</b> Occupancy	353,617	303,231	50,386	
<b>17</b> Travel	12,179	9,134	3,045	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,502	2,413	89	
<b>20</b> Interest	151,309	113,482	37,827	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	66,124	49,593	16,531	
<b>23</b> Insurance	56,248	42,726	13,522	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,326,646	1,941,832	384,814	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>23,175</b>	<b>1</b>	<b>74,096</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>122,480</b>	<b>4</b>	<b>242,019</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>43,674</b>	<b>7</b>	<b>53,192</b>
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>2,503,955</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>385,652</b>	<b>2,154,594</b>	<b>10c</b> <b>2,118,303</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	<b>1,720</b>	<b>14</b>	<b>17,799</b>
	<b>15</b> Other assets. See Part IV, line 11	<b>165,891</b>	<b>15</b>	<b>193,522</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>2,511,534</b>	<b>16</b>	<b>2,698,931</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>56,198</b>	<b>17</b>	<b>33,941</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	<b>344</b>	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>2,373,737</b>	<b>23</b>	<b>2,478,653</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	<b>295,713</b>	<b>25</b>	<b>1,488</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>2,725,992</b>	<b>26</b>	<b>2,514,082</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>-214,458</b>	<b>27</b>	<b>184,849</b>
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	<b>-214,458</b>	<b>32</b>	<b>184,849</b>
<b>33</b> Total liabilities and net assets/fund balances	<b>2,511,534</b>	<b>33</b>	<b>2,698,931</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,725,953</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,326,646</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>399,307</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>-214,458</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>184,849</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		<b>X</b>
<b>2b</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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</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)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Name of the organization <b>Pinellas Ex-Offender Re-Entry Coalition, Inc.</b>	Employer identification number <b>59-3643636</b>
--	---

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	910,290	953,501	1,684,512	654,998	736,532	4,939,833
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	910,290	953,501	1,684,512	654,998	736,532	4,939,833
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						4,939,833

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	910,290	953,501	1,684,512	654,998	736,532	4,939,833
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,481,810	1,110,328	1,386,517	1,999,056	1,989,421	7,967,132
<b>11 Total support.</b> Add lines 7 through 10						12,906,965

**12** Gross receipts from related activities, etc. (see instructions) 12 7,971,340

**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**

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

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	38.27 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	41.49 %

**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

**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

**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

**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

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	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>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b>	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>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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>		
<b>7</b>	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>		
<b>8</b>	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>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b>	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>		
<b>c</b>	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>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

**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.)

**Part II, Line 10 - Other Income Detail**

**Program fees** \$ 7,967,132

**Schedule B  
(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceAttach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2021**

Name of the organization

**Pinellas Ex-Offender Re-Entry  
Coalition, Inc.**

Employer identification number

**59-3643636**

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

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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).

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

Schedule B (Form 990) (2021)

Name of organization

**Pinellas Ex-Offender Re-Entry**

Employer identification number

**59-3643636**

**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	<b>Department of Justice Pinellas REACH 12810 US Highway 19 N Clearwater FL 33764-7216</b>	\$ <b>319,943</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>Pinellas County Bd of County Comm 12810 US Highway19N Clearwater FL 33764-7216</b>	\$ <b>27,909</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>Small Business Administration EIDL Advance 12810 US Highway 19N Clearwater FL 33764-7216</b>	\$ <b>25,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>Small Business Adminstration PPP Loan Forgiveness 12810 US Highway 19N Clearwater FL 33764-7216</b>	\$ <b>194,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>United Way Suncoast 12810 US Highway 19N Clearwater FL 33764-7216</b>	\$ <b>157,500</b>	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Pinellas Ex-Offender Re-Entry Coalition, Inc.

Employer identification number

59-3643636

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement and grant fund usage.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, total acreage, number of easements on historic structures, and various monitoring and reporting questions.

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.



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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>189,555</b>		<b>189,555</b>
<b>b</b> Buildings .....		<b>2,246,399</b>	<b>320,657</b>	<b>1,925,742</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>68,001</b>	<b>64,995</b>	<b>3,006</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,118,303</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) <b>Construction in Progress Tiny House</b>	<b>130,527</b>
(2) <b>Construction in Progress CDBG PC</b>	<b>54,220</b>
(3) <b>Security deposits Utilities</b>	<b>7,775</b>
(4) <b>Refundable deposit</b>	<b>1,000</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>193,522</b>

**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) <b>Refundable deposits</b>	<b>1,488</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,488</b>

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

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.

Dotted lines for providing supplemental information.



