

# Application Form

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## *Organization Information*

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

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

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

### **Organization Name\***

Rebuilding Together Tampa Bay

### **Proposal Name\***

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

RTTB: Pinellas County Service Expansion

### **EIN\***

59-3664580

### **Incorporation Year\***

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

2000

### **Organizational Mission Statement\***

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

Rebuilding Together Tampa Bay's (RTTB) mission is to "repair homes, revitalize communities and rebuild lives." We're a local nonprofit and licensed General Contractor with over 20 years of experience providing critical home rehabilitation and modification services at no cost to eligible beneficiaries in both Pinellas and Hillsborough Counties.

### **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

SN3VL5MNKJN5

### Annual Operating Budget Size\*

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

\$5,502,322.00

### Amount Requested\*

The maximum grant amount is \$199,999.

\$137,609.94

### Parent Non-Profit/Subsidiaries\*

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

#### Example

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

No

## *Request Specifics*

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### Organization Programmatic Background\*

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

Rebuilding Together Tampa Bay (RTTB) is a certified 501(c)3 nonprofit organization and licensed general contractor (CGC1522294), dedicated to preserving and creating affordable housing and ensuring that our most vulnerable low-income homeowners live in warmth, safety, and independence. We have over 20 years of experience providing home rehabilitation and modification services at no cost to eligible, low-income, beneficiaries. RTTB delivers services to low-to-moderate income homeowners within the Tampa-St. Petersburg Metropolitan Area. RTTB was founded in 2000 on the belief that all persons deserve to live in safe

and healthy homes. We seek to preserve homes and revitalize communities so that low-income homeowners, from the elderly and disabled to families with children, and veterans who have served our country, have a safe, healthy, and affordable place to call home. Our programs create safe and healthy neighborhoods through the repair and preservation of the existing housing stock, the acquisition of vacant lots, and the new construction of affordable top-quality homes. In revitalizing communities, our goal is to create opportunities resulting in household and neighborhood stability. We create jobs and business opportunities as we hire locally, from printers to market our programs to skilled trade professionals to perform construction work. RTTB has grown from 4 home repair projects per year in 2003, to an average of 120 projects in the year 2021, serving over 4000 people, repairing 1700 homes, and engaging over 5000 volunteers since our inception in 2000. For Fiscal year 2022, ending June 30th, 2023, we committed to complete 163 projects which translates to over 800 clients served. We have expanded our traditional services to include the construction of new affordable homes for low-to moderate income and first-time homebuyers and extending our services to tenant-occupied homes.

### 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.

The need is great in Pinellas County, 51% of homeowners with an AMI below 50% spend more than half of their income on their mortgage. (Shimberg 2019) whilst the investor market share of home purchases has seen a 520 % Increase in total purchases from 2011 – 2021(Pinellas County Property Appraiser.) Given these levels of disparity, paying for the level of expertise required to maintain and rehab their homes is out of the realm of possibility for most low-income homeowners. Therefore, work is often delayed, homes deteriorate further, health can suffer as a result, residents may try to address the issues, go deeper into debt, and make tradeoffs between other necessities (food, medicine) to get the work done. The City of St. Pete has an owner-occupied rate of 64.2% which indicates a significant level of homeownership, with prices skyrocketing around Tampa Bay there are few ways current low-income homeowners can justify staying in their homes especially when they have much needed major repairs unaddressed. This accelerates gentrification, displaces the elderly, veterans, families with children, and the disabled at alarming rates, it is also the force behind undesirable gentrification, the makeup of entire neighborhoods changing, histories erased, and generational wealth eradicated. RTTB works diligently to help our neighbors in need stay in their homes, raise their families in safe and healthy housing, so they can pass what they've worked so hard to have, their homes, on to their children who benefit from the economic growth taking place around them. Our work in this space also aims to address deep rooted inequities in the housing market, "Black Americans [have] a homeownership rate of 46.4% compared to 75.8% [for] white families. Compounding matters, homes in predominately Black neighborhoods across the country are valued at \$48,000 less than predominately white neighborhoods for a cumulative loss in equity of approximately \$156 billion." (Brookings 2021)

### Negative Economic Impact on Organization\*

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

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

- 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

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

**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. The Large Project Letter of Intent does not permit uploads to support the answer to this question.**

COVID-19 adversely impacted us in each of the aforementioned ways. During our Kickoff to Rebuild event during the Super Bowl in Tampa we were unable to host multiple corporate volunteer days which are a major source of revenue for us at \$10-15,000 per corporation. Volunteer events are just starting to be hosted again; however, still at a significantly lower rate than prior to COVID. We purchased, at our own cost, PPE equipment to distribute to our most vulnerable citizens and clients. We had to, several times, work remotely making technological accommodations for staff (laptop upgrades, cameras for videoconferencing.) Due to potential COVID exposure we had our offices professionally sanitized on more than one occasion. Finally, to allow for adequate social distancing between all staff members, RTTB made the decision to move offices from a building we owned. We now split staff between two offices (one in Hillsborough and one in Pinellas County) both of which are rented and are adding significant cost pressures vis-à-vis rent.

## Proposal Description\*

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

Please describe your purchase proposal and address the following:

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

RTTB would be purchasing a Sprinter and Metris van with these funds and additional tools for the van as well as equipment for our onsite volunteer events. The estimated lifespan of the purchase will be approximately 15 + years for the van, tools, and event equipment. This addresses the economic harm described previously by allowing us more flexibility across the County. RTTB is currently functioning with just one van to service the entirety of our service area which includes all of Hillsborough County and all of Pinellas County. The van will allow us to service far more households in Pinellas County as the other van is kept overnight in Hillsborough. Serving more clients allows us to generate more revenue through contracts and through grant funding which in turn will help negate the economic harm incurred.

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

Rebuilding Together Tampa Bay exists to help low-income homeowners maintain and keep their home. We understand that performing this work means confronting the many social, economic, and health inequities that have been levied on communities of color from decades of discriminatory development methods, redlining, and vast displacement practices. Understanding this context helps us develop and deploy our programs in ways that maximize their impact on both individual homeowners and the neighborhoods they call home. We have made strides to decelerate the negative consequences of gentrification through the stabilization of affordable homeownership. As an organization, we have always rooted our housing work in equity and inclusion, and we know that we still have work to do to overcome racial inequality and injustice. This purchase will greatly assist us in our quest to address these pressing issues of health, equity, and affordability in Pinellas County, by allowing us greater mobility in and access to the communities we serve. It will bolster our ability to continue the work we do, efficiently, productively, and impactfully, which in turn will help alter the trajectory of housing here so that so many who call Pinellas County home aren't priced out and can continue to age in the neighborhoods they call home, raise their families, stay close to their networks and jobs, and can experience generational benefits from the economic growth occurring on their doorsteps. The population we serve through our programs tend to be historically marginalized and are by definition low-income; therefore, this purchase will unequivocally benefit the aforementioned community members in Pinellas County as they will be used solely to improve and expand our programmatic reach and impact.

## Number Served\*

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

200

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

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

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

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

Unduplicated

## Other (Explanation Required)

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

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/>

3914 N US 301 HWY STE 700 TAMPA, FL 33619

### QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

No

## Purchase Location\*

Where will the majority of the activities related to the purchase(s) take place?

### Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

Our current Pinellas County headquarters, which is an office that we rent and from and split with Habitat for Humanity of Pinellas and West Pasco, is located in a QCT, it's address is 1350 22nd St. South St. Petersburg FL 33711. The purchase we are proposing is indeed two vans along with equipment for the vans that will deliver services to multiple addresses within Pinellas County. The majority of the addresses we will be servicing will be located in the Southside of St. Petersburg and in unincorporated Lealman which means the majority of our operations will and currently do occur in Qualified Census Tracts and serve members of the community residing in QCTs.