**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization <b>Pinellas Ex-Offender Re-Entry Coalition, Inc.</b>	Employer identification number <b>59-3643636</b>
--	---

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

Return is completed by Independent Certified Public Accountant and provided to the CEO for review. The CEO signs and returns the e-file authorization form to the Independent CPA once the return has been reviewed for completeness and accuracy. The Independent CPA transmits the return to the Internal Revenue Service electronically.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

Board of directors list any conflicts annually and through the year if any arise in the interim periods.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Governing documents are provided upon request.

**Form 990, Part IX, Line 11g - Other Fees for Services****Description**

	<b>Tot/Prog Service</b>	<b>Mgt &amp; General</b>	<b>Fundraising</b>
<b>Outside Contract Services</b>	\$ 113,333	\$ 0	\$ 0
<b>Outside Contract Svc Continen</b>	\$ 106,135	\$ 0	\$ 0
<b>Outside Contract Svc FHSP</b>	\$ 5,610	\$ 0	\$ 0
<b>Outside Contract Svc Workforc</b>	\$ 73,983	\$ 0	\$ 0

Name of the organization

Employer identification number

**Pinellas Ex-Offender Re-Entry**

**59-3643636**

**Outside Contract Svc Hidden V**

\$ 45,839                      \$ 0                      \$ 0

**Total**

\$ 344,900                      \$ 0                      \$ 0

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

**Pinellas Ex-Offender Re-Entry  
Coalition, Inc.**

Employer identification number

**59-3643636**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Allinova Transitions, LLC 2640 14th Ave N St. Petersburg FL 33713 47-2323054	Rental	FL	N/A					X	N/A		X	
(2)												
(3)												
(4)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Dividends from related organization(s)

**g** Sale of assets to related organization(s)

**h** Purchase of assets from related organization(s)

**i** Exchange of assets with related organization(s)

**j** Lease of facilities, equipment, or other assets to related organization(s)

**k** Lease of facilities, equipment, or other assets from related organization(s)

**l** Performance of services or membership or fundraising solicitations for related organization(s)

**m** Performance of services or membership or fundraising solicitations by related organization(s)

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**o** Sharing of paid employees with related organization(s)

**p** Reimbursement paid to related organization(s) for expenses

**q** Reimbursement paid by related organization(s) for expenses

**r** Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		<b>X</b>
<b>1b</b>		<b>X</b>
<b>1c</b>		<b>X</b>
<b>1d</b>	<b>X</b>	
<b>1e</b>		<b>X</b>
<b>1f</b>		<b>X</b>
<b>1g</b>		<b>X</b>
<b>1h</b>		<b>X</b>
<b>1i</b>		<b>X</b>
<b>1j</b>		<b>X</b>
<b>1k</b>		<b>X</b>
<b>1l</b>		<b>X</b>
<b>1m</b>		<b>X</b>
<b>1n</b>		<b>X</b>
<b>1o</b>		<b>X</b>
<b>1p</b>		<b>X</b>
<b>1q</b>		<b>X</b>
<b>1r</b>		<b>X</b>
<b>1s</b>		<b>X</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> Allinova Transitions, LLC	<b>d</b>	<b>50,692</b>	<b>Cash</b>
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**Schedule R - Group Exemption Relationships**

Allinova Transition, LLC was formed to hold title to residential rental property and manage the property rental that is used as transitional housing for ex-offenders. Pinellas Ex-Offender Re-Entry Coalition, Inc. CEO is a 50% member in the LLC.

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Non-Residential Real Property:</b>									
40	Welch Renovation Costs	12/23/21	21,301			21,301	39 MMS/L	0	23
41	Welch Renovation CDBG SP	1/01/21	6,409			6,409	39 MMS/L	0	157
			<u>27,710</u>			<u>27,710</u>		<u>0</u>	<u>180</u>
<b>Prior MACRS:</b>									
3	Dell Server	5/11/12	3,143		X	1,571	5 HY 200DB	3,143	0
4	Office chairs - Sams Club	5/16/12	1,243		X	621	7 HY 200DB	1,243	0
5	8 Dell laptops and accessories	5/17/12	6,454		X	3,227	5 HY 200DB	6,454	0
6	2 - Fire extinguishers	5/21/12	128		X	64	7 HY 200DB	128	0
7	Used telephone system	5/21/12	1,400			1,400	7 HY 200DB	1,400	0
8	Used office furniture	5/30/12	655			655	7 HY 200DB	655	0
9	Locks	5/31/12	100		X	50	7 HY 200DB	100	0
10	File cabinet replacement keys	6/06/12	131		X	65	7 HY 200DB	131	0
11	Used refrigerator	6/22/12	229			229	7 HY 200DB	229	0
12	Desktop computer - Best Buy	8/08/12	867		X	434	5 HY 200DB	867	0
13	Sinage templates	10/17/12	210		X	105	7 HY 200DB	210	0
14	4 Brother HL 2240 printers	5/17/12	400		X	200	5 HY 200DB	400	0
15	1 HP Color Laser 200	5/17/12	250		X	125	5 HY 200DB	250	0
16	1 Epson Workforce all-in-one inkjet	5/17/12	100		X	50	5 HY 200DB	100	0
17	Client check in system Voicent	7/31/12	6,783		X	3,391	7 HY 200DB	6,783	0
19	Building - 16th St. S.	12/02/14	315,116			315,116	39 MMS/L	48,816	8,080
20	Improvements - 16th St. S.	12/31/15	9,311			9,311	39 MMS/L	1,204	238
21	Improvements -16th Street	11/03/16	25,721			25,721	39 MMS/L	2,720	660
22	Flooring - 16th Street	7/22/16	5,100			5,100	39 MMS/L	583	131
23	Continental mattresses	6/09/16	9,913		X	4,956	7 HY 200DB	8,807	443
24	Continental improvements	11/25/16	1,457			1,457	39 MMS/L	154	37
25	Continental roofing	6/30/16	4,324			4,324	39 MMS/L	504	110
26	Continental HVAC system	8/10/16	35,000		X	17,500	7 HY 200DB	31,095	1,562
27	Continental improvements	8/26/16	25,334			25,334	39 MMS/L	2,842	650
28	Lawn equipment	10/31/16	995		X	497	5 HY 200DB	966	29
32	Continental building	5/19/16	1,375,535			1,375,535	39 MMS/L	163,124	35,270
33	Welch Renovation Costs	12/11/17	290,926			290,926	27 MMS/L	32,178	10,579
34	Welch renovation costs	11/19/18	38,685			38,685	27 MMS/L	2,989	1,407
35	Continental improvements	12/19/18	20,127			20,127	27 MMS/L	1,494	732
36	Welch Renovation Costs	9/30/19	6,966			6,966	27 MMS/L	327	253
37	Continental Improvements	12/28/19	16,036			16,036	27 MMS/L	607	584
38	Continental improvements	8/19/20	84,050			84,050	27 MMS/L	1,146	3,057
			<u>2,286,689</u>			<u>2,253,828</u>		<u>321,649</u>	<u>63,822</u>
<b>Other Depreciation:</b>									
18	Land - 16th St S	12/02/14	35,000			35,000	0 -- Land	0	0
30	Prescott lot	4/28/16	605			605	0 -- Land	0	0
31	Continental land	5/19/16	153,950			153,950	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
<b>Amortization:</b>									
39	Loan costs - OZK Refi	8/30/21	18,203			18,203	5 MOAmort	0	1,517
29	Loan Costs FCLF	11/19/16	4,250			4,250	7 MOAmort	2,530	607
			<u>22,453</u>			<u>22,453</u>		<u>2,530</u>	<u>2,124</u>
	<b>Grand Totals</b>		2,526,407			2,493,546		324,179	66,126
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,526,407</u>			<u>2,493,546</u>		<u>324,179</u>	<u>66,126</u>