## QCT Determination - Purchase\*

Does this organization's proposed purchase benefit residents of QCTs?

Yes

## Community Connection

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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.

RTTB is a diverse organization. Our staff represents a plurality of experiences, backgrounds, and identities and has significant ties to the communities we serve. Our Board of Directors is similarly diverse and engaged. The projects we undertake often engage our funders, community volunteers, staff, Board members, and the neighbors we serve through hands on projects in the community during which we paint, landscape, and rehab the homes of those we serve. RTTB is working diligently to remain a community-based resource in Pinellas County for many years to come, while expanding our impact and services throughout the Southside of St.



Petersburg and Lealman where we have our most concentrated presence. We are doing this by working, over the years, with other community organizations including John Hopkins All Children's Hospital, Humana, Pinellas County Schools, Reach, United HealthCare, the Tampa Bay Asthma Coalition, Tampa Bay HealthCare Collaborative, Pinellas Falls Free Coalition, Pinellas Home Modification Coalition, and Lealman's Community Redevelopment Area (CRA) from which we have recently been awarded Contract 22-0058-LI (JJ) Lealman Community Redevelopment Area (CRA) Housing Programs for \$1.8MM in major homes repairs throughout the community of Lealman.

### 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

### 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

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

BIPOC

### Leadership Demographics - CEO/Executive Director\*

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

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

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

BIPOC

## *Proposal Costs*

### Purchase Estimates/Bids\*

**You must combine all bids/estimates into one file.**

**Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.**

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

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

ARPA Small Bid\_Estimates 2022.pdf

### Sole Source\*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

### Related Parties\*

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

#### Examples of Related Parties

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

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

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

No related parties

## Budget Summary\*

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

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

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

RTTB Final Budget-Template-Small-Capital-Purchases.xlsx

## Other Funding Sources\*

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

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

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

We have not approached other funders for these items as our fundraising focus has been primarily project focused.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

This will bring additional costs due to vehicle maintenance, insurance, and gas expenditures; however, we are confident that these vehicles and tools will support a marked increase in projects delivered and ground covered which in the long run will decrease our operating costs. An increase in projects means more funding, which will undoubtedly cover the running costs associated with the vehicles.

## *Organization Documentation*

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

### **Organization Budget\***

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

RTTB FY 21-22 Budget.pdf

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

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board Roster 2021.pdf

### **IRS Form 990\***

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

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

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

Only PDF files are permitted.

RTTB 990 Tax Return YE063021 (002).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.

RTTB Audited Financials FY2020-21.pdf

## *Insurance Requirements*

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### **Evidence of Insurance Coverage\***

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

Please upload evidence of insurance.

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

Insurance RTTB General Liability\_001.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*

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### **Reporting Requirements Acknowledgment\***

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

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

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

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

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

## *Additional Information*

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### Budget Summary

**NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED**

**Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.**

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

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

### Additional Upload

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

Wrap Quote Singrama.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?

### Brief Project Descriptor

Please briefly describe this organization's request.

## File Attachment Summary

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### *Applicant File Uploads*

- ARPA Small Bid\_Estimates 2022.pdf
- RTTB Final Budget-Template-Small-Capital-Purchases.xlsx
- RTTB FY 21-22 Budget.pdf
- Board Roster 2021.pdf
- RTTB 990 Tax Return YE063021 (002).pdf
- RTTB Audited Financials FY2020-21.pdf
- Insurance RTTB General Liability\_001.pdf
- Wrap Quote Singrama.pdf

Received 9/2/2022

## Configure Print

### Vehicle Information 2023 MMCA3G

Code	Description	Price
	<b>MODEL: 2023 MMCA3G</b>	\$40,200
9147	Arctic White	
VU9	Black leatherette	\$81

#### Package Details

C01PKG	DRIVER COMFORT	\$617
SB1	Comfort driver's seat	
SB2	Comfort co-driver's seat	
C02PKG	DRIVER EFFICIENCY	\$789
FF1	Storage Tray, Lower Console	
L16	Front fog lamps	
MS1	Cruise control	
FZ9	Two additional master keys	
C03PKG	SAFETY	\$1,084
CL3	Leather steering wheel	
F68	Exterior mirror heated and electr. adjustable	
JA7	Blind Spot Assist	
JF1	Rain sensor	
Y10	First aid kit	

#### Options Details

CL3	Leather steering wheel	
F68	Exterior mirror heated and electr. adjustable	
FF1	Storage Tray, Lower Console	
FZ9	Two additional master keys	
JA7	Blind Spot Assist	
JF1	Rain sensor	
L16	Front fog lamps	
MS1	Cruise control	
Q24	Trailer cross-member,NAFTA,towing capacity 5000lbs	\$447
SB1	Comfort driver's seat	
SB2	Comfort co-driver's seat	
SE4	Lumbar support, co-driver's seat	
SE5	Lumbar support, driver's seat	
W50	Rear door, double-wing, 180 degrees, w/o window	\$-124
Y10	First aid kit	

#### TOTAL

**\$43,094**

#### Standard Options

BA3	Active Brake Assist
BB7	CO2-optimised braking system
CF0	Basic suspension
CL4	Multifunction steering wheel with trip computer
DUP0	Metris
E07	Hill Start Assist
E1S	Satellite radio
E2R	Radio generation 2





← [Shop other new 2022 Mercedes-Benz Sprinter 2500s](#)



1/1

New

Save

## 2022 Mercedes-Benz Sprinter 2500 170 WB High Roof Extended Cargo

[Call](#)

[Check availability](#)

Home Delivery

Virtual Appointments

### Contact seller

First name

Last name

Email

Phone (optional)

Subject  
Check availability

Comments  
I'd like to know if the New 2022 Mercedes-Benz Sprinter 2500 170 WB High Roof Extended Cargo you have listed on Cars.com for \$59,696 is still available.

I have a trade in

Check availability

By clicking here, you authorize Cars.com and its sellers/partners to contact you by text/calls which may include marketing and be by autodialer. Calls may be prerecorded. You also agree to our Privacy Statement. Consent is not required to purchase goods/services.

We value your privacy. [Cars.com Privacy Statement](#)

Ad

### Car shopper resources



Get a quote with GEICO.

So, take your time finding that perfect car. [Click here for a free quote.](#)



Call

Check availability

Received 9/2/2022

## Configure Print

## Vehicle Information 2023 M2CV7G

Code	Description	Price
	<b>MODEL: 2023 M2CV7G</b>	\$53,600
9147	Arctic White	
VF6	Artico Man-Made Leather Black	\$226
<b>Package Details</b>		
C00PKG	Comfort Package	\$302
LC4	Comfort overhead control panel	
SE4	Lumbar support, co-driver's seat	
SE5	Lumbar support, driver's seat	
SK0	Comfort head restraint, driver	
SK1	Comfort head restraint, co-driver	
C01PKG	Driver Convenience Package	\$442
E46	12 V power outlet, driver seat base	
F64	Electrically folding exterior mirrors	
FJ1	Hinged lid for storage compartment	
FJ5	Hinged Lid for Storage Compartments left and right	
FZ9	Keys, two additional masters	
JW8	Attention Assist	
C0SPKG	Comfort Package (Seat addition)	\$420
SB1	Comfort driver's seat	
SB2	Comfort passenger seat	
<b>Options Details</b>		
E3M	MBUX Multimedia System with 7 touchscreen	\$523
E46	12 V power outlet, driver seat base	
F61	Interior rear view mirror	\$40
F64	Electrically folding exterior mirrors	
FJ1	Hinged lid for storage compartment	
FJ5	Hinged Lid for Storage Compartments left and right	
FR8	Rear view camera (head unit display)	\$371
FY7	Optional 3-button keys	\$40
FZ9	Keys, two additional masters	
JA7	Blind Spot Assist	\$497
JF1	Rain sensor	\$116
JW8	Attention Assist	
LC4	Comfort overhead control panel	
Q24	Trailer hitch, 5,000 lbs	\$162
QA9	Half-sided step rear (for trailer hitch)	\$111
SB1	Comfort driver's seat	
SB2	Comfort passenger seat	
SE4	Lumbar support, co-driver's seat	
SE5	Lumbar support, driver's seat	
SK0	Comfort head restraint, driver	
SK1	Comfort head restraint, co-driver	
T75	Door-mounted assist handles, driver & passenger	\$65
T86	Assist handles, right rear door	\$35
W54	Rear doors, opening to side wall	\$397

**TOTAL**

\$57,347

**Standard Options**

9147	Arctic White
AR3	Axle ratio 4.182
BA3	Active Brake Assist
BH1	Hold Function
C6L	Multifunction steering wheel
CL1	Adjustable steering wheel (angle)
D03	High roof
D93	Omission bulkhead
E07	Hill Start Assist
E1U	USB-C socket, 5 V
E30	Starter battery disconnect
E3J	Pre-installation for switch panel
E40	Trailer hitch prep. wiring
ED4	AGM battery 12V 92 AH 850 A
ED8	Preinstallation PSM
EK1	Body Builder Connector
ES0	Jump start terminal
EW6	Pre-installation: Remote Services Plus
EY5	Emergency Call System
EY6	Breakdown management
F43	Laminated glass rear
F68	Heated & electrically adjustable exterior mirrors
FF3	Cupholder rear compartment
FF5	Shelf above windshield
FG8	Cupholder front
FJ4	Storage compartment underneath cockpit
G43	Automatic transmission, 9G-tronic
H00	Warm/cool air duct to rear compartment
H21	Windshield with filter band
H22	Rear window defroster
HH2	Heater, auxiliary electric hot air
HH9	Air Condition, Front
IG4	Standard
IG5	Basic
J11	Speedometer, miles and km/h
J55	Seat belt warning for co-driver seat
J58	Seat belt reminder driver
J65	Outside temperature gauge
JA8	Crosswind Assist
JH3	Communication module (LTE) for dig. services
K14	22 gallon fuel tank
K60	Exhaust straight to rear
L94	Parking lights deletion
LA2	Headlight assistant
LB5	3rd brake light
LIN0	MB 3500 XD CREW
M60	Generator 14 V / 250 A
MH8	SULEV emissions
MM3	2.0L 4-cylinder turbo gasoline engine
MS1	Cruise control
MY3Z	Model year 3 NSR1
P47	Front mudflaps
P48	Rear mudflaps

Try "G70"

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Used

Reviews



1 OF 23



# Napleton's Volkswagen of Sanford

Summary Features Calculator Dealer Reviews

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Used

## 2020 Mercedes-Benz Metris

Passenger 4dr Minivan (2.0L 4cyl Turbo 7A)

VIN: W1WV0FEY8L3698033 Stock: L3698033P

### Vehicle Summary



48,708 Miles

Ext: Obsidian Black Metallic



Int: Black Leatherette



Automatic Transmission



Rear Wheel Drive



Gas Engine



208 Horsepower



Max Towing Capacity: 5,000 lbs.



Max Payload Capacity: 1,896 lbs.



20 City / 24 Hwy ⓘ



7 Seats ⓘ

## Vehicle History Report by **AutoCheck** A part of Experian



**0 Accidents**



**1 Owner**



**Personal Use**



**Clean Title**

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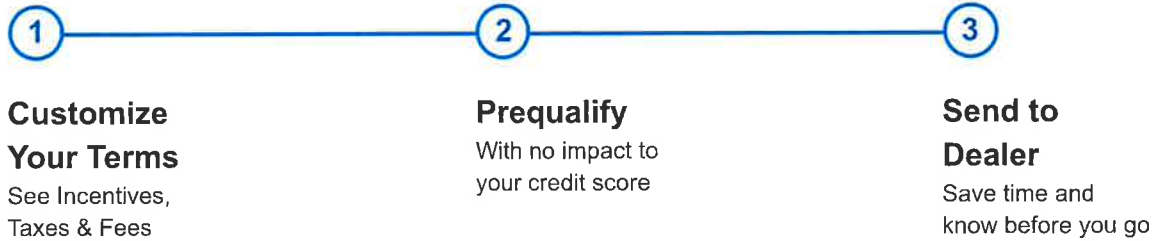
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## Top Features & Specs

\* Except as otherwise expressly provided, excludes sales tax, title, registration and other fees. Actual monthly payments will vary. Does not represent a financing offer or guarantee of credit.

### Payment feedback

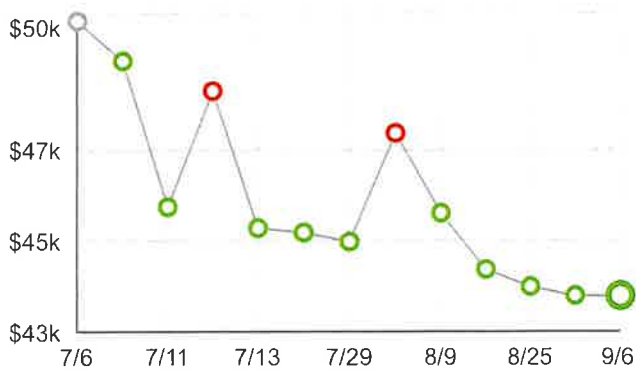
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**\$43,788**  
 Est. Loan: \$839/mo

**Price Drop: \$49,832**  
 This car is likely to sell any day now



Napleton's Volkswagen Of Sanford (Sanford, FL) [📍](#)

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**Latitude 5520**

Windows | Get to know Windows 11 Pro

Intel® Core™ Processors



Compare

# Latitude 5520 Laptop

★★★★★ 4.3 (1001)

Model: 15"



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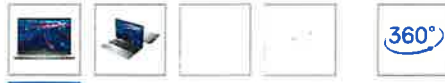
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## Tech Specs



**Processor**

11th Gen Intel® Core™ i5-1145G7, vPro® (8 MB cache, 4 cores, 8 threads, up to 4.40 GHz Turbo)

**Operating System**

(Dell Technologies recommends Windows 11 Pro for business) Windows 10 Pro (Windows 11 Pro license included), English, French, Spanish

**Graphics Card**

Integrated Intel® Iris® Xe Graphics Capable with Thunderbolt for I5-1145G7 vPro® processor

**Display**

15.6" FHD (1920x1080) Non-Touch, Anti-Glare, 250nits, WLAN/WWAN, HD Camera

**Memory**

8 GB, 1 x 8 GB, DDR4, 3200 MHz

**Hard Drive**

256 GB, M.2, PCIe NVMe, SSD, Class 35

**Microsoft Office**

No Microsoft Office License included (Office Preinstall Only)

**Security Software**

No anti-virus software

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5 Years ProSupport with Next Business Day Onsite Service

**Accidental Damage Service**

None

**Keyboard**

Single Pointing Backlit English US Keyboard and 10 Key Numpad

**Ports**

1 RJ-45 Ethernet port  
1 USB 3.2 Gen 1 port  
1 USB 3.2 Gen 1 port with PowerShare  
2 Thunderbolt 4 ports with DisplayPort Alt Mode/USB4/Power Delivery for 11<sup>th</sup> Generation Intel® Core™ i3/i5/i7 processors  
2 Thunderbolt 3 ports with DisplayPort Alt Mode/USB3.2 Gen2/Power Delivery for 10<sup>th</sup> Generation Intel® Core™ i5/i7 processors  
1 HDMI 2.0 port for 11th Generation Intel® Core™ i3/i5/i7 processors  
1 HDMI 1.4 port for 10th Generation Intel® Core™ i5/i7 processors  
1 Universal audio port