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Non-Residential Real Property:</b>									
40	Welch Renovation Costs	12/23/21	21,301			21,301	39 MMS/L	0	23
41	Welch Renovation CDBG SP	1/01/21	6,409			6,409	39 MMS/L	0	157
			<u>27,710</u>			<u>27,710</u>		<u>0</u>	<u>180</u>
<b>Prior MACRS:</b>									
3	Dell Server	5/11/12	3,143		X	1,571	5 HY 200DB	3,143	0
4	Office chairs - Sams Club	5/16/12	1,243		X	621	7 HY 200DB	1,243	0
5	8 Dell laptops and accessories	5/17/12	6,454		X	3,227	5 HY 200DB	6,454	0
6	2 - Fire extinguishers	5/21/12	128		X	64	7 HY 200DB	128	0
7	Used telephone system	5/21/12	1,400			1,400	7 HY 150DB	1,400	0
8	Used office furniture	5/30/12	655			655	7 HY 150DB	655	0
9	Locks	5/31/12	100		X	50	7 HY 200DB	100	0
10	File cabinet replacement keys	6/06/12	131		X	65	7 HY 200DB	131	0
11	Used refrigerator	6/22/12	229			229	7 HY 150DB	229	0
12	Desktop computer - Best Buy	8/08/12	867		X	434	5 HY 200DB	867	0
13	Sinage templates	10/17/12	210		X	105	7 HY 200DB	210	0
14	4 Brother HL 2240 printers	5/17/12	400		X	200	5 HY 200DB	400	0
15	1 HP Color Laser 200	5/17/12	250		X	125	5 HY 200DB	250	0
16	1 Epson Workforce all-in-one inkjet	5/17/12	100		X	50	5 HY 200DB	100	0
17	Client check in system Voicent	7/31/12	6,783		X	3,391	7 HY 200DB	6,783	0
19	Building - 16th St. S.	12/02/14	315,116			315,116	39 MMS/L	48,816	8,080
20	Improvements - 16th St. S.	12/31/15	9,311			9,311	39 MMS/L	1,204	238
21	Improvements -16th Street	11/03/16	25,721			25,721	39 MMS/L	2,720	660
22	Flooring - 16th Street	7/22/16	5,100			5,100	39 MMS/L	583	131
23	Continental mattresses	6/09/16	9,913		X	4,956	7 HY 200DB	8,807	443
24	Continental improvements	11/25/16	1,457			1,457	39 MMS/L	154	37
25	Continental roofing	6/30/16	4,324			4,324	39 MMS/L	504	110
26	Continental HVAC system	8/10/16	35,000		X	17,500	7 HY 200DB	31,095	1,562
27	Continental improvements	8/26/16	25,334			25,334	39 MMS/L	2,842	650
28	Lawn equipment	10/31/16	995		X	497	5 HY 200DB	966	29
32	Continental building	5/19/16	1,375,535			1,375,535	39 MMS/L	163,124	35,270
33	Welch Renovation Costs	12/11/17	290,926			290,926	27 MMS/L	32,178	10,579
34	Welch renovation costs	11/19/18	38,685			38,685	27 MMS/L	2,989	1,407
35	Continental improvements	12/19/18	20,127			20,127	27 MMS/L	1,494	732
36	Welch Renovation Costs	9/30/19	6,966			6,966	27 MMS/L	327	253
37	Continental Improvements	12/28/19	16,036			16,036	27 MMS/L	607	584
38	Continental improvements	8/19/20	84,050			84,050	27 MMS/L	1,146	3,057
			<u>2,286,689</u>			<u>2,253,828</u>		<u>321,649</u>	<u>63,822</u>
<b>Other Depreciation:</b>									
18	Land - 16th St S	12/02/14	35,000			35,000	0 -- Land	0	0
30	Prescott lot	4/28/16	605			605	0 -- Land	0	0
31	Continental land	5/19/16	153,950			153,950	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		2,503,954			2,471,093		321,649	64,002
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,503,954</u>			<u>2,471,093</u>		<u>321,649</u>	<u>64,002</u>

**Bonus Depreciation Report****Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
3	Dell Server	5/11/12	3,143		0	0	1,572	1,571
4	Office chairs - Sams Club	5/16/12	1,243		0	0	622	621
5	8 Dell laptops and accessories	5/17/12	6,454		0	0	3,227	3,227
6	2 - Fire extinguishers	5/21/12	128		0	0	64	64
9	Locks	5/31/12	100		0	0	50	50
10	File cabinet replacement keys	6/06/12	131		0	0	66	65
12	Desktop computer - Best Buy	8/08/12	867		0	0	433	434
13	Sinage templates	10/17/12	210		0	0	105	105
14	4 Brother HL 2240 printers	5/17/12	400		0	0	200	200
15	1 HP Color Laser 200	5/17/12	250		0	0	125	125
16	1 Epson Workforce all-in-one inkjet	5/17/12	100		0	0	50	50
17	Client check in system Voicent	7/31/12	6,783		0	0	3,392	3,391
23	Continental mattresses	6/09/16	9,913		0	0	4,957	4,956
26	Continental HVAC system	8/10/16	35,000		0	0	17,500	17,500
28	Lawn equipment	10/31/16	995		0	0	498	497
<b>Grand Total</b>			<u>65,717</u>		<u>0</u>	<u>0</u>	<u>32,861</u>	<u>32,856</u>