**Slots**

1 microSD-card slot  
1 wedge-shaped lock slot  
1 micro-SIM card tray (optional)  
1 smart card reader slot (optional)

**Dimensions & Weight**

Height: 0.78 in. (19.87 mm)  
Width: 14.09 in. (357.8 mm)  
Depth: 9.19 in. (233.3 mm)  
Weight: 3.50 lbs. (1.59 kg)

**Camera**

720p at 30 fps, widescreen HD RGB camera, Dual-array microphones  
720p at 30 fps, widescreen HD RGBIr camera, Dual-array microphones  
1080p at 30 fps, widescreen FHD RGBIr camera, Dual-array microphones

**Audio and Speakers**

Stereo speakers with Realtek Waves MaxxAudio® Pro, 2 W x 2 W = 4 W total  
Dual-array microphones

**Wireless**

Intel® Wi-Fi 6 AX201 2x2 .11ax  
160MHz + Bluetooth 5.2

**Primary Battery**

4 Cell, 63 Wh, ExpressCharge™ Capable

**Power**

65W Type-C EPEAT Adapter

**Regulatory**

ENERGY STAR; EPEAT registered  
EPEAT Bronze/Silver Registered  
China CECP

[Product Safety and Environmental Datasheets](#)

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How easy is it to compare and select options for this product?

Very  
Difficult



Very  
Easy

## Features

### Operating System

Available with Windows 11 or Windows 10.

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2022 Lenovo Ideapad 3i 14.0" FHD Laptop, Intel Core i5-10210U(up to 4.2GHz), 20GB RAM 512GB SSD, WiFi Bluetooth HDMI, Grey, Windows 11

### Consider these alternative items

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Dell Latitude 5520 15.6" Touchscreen Notebook, Intel Core i7-1185G7, 16GB DDR4 RAM, 512GB

2  
\$1,669<sup>99</sup>



Dell Latitude 5520 15.6" Notebook, Intel Core i5-1135G7, 16GB RAM, 256GB SSD, Intel Iris Xe

1  
\$1,113<sup>99</sup>



Dell Latitude 5520 15.6" Notebook, Intel Core i7-1185G7, 8GB DDR4 RAM, 256GB SSD, Intel Iris Xe

1  
\$1,673<sup>39</sup>

Electronics ▾ Computers & Accessories ▾ Computers & Tablets ▾ Laptops ▾ Traditional Laptops



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## Dell Latitude 5520 15.6" Notebook, Intel Core i7-1165G7, 8GB RAM, 256GB SSD, Full HD 1920 x 1080, Windows 10 Pro (JXYKC)

Visit the Dell Store  
1 rating

\$1,229<sup>99</sup>

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Brand	Dell
Series	Latitude 5520
Screen Size	15.6 Inches
Color	Grey
Hard Disk Size	256 GB
CPU Model	Core i7

See more

### About this item

- 4.70 GHz Intel Core i7-1165G7 Quad-core (4 Core) Processor

Buy used: \$1,229.99

FREE delivery **September 9 - 12.** Details

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**14-inch MacBook Pro - Space Gray**

1 

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Subtotal

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Shipping

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**Total**

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# MacBook Pro 14" Laptop - Apple M1 Pro chip - 16GB Memory - 512GB SSD (Latest Model) - Space Gray

Model: MKGP3LL/A SKU: 6450853

[4.8 \(1,513 Reviews\)](#) [16 Expert Reviews](#) [71 Answered Questions](#)

Highly rated by customers for: [Battery](#), [Design](#), [Display](#)

**\$1,599.00**

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## Configure your Mac

### Total Storage Capacity:

512GB

How much storage do I need?

### Graphics:

Apple M1 Pro 14-core

What's the right graphics card for me?

**Color:** Space Gray



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1 Video

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Internet #316605257 Model #EG2800IAN Store SKU #1006295835

Customers Who Viewed This Also Viewed



**Honda 4000-Watt Recoil Start Gasoline Powered Economy Portable Generator**

★★★★★ (4)

\$1699<sup>00</sup>



**Honda 1000-Watt Super Quiet Gasoline Powered Portable Inverter Generator with Eco-Throttle and Oil Alert**

★★★★★ (97)

\$949<sup>00</sup>

Exclusive



**DEWALT 8000-Watt Electric Start Gas-Powered Portable Generator with Idle Control, GFCI Outlets and CO Protect**

★★★★★ (495)

\$1299<sup>00</sup>

**Ge Ma Poi Ser**

★

\$8

Live Chat

Feedback




Honda

2800-Watt Recoil Start Portable Gasoline Powered Inverter Generator with Eco-Throttle and Oil Alert

★★★★★ (21) ▾ Questions & Answers (7)



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Companion Generator and Portable Inverter Generator

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★★★★★ (389) | Model # EU2200ITAN



**Honda 2200-Watt Remote Stop/Recoil Start Bluetooth Super Quiet Gasoline Powered Inverter Generator with  
Advanced CO Shutdown**

**\$1199<sup>00</sup>**

**Top Specs**

Fuel Technology	<b>Single Fuel</b>	Engine Make	<b>Honda Engine</b>
Running Wattage	<b>1800</b>	Starting Wattage	<b>2200</b>
Application	<b>Emergency Use</b>	Voltage (volts)	<b>120</b>

[View Product Details](#)

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Price for Bundle:

**\$3697<sup>00</sup>**



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### Honda EG 2800-Watt Gasoline Portable Inverter Generator

Item #3592538 Model #EG2800IAN

[Shop Honda](#) ★★★★★ [33](#)



**\$1,199.00**

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Honda GC190LA engine  
2800 watts of clean and stable power for all sensitive equipment  
Super quiet operation running at 62 to 67 dB(A)

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### OVERVIEW

The Honda EG2800i brings stable inverter power but with an open frame design, making this a light and economic DIY power source that provides fuel-efficiency with long run times of up to 11.9 hours at 1/4 load. With its built-in 30A receptacle, it also easily connects to a transfer switch for reliable home backup power.

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Internet #307975949 Model #80165 Store SKU #1003952908

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Best Seller



RYOBI 15 in. 3300 PSI Surface Cleaner for Gas Pressure Washer

★★★★★ (2836)

\$79<sup>97</sup>



DEWALT Universal 18 in. Surface Cleaner for Cold Water Pressure Washers Rated up to 3700 PSI

★★★★★ (751)

\$149<sup>00</sup> /box



Karcher 15 in. Universal Surface Cleaner Attachment for Gas Power Pressure Washers Rated 2600-3200 PSI - 1/4 in. Quick-Connect

★★★★★ (777)

\$62<sup>98</sup>

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Feedback



RY Ele Sui

★

\$3

887

SIMPSON

Universal 15 in. Surface Cleaner for Cold Water Pressure Washers Rated Between 2200 PSI and 3700 PSI

★★★★★ (577) Questions & Answers (41)





30" STEEL SURFACE CLEANER



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- This item:** Universal 15 in. Surface Cleaner for Cold Water Pressure Washers  
Rated Between 2200 PSI and 3700 PSI  
**\$79.99**
- SIMPSON Universal 31 in. Pressure Washer Extension Spray Wand for Cold Water 4500 PSI Pressure Washers  
**\$27.99**
- SIMPSON Universal Turbo Nozzle with QC Connections for Hot/Cold Water 3600 PSI Pressure Washers  
**\$25.98**

Product Overview

The SIMPSON pressure washer surface cleaner is used for cleaning driveways, patios, decks, sidewalks and more. Its 15"

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### SIMPSON Steel 15-in 3700 PSI Rotating Surface Cleaner for Gas and Electric Pressure Washers

Item #1295993 Model #80165

★★★★☆ 98



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Easy to use: this accessory features a 1/4-inch QC connection, providing a universal fit that is easy to hook up to most spray wands  
With 10X more coverage than a standard nozzle, the surface cleaner has two high-pressure, rotating jets which provide quick, streak-free cleaning...  
The powder-coated steel shroud and stainless steel nozzles provide protection against corrosion, the shroud also helps to prevent over spray,...