**Depreciation Adjustment Report****All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	3	Dell Server	0	0	0
Page 1	1	4	Office chairs - Sams Club	0	0	0
Page 1	1	5	8 Dell laptops and accessories	0	0	0
Page 1	1	6	2 - Fire extinguishers	0	0	0
Page 1	1	7	Used telephone system	0	0	0
Page 1	1	8	Used office furniture	0	0	0
Page 1	1	9	Locks	0	0	0
Page 1	1	10	File cabinet replacement keys	0	0	0
Page 1	1	11	Used refrigerator	0	0	0
Page 1	1	12	Desktop computer - Best Buy	0	0	0
Page 1	1	13	Sinage templates	0	0	0
Page 1	1	14	4 Brother HL 2240 printers	0	0	0
Page 1	1	15	1 HP Color Laser 200	0	0	0
Page 1	1	16	1 Epson Workforce all-in-one inkjet	0	0	0
Page 1	1	17	Client check in system Voicent	0	0	0
Page 1	1	19	Building - 16th St. S.	8,080	8,080	0
Page 1	1	20	Improvements - 16th St. S.	238	238	0
Page 1	1	21	Improvements -16th Street	660	660	0
Page 1	1	22	Flooring - 16th Street	131	131	0
Page 1	1	23	Continental mattresses	443	443	0
Page 1	1	24	Continental improvements	37	37	0
Page 1	1	25	Continental roofing	110	110	0
Page 1	1	26	Continental HVAC system	1,562	1,562	0
Page 1	1	27	Continental improvements	650	650	0
Page 1	1	28	Lawn equipment	29	29	0
Page 1	1	32	Continental building	35,270	35,270	0
Page 1	1	33	Welch Renovation Costs	10,579	10,579	0
Page 1	1	34	Welch renovation costs	1,407	1,407	0
Page 1	1	35	Continental improvements	732	732	0
Page 1	1	36	Welch Renovation Costs	253	253	0
Page 1	1	37	Continental Improvements	584	584	0
Page 1	1	38	Continental improvements	3,057	3,057	0
Page 1	1	40	Welch Renovation Costs	23	23	0
Page 1	1	41	Welch Renovation CDBG SP	157	157	0
				<u>64,002</u>	<u>64,002</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
3	Dell Server	5/11/12	3,143	0	0
4	Office chairs - Sams Club	5/16/12	1,243	0	0
5	8 Dell laptops and accessories	5/17/12	6,454	0	0
6	2 - Fire extinguishers	5/21/12	128	0	0
7	Used telephone system	5/21/12	1,400	0	0
8	Used office furniture	5/30/12	655	0	0
9	Locks	5/31/12	100	0	0
10	File cabinet replacement keys	6/06/12	131	0	0
11	Used refrigerator	6/22/12	229	0	0
12	Desktop computer - Best Buy	8/08/12	867	0	0
13	Sinage templates	10/17/12	210	0	0
14	4 Brother HL 2240 printers	5/17/12	400	0	0
15	1 HP Color Laser 200	5/17/12	250	0	0
16	1 Epson Workforce all-in-one inkjet	5/17/12	100	0	0
17	Client check in system Voicent	7/31/12	6,783	0	0
19	Building - 16th St. S.	12/02/14	315,116	8,080	8,080
20	Improvements - 16th St. S.	12/31/15	9,311	239	239
21	Improvements -16th Street	11/03/16	25,721	660	660
22	Flooring - 16th Street	7/22/16	5,100	131	131
23	Continental mattresses	6/09/16	9,913	442	442
24	Continental improvements	11/25/16	1,457	38	38
25	Continental roofing	6/30/16	4,324	111	111
26	Continental HVAC system	8/10/16	35,000	1,562	1,562
27	Continental improvements	8/26/16	25,334	649	649
28	Lawn equipment	10/31/16	995	0	0
32	Continental building	5/19/16	1,375,535	35,271	35,271
33	Welch Renovation Costs	12/11/17	290,926	10,579	10,579
34	Welch renovation costs	11/19/18	38,685	1,407	1,407
35	Continental improvements	12/19/18	20,127	732	732
36	Welch Renovation Costs	9/30/19	6,966	254	254
37	Continental Improvements	12/28/19	16,036	583	583
38	Continental improvements	8/19/20	84,050	3,056	3,056
40	Welch Renovation Costs	12/23/21	21,301	546	546
41	Welch Renovation CDBG SP	1/01/21	6,409	165	165
			<u>2,314,399</u>	<u>64,505</u>	<u>64,505</u>
<b>Other Depreciation:</b>					
18	Land - 16th St S	12/02/14	35,000	0	0
30	Prescott lot	4/28/16	605	0	0
31	Continental land	5/19/16	<u>153,950</u>	<u>0</u>	<u>0</u>
	<b>Total Other Depreciation</b>		<u>189,555</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>189,555</u>	<u>0</u>	<u>0</u>
<b>Amortization:</b>					
39	Loan costs - OZK Refi	8/30/21	18,203	3,641	3,641
29	Loan Costs FCLF	11/19/16	<u>4,250</u>	<u>607</u>	<u>607</u>
			<u>22,453</u>	<u>4,248</u>	<u>4,248</u>
	<b>Grand Totals</b>		<u>2,526,407</u>	<u>68,753</u>	<u>68,753</u>