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**Karcher** Surface Cleaner 15-in 3200 PSI Rotating...  
★★★★☆ 77

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## Gemini ES-210MXBLU-ST Portable PA System with Speaker Stands



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## Gemini ES-210MXBLU-ST Portable PA System

Item #:1500000024344 POS #: 112485651

★★★★☆ Reviews (17) | Q&A Ask a question

- Integrated MP3 player with connections for USB, SD and Bluetooth
- 600W peak, 150W RMS class D built-in amplifier
- 8 channel powered mixer with on board digital echo effect

[More Features](#)

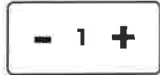


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**Description**

The Gemini ES-210MXBLU-ST is filled with innovative technology in one complete, lightweight package. With features including an eight-channel mixer, integrated USB, Bluetooth and SD interfaces, and convenient built in storage, it's a perfect solution for those looking for a compact, portable PA system.

The ES-210MXBLU-ST portable PA system produces professional sound without cumbersome weight or size, delivering up to 600W of peak power through its two 10-inch passive speakers. This portable system weighs only 44 lb., and is perfect for small to medium sized venues.

**Features**



**Warranty**



**Featured Articles**





**Rebuilding Together Tampa Bay, Inc**  
**Budget**

	FY 21 Actuals	FY 22 Budget		
		Tampa	Orlando	Total
<b>Revenue</b>				
Contributions	262,539	309,500	85,000	<b>394,500</b>
Grants	3,205,783	2,279,395	685,000	<b>2,964,395</b>
Affordable Housing	1,878,092	2,420,000	-	<b>2,420,000</b>
Misc Income	102,771	152,464	-	<b>152,464</b>
<b>Total Revenue</b>	<b>5,449,185</b>	<b>5,161,359</b>	<b>770,000</b>	<b>5,931,359</b>
<b>Expenses</b>				
Salaries and Fringe	787,105	943,428	82,848	<b>1,026,276</b>
<b>Operating Expense</b>				
Administrative/Office Expenses	90,207	63,483	4,200	<b>67,683</b>
Bank Fees and Financing Costs	20,105	20,663		<b>20,663</b>
Dues & Subscriptions	34,962	45,225		<b>45,225</b>
Insurance	26,646	34,440	3,600	<b>38,040</b>
Occupancy	27,017	53,464	19,500	<b>72,964</b>
PR / Branding / Promotions	24,831	19,200		<b>19,200</b>
Professional Fees	194,531	152,050		<b>152,050</b>
Program Expenses	4,060,216	3,643,237	598,250	<b>4,241,487</b>
Travel	18,607	12,110	1,800	<b>13,910</b>
Vehicle Expenses		1,450		<b>1,450</b>
<b>Total Expenses</b>	<b>5,284,226</b>	<b>4,988,750</b>	<b>710,198</b>	<b>5,698,948</b>
<b>Change in net assets</b>	<b>164,959</b>	<b>172,609</b>	<b>59,802</b>	<b>232,411</b>





<b>OFFICERS</b>	
<p><b>Jerry Mason, <i>President</i></b> Business Development / Community Relations Officer, SVP</p>	<p><b>Mitchell A. Gerson, <i>Treasurer</i></b> Small Business Relationship Manager, VP Tampa Bay Market</p>
<p><b>Anthony Baldo, <i>Vice-President</i></b> Chase Bank – Executive Director <i>Expertise: Financing and Budgeting</i></p>	<p><b>Linda Thomas, <i>Secretary</i></b> Bay Shore Real Estate <i>Expertise: Real Estate Development</i></p>
	<p><b>Jose Garcia, <i>non-voting member</i></b> Executive Director, RTTB</p>
<b>DIRECTORS</b>	
<p><b>Carol Austin</b> Community Volunteer Greater Tampa Association of Realtors, Retired CEO <i>Expertise: Non-Profit Management and Financials</i></p>	<p><b>Michael Schuh</b> Director of Acquisitions, Barclay Group <i>Expertise: Sales, marketing, business development, strategic planning.</i></p>
<p><b>Nicole Barnett</b> Community Volunteer</p>	<p><b>J. Bradley Smith</b> Regional Banking District Manager, Wells Fargo <i>Expertise: Banking, economic development</i></p>
<p><b>Cletus Clark</b> Account Executive, Colonial Life <i>Expertise: Marketing &amp; Communications</i></p>	<p><b>Jason Powell</b> VP Commercial Lending</p>
<p><b>Norma Cohen</b> Special Events and Public Relations, Smith &amp; Associates <i>Expertise: Real Estate Sales</i></p>	<p><b>Victor Langston</b> Regional Pro Sales Manager Southeast Region, The Home Depot <i>Expertise: Construction</i></p>

**Prida Guida & Perez, P.A.**  
**1106 N Franklin St**  
**Tampa, FL 33602-3813**  
**813-226-6091**

February 26, 2022

**CONFIDENTIAL**

Rebuilding Together Tampa Bay, Inc.  
3914 US 301 N. Unit 700  
Tampa, FL 33619

Dear Mr. Garcia:

We have prepared the enclosed return(s) from information provided by you without verification or audit. We suggest that you examine the return(s) carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing the return(s). Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the return(s). If a return is examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,



Prida Guida & Perez, P.A.

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the **2020** calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

<b>B</b> Check if applicable:	<b>C</b> Name of organization	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	<b>REBUILDING TOGETHER TAMPA BAY, INC.</b>	<b>59-3664580</b>
<input type="checkbox"/> Name change	Doing business as	<b>E</b> Telephone number
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address)	<b>813-878-9000</b>
<input type="checkbox"/> Final return/terminated	<b>3914 US 301 N. UNIT 700</b>	
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$ <b>5,698,883</b>
<input type="checkbox"/> Application pending	<b>TAMPA FL 33619</b>	
	<b>F</b> Name and address of principal officer:	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>JOSE GARCIA</b>	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>3914 US 301 N. UNIT 700</b>	If "No," attach a list. See instructions
	<b>TAMPA FL 33619</b>	
<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>H(c)</b> Group exemption number ▶
<b>J</b> Website:	<b>WWW.RTTB.ORG</b>	
<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>2000</b> <b>M</b> State of legal domicile: <b>FL</b>

**Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>RENOVATION OF EXISTING HOMES AND BUILDING NEW HOMES FOR LOW-INCOME HOMEOWNERS</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>12</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>48</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g)	<b>2,432,293</b>	<b>3,811,275</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>719,698</b>	<b>1,878,092</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>80</b>	<b>46</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>8,191</b>	<b>9,470</b>
		<b>3,160,262</b>	<b>5,698,883</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>661,505</b>	<b>749,578</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0</b>	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,740,658</b>	<b>4,752,744</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,402,163</b>	<b>5,502,322</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>-241,901</b>	<b>196,561</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	21 Total liabilities (Part X, line 26)	<b>2,335,277</b>	<b>2,463,309</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>2,078,040</b>	<b>2,009,511</b>
	<b>257,237</b>	<b>453,798</b>	

**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	Date			
	<b>JOSE GARCIA</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>GEORGE K. GUIDA</b>		<b>2-26-22</b>	<input checked="" type="checkbox"/>	<b>P00535546</b>
	Firm's name ▶ <b>PRIDA GUIDA &amp; PEREZ, P.A.</b>	Firm's EIN ▶ <b>59-1978917</b>			
	Firm's address ▶ <b>1106 N FRANKLIN ST TAMPA, FL 33602-3813</b>	Phone no. <b>813-226-6091</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:

**RENOVATION OF EXISTING HOMES AND BUILDING NEW HOMES FOR LOW-INCOME HOMEOWNERS**

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 \$ **4,990,837** including grants of \$ ) (Revenue \$ **1,878,092** )

**NEW HOMES WERE CONSTRUCTED AND EXISTING HOMES WERE RENOVATED DURING THE YEAR ENDED JUNE 30TH, INCLUDING NEW KITCHENS, BATHROOMS, INTERIOR/EXTERIOR PAINTING, CARPET, TILE, LANDSCAPING, CEILINGS, GUTTERS, ETC FOR LOW-INCOME HOMEOWNERS**

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 **4,990,837**

**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 Revenue Procedure 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?		
24b			
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?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
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
25b			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 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
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			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>		
35b			
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 in 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		
1a			18
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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

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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. 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 **▶**

**REBUILDING TOGETHER TAMPA BAY**      **3914 US 301 N. UNIT 700**  
**TAMPA**      **FL 33619**      **727-567-1000**



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>JERRY MASON</b>	2.00									
<b>PRESIDENT</b>	0.00	X		X			0	0	0	
(2) <b>ANTHONY BALDO</b>	1.00									
<b>VICE PRESIDENT</b>	0.00	X		X			0	0	0	
(3) <b>MITCHELL GERSON</b>	1.00									
<b>TREASURER</b>	0.00	X		X			0	0	0	
(4) <b>LINDA THOMAS</b>	1.00									
<b>SECRETARY</b>	0.00	X		X			0	0	0	
(5) <b>CAROL AUSTIN</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(6) <b>NICOLE BARNETT</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(7) <b>CLETUS CLARK</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(8) <b>NORMA COHEN</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(9) <b>ALTAN CEKIN</b>	0.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(10) <b>JASON POWELL</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(11) <b>J. BRADLEY SMITH</b>	1.00									
<b>DIRECTOR</b>	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>MICHAEL SCHUE</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(13) <b>VICTOR LANGSTON</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(14) <b>JOSE GARCIA</b>	50.00									
<b>EXECUTIVE DIRECTOR</b>	0.00			X			137,500	0	0	
<b>1b Subtotal</b>							<b>137,500</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>137,500</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 **1**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

**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>	1,947,645					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,863,630					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 112,241					
	<b>h Total.</b> Add lines 1a-1f			3,811,275				
<b>Program Service Revenue</b>	<b>2a</b> PROCEEDS FROM SALE OF HOMES	Business Code	236000	1,878,092	1,878,092			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
	<b>g Total.</b> Add lines 2a-2f			1,878,092				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			46			46	
	<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>	<b>11a</b> HOME DEPOT REBATE	Business Code	236000	5,157			5,157	
	<b>b</b> MISC INCOME		900099	4,313			4,313	
	<b>c</b>							
	<b>d</b> All other revenue							
	<b>e Total.</b> Add lines 11a-11d			9,470				
<b>12 Total revenue.</b> See instructions			5,698,883	1,878,092	0	9,516		

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	699,375	594,469	104,906	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	50,203	42,673	7,530	
11 Fees for services (nonemployees):				
a Management	34,681	34,681		
b Legal	6,697	6,697		
c Accounting	104,482		104,482	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	10,878	2,089	8,789	
12 Advertising and promotion	71,413		71,413	
13 Office expenses	108,840		108,840	
14 Information technology				
15 Royalties				
16 Occupancy	28,513		28,513	
17 Travel	17,819		17,819	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	93,660	93,660		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,469		15,469	
23 Insurance	54,584	46,396	8,188	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM BUILDING EXPENSES</b>	4,170,172	4,170,172		
b <b>DUES &amp; SUBSCRIPTIONS</b>	35,536		35,536	
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,502,322	4,990,837	511,485	0
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	74,096	1	121,869
	<b>2</b> Savings and temporary cash investments		2	
	<b>3</b> Pledges and grants receivable, net	859,582	3	874,646
	<b>4</b> Accounts receivable, net		4	
	<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		5	
	<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)		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use	372,259	8	322,830
	<b>9</b> Prepaid expenses and deferred charges	5,033	9	27,425
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	173,942		
	<b>b</b> Less: accumulated depreciation	48,574	10c	125,368
	<b>11</b> Investments—publicly traded securities		11	
	<b>12</b> Investments—other securities. See Part IV, line 11		12	
	<b>13</b> Investments—program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	944,335	15	991,171
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,335,277	16	2,463,309	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	580,335	17	824,174
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue		19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<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		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	1,497,705	24	1,185,337
	<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		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	2,078,040	26	2,009,511
<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	257,237	27	453,798
	<b>28</b> Net assets with donor restrictions		28	
	<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		29	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		31	
	<b>32</b> Total net assets or fund balances	257,237	32	453,798
<b>33</b> Total liabilities and net assets/fund balances	2,335,277	33	2,463,309	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,698,883
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,502,322
3	Revenue less expenses. Subtract line 2 from line 1	3	196,561
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	257,237
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	453,798

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**REBUILDING TOGETHER TAMPA BAY, INC.**

Employer identification number

**59-3664580**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	939,726	1,699,022	1,725,429	2,432,293	3,811,275	10,607,745
<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	939,726	1,699,022	1,725,429	2,432,293	3,811,275	10,607,745
<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)						173,621
<b>6 Public support.</b> Subtract line 5 from line 4						10,434,124

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	939,726	1,699,022	1,725,429	2,432,293	3,811,275	10,607,745
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18	100	1,649	80	46	1,893
<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.)			6,189	8,191	9,470	23,850
<b>11 Total support.</b> Add lines 7 through 10						10,633,488
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	5,568,701
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.13%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	93.25%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

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

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

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination of status...', etc.

**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 in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<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 in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<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 in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<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 (explain in detail in Part VI):		
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—provide details in Part VI)	
<b>6</b> Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	
<b>9</b> Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
<b>3 Excess distributions carryover, if any, to 2020</b>			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8 Breakdown of line 7:</b>			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

**Part VI**

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 14,380**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization

Employer identification number

**REBUILDING TOGETHER TAMPA BAY, INC.**

**59-3664580**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

**REBUILDING TOGETHER TAMPA BAY, INC.**

Employer identification number

**59-3664580****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	HILLSBOROUGH COUNTY 601 E KENNEDY BLVD  TAMPA FL 33602	\$ 1,309,739	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE SPURLINO FOUNDATION 7214 N MOBLEY RD  ODESSA FL 33556	\$ 90,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CHILDREN'S BOARD OF HILLSBOROUGH COUNTY 1002 E PALM AVENUE  TAMPA FL 33605	\$ 354,582	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	VOLUNTEER FLORIDA FOUNDATION 1545 RAYMOND DIEHL ROAD, SUITE 250  TALLAHASSEE FL 32308	\$ 778,448	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FEDERAL HOME LOAN BANK OF PITTSBURGH 601 GRANT ST  PITTSBURGH PA 15219	\$ 909,933	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	US SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW  WASHINGTON DC 20416	\$ 96,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**REBUILDING TOGETHER TAMPA BAY, INC.**

Employer identification number

**59-3664580**

**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
7	REBUILDING TOGETHER 999 N CAPITOL STREET NE STE 330 WASHINGTON DC 20002	\$ 242,500	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	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

2020

Open to Public Inspection

Name of the organization

Employer identification number

REBUILDING TOGETHER TAMPA BAY, INC.