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**Pinellas Ex-Offender Re-Entry  
Coalition, Inc.**

**59-3643636**

		2020	2021	Differences	
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	76,262	169,680	93,418	
	2. Membership dues and assessments .....				
	3. Government contributions and grants .....	578,736	566,852	-11,884	
	4. Program service revenue .....	2,003,263	1,989,421	-13,842	
	5. Investment income .....				
	6. Proceeds from tax exempt bonds .....				
	7. Net gain or (loss) from sale of assets other than inventory .....				
	8. Net income or (loss) from fundraising events .....				
	9. Net income or (loss) from gaming .....				
	10. Net gain or (loss) on sales of inventory .....				
	11. Other revenue .....				
	<b>12. Total revenue.</b> Add lines 1 through 11		<b>2,658,261</b>	<b>2,725,953</b>	<b>67,692</b>
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....				
	14. Benefits paid to or for members .....	35,333	300,085	264,752	
	15. Compensation of officers, directors, trustees, etc. ....	73,478	81,068	7,590	
	16. Salaries, other compensation, and employee benefits .....	825,351	789,072	-36,279	
	17. Professional fundraising fees .....				
	18. Other professional fees .....	993,514	357,450	-636,064	
	19. Occupancy, rent, utilities, and maintenance .....	343,959	353,617	9,658	
	20. Depreciation and Depletion .....	62,546	66,124	3,578	
	21. Other expenses .....	454,291	379,230	-75,061	
	<b>22. Total expenses.</b> Add lines 13 through 21		<b>2,788,472</b>	<b>2,326,646</b>	<b>-461,826</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12		<b>-130,211</b>	<b>399,307</b>	<b>529,518</b>
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue .....	2,658,261	2,725,953	67,692	
	25. Total unrelated revenue .....				
	26. Total excludable revenue .....	2,003,263	1,989,421	-13,842	
	27. Total assets .....	2,511,534	2,698,931	187,397	
	28. Total liabilities .....	2,725,992	2,514,082	-211,910	
	29. Retained earnings .....	-214,458	184,849	399,307	
	30. Number of voting members of governing body .....	12	12		
	31. Number of independent voting members of governing body .....	12	12		
	32. Number of employees .....	24	20		
33. Number of volunteers .....					

<b>Form 990</b>	<b>Tax Return History</b>	<b>2021</b>
Name <b>Pinellas Ex-Offender Re-Entry Coalition, Inc.</b>		Employer Identification Number <b>59-3643636</b>

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	910,290	953,501	1,684,512	654,998	736,532	
Membership dues .....						
Program service revenue .....	1,481,810	1,110,329	1,386,517	2,003,263	1,989,421	
Capital gain or loss .....						
Investment income .....						
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>2,392,100</b>	<b>2,063,830</b>	<b>3,071,029</b>	<b>2,658,261</b>	<b>2,725,953</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....	8,051	9,629	103,933	35,333	300,085	
Compensation of officers, etc. ....	65,000	67,098	70,788	73,478	81,068	
Other compensation .....	592,907	656,180	1,041,616	825,351	789,072	
Professional fees .....	696,360	735,288	950,892	993,514	357,450	
Occupancy costs .....	259,387	273,402	267,355	343,959	353,617	
Depreciation and depletion .....	52,793	61,181	61,757	62,546	66,124	
Other expenses .....	289,408	352,899	506,372	454,291	379,230	
<b>Total expenses</b> .....	<b>1,963,906</b>	<b>2,155,677</b>	<b>3,002,713</b>	<b>2,788,472</b>	<b>2,326,646</b>	
<b>Excess or (Deficit)</b> .....	<b>428,194</b>	<b>-91,847</b>	<b>68,316</b>	<b>-130,211</b>	<b>399,307</b>	
<b>Total exempt revenue</b> .....	<b>2,392,100</b>	<b>2,063,830</b>	<b>3,071,029</b>	<b>2,658,261</b>	<b>2,725,953</b>	
Total unrelated revenue .....						
Total excludable revenue .....	1,481,810	1,110,329	1,386,517	2,003,263	1,989,421	
Total Assets .....	2,414,934	2,573,445	2,721,542	2,511,534	2,698,931	
Total Liabilities .....	2,204,261	2,454,619	2,634,400	2,725,992	2,514,082	
Net Fund Balances .....	210,673	118,826	87,142	-214,458	184,849	

60503 Pinellas Ex-Offender Re-Entry

59-3643636

FYE: 12/31/2021

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Outside Contract Services	\$ 113,333	\$ 113,333	\$	\$
Outside Contract Svc Continen	106,135	106,135		
Outside Contract Svc FHSP	5,610	5,610		
Outside Contract Svc Workforc	73,983	73,983		
Outside Contract Svc Hidden V	45,839	45,839		
Total	<u>\$ 344,900</u>	<u>\$ 344,900</u>	<u>\$ 0</u>	<u>\$ 0</u>