59-3664580

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 values, and yes/no questions about donor advisement.

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 easements, total number, acreage, and yes/no questions about monitoring and reporting.

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 yes/no questions about reporting art collections and required 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  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
1a Land		10,000		10,000
b Buildings		87,849	25,085	62,764
c Leasehold improvements				
d Equipment		30,804	17,558	13,246
e Other		45,289	5,931	39,358
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>125,368</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>WORK IN PROGRESS</b>	<b>989,244</b>
(2) <b>ESCROW ACCOUNT</b>	<b>1,600</b>
(3) <b>GIFT CARD</b>	<b>327</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>991,171</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.

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

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>5,698,883</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>5,698,883</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>5,698,883</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>5,502,322</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>5,502,322</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>5,502,322</b>

**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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**REBUILDING TOGETHER TAMPA BAY, INC.**

**59-3664580**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art— Works of art				
2 Art— Historical treasures				
3 Art— Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other	<b>X</b>	<b>3</b>	<b>19,900</b>	<b>FAIR MARKET VALUE</b>
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>INVENTORY</b> )	<b>X</b>	<b>1</b>	<b>92,341</b>	<b>FAIR MARKET VALUE</b>
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

**REBUILDING TOGETHER TAMPA BAY, INC.**

Employer identification number

**59-3664580**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE INFORMATIONAL RETURN IS EMAILED TO THE BOARD MEMBERS FOR APPROVAL.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE FROM THE PRIOR YEAR  
AND COMPARES THE SALARY TO OTHER SIMILAR NON-PROFITS TO DETERMINE THE  
COMPENSATION FOR THE NEXT YEAR.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
EACH EMPLOYEE'S PERFORMANCE WAS EVALUATED AND SALARIES WERE DETERMINED  
ACCORDINGLY.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
NO DOCUMENTS AVAILABLE TO THE PUBLIC**

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

**REBUILDING TOGETHER TAMPA BAY, INC.**

Identifying number

**59-3664580**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	<b>63,050</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>1,285</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>2,013</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>66,348</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Filing Instructions**  
**Rebuilding Together Tampa Bay, Inc.**  
**Exempt Organization Tax Return**  
**Taxable Year Ended June 30, 2021**

**Date Due:** May 16, 2022

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/21 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Prida Guida & Perez, P.A.  
1106 N Franklin St  
Tampa, FL 33602-3813

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 2021

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

**2020**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

**REBUILDING TOGETHER TAMPA BAY, INC.**

Taxpayer identification number

**59-3664580**

Name and title of officer or person subject to tax

**JOSE GARCIA  
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>5,698,883</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

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

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

**PIN: check one box only**

I authorize PRIDA GUIDA & PEREZ, P.A. to enter my PIN 64580 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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

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

Signature of officer or person subject to tax

Date 02/26/21

**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.

**61947464580**

Do not enter all zeros

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

ERO's signature

Date 02/26/21

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

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)



**Financial Statements  
June 30, 2021 and 2020**

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Financial Statements**  
**Year Ended June 30, 2021 and 2020**

Table of Contents

Independent Auditors' Report	1 - 2
Financial Statements	
Statements of Financial Position	3
Statements of Activities	4 – 5
Statements of Functional Expenses	6 – 7
Statements of Cash Flows	8
Notes to Financial Statements	9 – 16



**PRIDA, GUIDA & PEREZ, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS  
1106 N. FRANKLIN STREET  
TAMPA, FLORIDA 33602

**INDEPENDENT AUDITORS' REPORT**

Board of Directors of  
Rebuilding Together Tampa Bay, Inc.  
Tampa, Florida

**Report on the Financial Statements**

We have audited the accompanying financial statements of Rebuilding Together Tampa Bay, Inc. (a non-profit organization), which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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

**Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

## INDEPENDENT AUDITORS' REPORT (CONTINUED)

### Opinion

In our opinion, the financial statements referred to previously present fairly, in all material respects, the financial position of Rebuilding Together Tampa Bay, Inc. as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink, reading "Prida Guida & Perez". The signature is written in a cursive, flowing style.

Prida, Guida & Perez, P.A.  
Tampa, Florida  
February 2, 2022



**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Statements of Financial Position**

	<b>June 30,</b>	
	<b>2021</b>	<b>2020</b>
<b>ASSETS</b>		
Current assets		
Cash	\$ 121,869	\$ 74,096
Grants receivable	874,646	759,582
Unconditional promise to give	-	100,000
Home health kits	118,051	7,192
Real estate owned properties	1,135,960	1,070,289
Capitalized costs on rehabilitation projects	58,063	236,464
Other current assets	29,352	7,682
Total current assets	2,337,941	2,255,305
Property and equipment, net	125,368	79,972
Total assets	\$ 2,463,309	\$ 2,335,277
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities		
Accounts payable	\$ 737,863	\$ 513,047
Accrued expenses	86,311	67,288
Current portion of long-term debt	26,640	27,070
Lines of credit	1,022,263	1,340,612
Total current liabilities	1,873,077	1,948,017
Long-term debt, less current portion	136,434	130,023
Total liabilities	2,009,511	2,078,040
Net assets		
Without donor restrictions	366,181	257,237
With donor restrictions	87,617	-
Total net assets	453,798	257,237
Total liabilities and net assets	\$ 2,463,309	\$ 2,335,277

Read the accompanying notes to the financial statements.

**REBUILDING TOGETHER TAMPA BAY, INC.****Statement of Activities  
Year Ended June 30, 2021**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<b>Revenues and support</b>			
Grants	\$ 3,724,716	\$ 87,617	\$ 3,812,333
Proceeds from sale of homes	1,503,092	-	1,503,092
Contributions	277,539	-	277,539
Gain on extinguishment of debt	105,400	-	105,400
Other income	519	-	519
Total revenues and support	<u>5,611,266</u>	<u>87,617</u>	<u>5,698,883</u>
<b>Expenses</b>			
Program services	4,990,837	-	4,990,837
General and administrative	511,485	-	511,485
Total expenses	<u>5,502,322</u>	<u>-</u>	<u>5,502,322</u>
Change in net assets	108,944	87,617	196,561
Net assets, beginning of year	<u>257,237</u>	<u>-</u>	<u>257,237</u>
Net assets without donor restrictions, end of year	<u>\$ 366,181</u>	<u>\$ 87,617</u>	<u>\$ 453,798</u>

Read the accompanying notes to the financial statements.

**REBUILDING TOGETHER TAMPA BAY, INC.**

**Statements of Activities  
Year Ended June 30, 2020**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
<b>Revenues and support</b>			
Grants	\$ 2,255,217	\$ -	\$ 2,255,217
Proceeds from sale of homes	719,698	-	719,698
Contributions	177,076	-	177,076
Other income	8,271	-	8,271
Total revenues and support	<u>3,160,262</u>	<u>-</u>	<u>3,160,262</u>
<b>Expenses</b>			
Program services	3,061,936	-	3,061,936
General and administrative	340,227	-	340,227
Total expenses	<u>3,402,163</u>	<u>-</u>	<u>3,402,163</u>
Change in net assets	(241,901)	-	(241,901)
Net assets, beginning of year	<u>499,138</u>	<u>-</u>	<u>499,138</u>
Net assets, end of year	<u>\$ 257,237</u>	<u>\$ -</u>	<u>\$ 257,237</u>

Read the accompanying notes to the financial statements.