60503 Pinellas Ex-Offender Re-Entry

59-3643636

FYE: 12/31/2021

## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Amounts below Sch B threshold	\$ 11,180
Department of Justice Cash Contribution	319,943
Mahaffey Foundation Cash Contribution	1,000
Pinellas County Bd of County Comm Cash Contribution	27,909
Small Business Administration Cash Contribution	25,000
Small Business Adminstration Cash Contribution	194,000
United Way Suncoast Cash Contribution	157,500
Total	<u>\$ 736,532</u>

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Tansition in Place	\$ 510,713
Continental	389,871
Cohort of Champions	214,065
Workforce Reimbursement	210,585
Second Chance	192,000
Client service fees	183,190
HEP	117,200
STARS	87,518
Hidden Voices	49,425
Framework	29,286
Fdn for Healthy St Pete	5,568
Total	<u>\$ 1,989,421</u>



## Eric Glinsboeckel, R.A, ByAK

Owner/Principal G2 Design, LLC

727-280-6234

1523 16th St S, St. Petersburg, FL 33705

[eric@g2darchitecture.com](mailto:eric@g2darchitecture.com)

<http://g2darchitecture.com/>

<b>Objective</b>	To create high quality, technical drawings that are easily permittable, delivered to clients on time and within budget
<b>Skills &amp; Abilities</b>	Microsoft office, Quickbooks, Quicken, AutoCAD, Revit, Photoshop, Sketchup, and other industry software. Extensive experience in electrical engineering and residential structural engineering
<b>Experience</b>	<b>2009 - Present</b> G2 Design, LLC Owner- Principal <ul style="list-style-type: none"><li>Creation of drawing details, sections and engineering for hundreds of residential and commercial projects</li><li>Relationship development with contractors and engineers</li></ul> <b>2003 - 2009</b> Aude, Shande & Williams Project Manager <ul style="list-style-type: none"><li>On site construction management of multiple extensive renovations to the Mahaffey Theater</li><li>Mirror Lake Library historic renovations.</li><li>Albert Whitted Park design and development</li></ul>
<b>Education</b>	<b>University of South Florida – Tampa, FL – Masters of Architecture</b> 2002 Graduate Assistant and computer lab administrator
<b>Communication</b>	Over 25 years of experience in architecture and engineering drawing development, project management and construction administration
<b>Leadership</b>	President, Vice President and Director of the Board for National Association of Remodeling Industry 2014-2016
<b>References</b>	<b>Supplied upon Request</b> Florida Architectural License #AR92165 National Council of Architectural Registration Board #97711

## Johanna Glinsboeckel, R.A, LEED AP

Owner/Principal G2 Design, LLC

727-280-6234

1523 16th St. S. St. Petersburg, FL 33705

[johanna@g2darchitecture.com](mailto:johanna@g2darchitecture.com)

<http://g2darchitecture.com/>

<b>Objective</b>	To lead a dynamic, creative architectural team delivering value and high-quality projects to clients, on time and within budget
<b>Skills &amp; Abilities</b>	Microsoft office, Quickbooks, Quicken, AutoCAD, Revit, Photoshop and other industry software. Twenty years of office and business management experience.
<b>Experience</b>	<b>2009 - Present</b> G2 Design, LLC Owner- Principal <ul style="list-style-type: none"><li>Manage projects, staff and clients on residential and commercial projects.</li><li>Scheduling, process development, quality management</li></ul> <b>2006 - 2009</b> Platinum Advanced Technologies Design & Production Manager <ul style="list-style-type: none"><li>Developed all process for a new insulated panel manufacturer including development of architectural details, software customization and training of staff</li><li>Wrote the US Patent process for panel creation and drawing integration</li></ul>
<b>Education</b>	<b>University of South Florida – Tampa, FL – Masters of Architecture</b> 2004 Member of the National Honors Society, American Institute of Architects Student chapter vice president and graduate assistant
<b>Communication</b>	Excellent communication and training skills developed through various management roles and duties. Highly proficient in process development and refinement.
<b>Leadership</b>	Vice President and secretary of BNI chapter, mother of twins, charette leader for Urban Charette Group
<b>References</b>	<b>Supplied upon Request</b> Florida Architectural License #AR99263 National Council of Architectural Registration Board #115614



# STEVEN CLEVELAND

Indian Rocks Beach, FL

[Steven@ksands.net](mailto:Steven@ksands.net)

Phone: 727.307.2741

## PROFESSIONAL SUMMARY

Accomplished Construction Manager and Senior Project Manager with 30 years' experience leading and overseeing water/wastewater and commercial construction projects. Extensive experience in water/wastewater treatment/testing, VA hospital, and Military construction. Expertise in supervising projects under stringent cost margins and tight deadlines and attaining profit goals. Skilled in bid management, cost estimating, contract negotiation, construction planning and scheduling, and LEED and sustainable construction projects. Supervises field administration, sub-contractor/vendor selection, budgets, and schedules. Provides comparison/material analysis and long lead/potential cost escalation identification. Excellent communication and facilitation skills with strong capacity to interface with clients, architects (engineers) and inspectors.

## SKILLS

- General contracting professional
- Subcontractor management
- Strong interpersonal skills
- Commercial construction expert
- Level II Background
- OSHA Certified
- Excellent customer relations
- Knowledgeable in construction safety
- First Aid and CPR Certified
- Scaffolding
- Fall Protection Plan (FPP)

## WORK HISTORY

### OWNER

**CLEVELAND CONSTRUCTION SERVICES LLC – INDIAN ROCKS BEACH, FL**

09/2017 – CURRENT

Managed operations of new and renovations of all construction projects (\$50,000-\$400,00)

Environmental construction, wetland mitigation, and high security safe houses construction

Led projects with numerous construction employees, and subcontractors

Managed RFI's, RFQ's subcontractor negotiations, vendor selection

Monitored and controlled project safety, quality, directed costs and schedules and ensured project met quality standards and government regulations

### Owner

**Krueger Stevens & Sons Construction - Oldsmar, FL**

00/2010 - 2016

Managed operations of new and renovations of all construction projects (\$1M to \$5M)

LEED Silver and Gold achievement projects.

Led projects with numerous construction employees, and subcontractors

Managed RFI's, RFQ's subcontractor negotiations, vendor selection

Monitored and controlled project safety, quality, directed costs and schedules and ensured project met quality standards and government regulations



### **Senior Estimator**

**DOOSAN HYDRO TECHNOLOGY**, - Tampa, FL

00/2005 - 00/2009

Managed estimation projects for multi-million-dollar water/wastewater construction projects (\$1M to \$97M).

Led projects with up to 20 engineers, staff, construction employees, and subcontractors.

Develop process flow for mechanical piping, concrete, structural steel, instrumentation, and electrical take-offs. ·

Facilitated construction cost estimates (CSI format and the Means methods) regarding projects for local government and private clients globally utilizing MC2 ICE. ·

Developed and implemented company policies and procedures, including Global Vendor Database and Estimating Department Procedures and Guidelines. ·

Managed RFQs for subcontractors and vendor suppliers and RFIs for project-specific information.

### **Construction Manager**

**American Water Florida**, - New Port Richey, FL

00/2002-00/2005

Managed new construction and renovation projects of water and wastewater systems, including Spray fields, containment ponds, ground water monitoring, installation of recovery, sample, and injection wells. Design Build of water treatment systems for FDOT, County and State facilities.

Annual revenue \$100 million dollars.

FDOT state contract for water monitoring interstate I-10, and I-75 pedestrian rest areas.

Oversee 500+ employees and numerous satellite sites throughout Florida and the Keys, Bahamas, Puerto Rico and the Caribbean Islands.

### **EDUCATION**

**Bachelor of Science:** Business Management **FLORIDA STATE UNIVERSITY, Tallahassee, FL** - Tallahassee, FL1977

### **ACCOMPLISHMENTS**

- Led numerous projects that were all completed within budget and on schedule.
  - PHCC Wiregrass Wesley Chapel, FL
  - Tampa Bay Water, Land O Lakes FL
  - Old City Hall Tampa, Tampa FL
  - Building 4930 P991 H1 Gearbox Facility (MCAS Cherry Point) Havelock, NC

### **CERTIFICATIONS**

General Contractor #GCC1506389, Florida, 2004, License, Level II Background current

Underground & Excavation #CUC1223900, Florida, 2004, License Design Build for Water Wastewater Institute of America, 2008, Florida All-lines Insurance Adjuster License 2017.

**MILITARY USMC HONORABLE Medical Discharge 1979**

**COMMUNITY SERVICE**

Florida Dream Center CEO, Adopt-a-Block Director, Hillsborough County Parks & Recs Executive Board (appointment), Child Education of America (missing children), YES United of America, Pinellas County Lealman CRA, (appointment), Champion Service Award 4-2017, Leadership award Pinellas County Sheriff, 3-2016, Greatest Impact in the Community award 6-2016, Leader in Community award 2015.