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Statement of Functional Expenses**  
**Year Ended June 30, 2021**

	Program Services	General and Administrative	Total
	<u>                    </u>	<u>                    </u>	<u>                    </u>
Salaries and wages	\$ 594,469	\$ 104,906	\$ 699,375
Renovations and building costs	4,170,172	-	4,170,172
Professional services	43,467	113,271	156,738
Payroll taxes	42,673	7,530	50,203
Insurance	46,396	8,188	54,584
Dues and subscriptions	-	35,536	35,536
Promotions and public relations	-	71,413	71,413
Office and postage	-	108,840	108,840
Auto and travel	-	17,819	17,819
Facilities expense	-	28,513	28,513
Interest expense	93,660	-	93,660
Depreciation	-	15,469	15,469
Total expenses	<u>\$ 4,990,837</u>	<u>\$ 511,485</u>	<u>\$ 5,502,322</u>

Read the accompanying notes to the financial statements.

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Statement of Functional Expenses**  
**Year Ended June 30, 2020**

	Program Services	General and Administrative	Total
Salaries and wages	\$ 525,922	\$ 92,810	\$ 618,732
Renovations and building costs	2,343,675	-	2,343,675
Professional services	48,069	98,065	146,134
Payroll taxes	36,357	6,416	42,773
Insurance	34,974	6,172	41,146
Dues and subscriptions	-	26,167	26,167
Promotions and public relations	-	15,227	15,227
Office and postage	-	43,404	43,404
Auto and travel	-	24,904	24,904
Facilities expense	-	19,308	19,308
Interest expense	72,939	-	72,939
Depreciation	-	7,754	7,754
Total expenses	<u>\$ 3,061,936</u>	<u>\$ 340,227</u>	<u>\$ 3,402,163</u>

Read the accompanying notes to the financial statements.

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Statements of Cash Flows**

	<b>Years Ended June 30,</b>	
	<b>2021</b>	<b>2020</b>
Cash flows from operating activities		
Cash receipts from revenue and support	\$ 5,578,419	\$ 2,491,745
Cash paid for program services	(4,876,880)	(3,407,299)
Cash payment for general and administrative expenses	(265,357)	(267,288)
Cash paid for interest	(93,660)	(72,939)
Net cash provided by (used in) operating activities	342,522	(1,255,781)
Cash flows from investing activities		
Purchase of property and equipment	(63,050)	(4,625)
Net cash used in investing activities	(63,050)	(4,625)
Cash flows from financing activities		
Net (payments) proceeds from lines of credit	(343,080)	1,195,216
Proceeds from long-term debt	128,628	105,400
Payments on long-term debt	(17,247)	(14,699)
Net cash (used in) provided by financing activities	(231,699)	1,285,917
Net change in cash	47,773	25,511
Cash, beginning of year	74,096	48,585
Cash, end of year	\$ 121,869	\$ 74,096

Read the accompanying notes to the financial statements.

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Financial Statements**  
**Year Ended June 30, 2021 and 2020**

**Note 1 – Nature of Activities**

Rebuilding Together Tampa Bay, Inc. (the “Organization”), a Florida corporation, was organized in June of 2000. Located in Tampa, Florida, the Organization’s mission is to improve the homes and lives of low-income homeowners in the Tampa Bay area.

The Organization is a chapter affiliate of Rebuilding Together, a national organization headquartered in Washington D.C., which promotes the replication and coordination of affiliates throughout the United States.

The Organization works towards identifying and obtaining grants and contributions to fund the repairs for low-income homeowners as well as construction of homes for sale to first-time home buyers. The following is a summary of the Organization’s program:

Real Estate Owned (REO) Construction – The Organization acquires through purchase, donation or a combination of both, real estate which performs construction or repairs for the purpose of reselling it to qualified home buyers.

Rehabilitations – The Organization is the recipient of Federal, State and private funds by way of various programs all of which are for housing programs, in which these entities partner with the Organization to provide low-income people the ability to make repairs and renovations necessary to maintain low-income housing.

**Note 2 – Significant Accounting Policies**

*Financial statement presentation* – Net assets, revenue, and gains and losses are classified based on donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as:

Net Assets Without Donor Restrictions – These resources not subject to donor-imposed restrictions. The board of directors has discretionary control over these resources. Designated amounts represent those net assets that the board has set aside for a particular purpose.

Net Assets With Donor Restrictions – Those resources subject to donor-imposed restrictions that will be satisfied by action of the Organization or by the passage of time.

*Basis of accounting* – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

*Estimates* – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Financial Statements**  
**Year Ended June 30, 2021 and 2020**

**Note 2 – Significant Accounting Policies (Continued)**

*Grants and contributions* – Grants and contributions are recognized when the grantor or donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the grantor or donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor restricted grants and contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When the restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

A significant portion of Organization’s income is derived from cost reimbursement grants, which are conditioned upon certain performance requirements and/or the incurrence of qualified expenses. Amounts are recognized as revenues when the Organization has incurred expenditures in compliance with specific contract provisions. Expenses incurred but not yet reimbursed are reported as receivables in the accompanying statements of financial position.

*Revenue recognition from the sale of real estate owned properties* – The Organization recognizes revenue from the sale of affordable housing when the performance obligation of delivering a completed house to a buyer is met. This performance obligation is met at a point in time when the Organization is under contract and a closing statement for the sale is finalized. The Organization provides a one-year warranty against manufacturing and construction defects in its homes sold. No expense or liability is recorded for this warranty because subcontractors are ultimately responsible for their work and manufacturers will replace defective appliances.

*Grants receivable* – The Organization’s receivables are related to grants with Governmental entities and other nongovernmental entities. An allowance for uncollectible accounts, if considered necessary, is determined on an account by account review and historical trend. Management has determined that no allowance is necessary as of June 30, 2021 and 2020. Interest is not charged on receivables.

*Recent accounting pronouncements* – In February 2016, the FASB issued ASU 2016-02, *Leases* (Topic 842), requiring lessees to recognize the following for all leases (with the exception of short-term leases) at the commencement date: (a) A lease liability, which is a lessee’s obligation to make lease payments arising from a lease, measured on a discounted basis; and (b) A right-of-use asset, which is an asset that represents the lessee’s right to use, or control the use of, a specified asset for the lease term. Lessees will no longer be provided with a source of off-balance sheet financing. Lessees must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the consolidated financial statements. The updated standards will become effective for annual reporting periods beginning after December 15, 2021. Management is currently evaluating the impact of this ASU on its financial statements.

The FASB has issued certain new or modifications to, or interpretations of, existing accounting guidance in addition to the ASU’s described previously. The Organization has considered the new pronouncements and does not believe that any other new or modified guidance will have a material impact on the Organization’s reported financial position or activities in the near term.



**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Financial Statements**  
**Year Ended June 30, 2021 and 2020**

**Note 2 – Significant Accounting Policies (Continued)**

*Real estate owned properties (REO)* – The Organization reflects an asset in the accompanying statement of financial position for property owned by the Organization, which is held for construction, renovations, and then sale. If the property was received by donation, it is carried at the estimated market value at the date the title is transferred to the Organization. If the property was purchased by Organization, it is carried at cost. Renovation costs on these properties are carried as an additional cost of the property.

*Capitalized cost on rehabilitation properties*- The Organization reflects an asset in the accompanying statement of financial position, the cost of renovations for qualified homeowners. The capitalized costs for a rehabilitation job are expensed when the rehabilitation job is submitted for reimbursement from grants.

*Property and equipment* – The Organization follows the practice of capitalizing all expenditures for fixed assets valued in excess of \$500 with an expected life of over one year at cost; the fair value of donated fixed assets is similarly capitalized. Depreciation is provided over the estimated useful lives of the respective assets ranging from 3 - 39 years on the straight-line basis. Routine repairs and maintenance are expensed as incurred. The Organization reviews the carrying value of long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying value of the asset may not be recoverable. Measurement of any impairment loss is based on the fair value of the asset. Generally, fair value will be determined using valuation techniques such as the present value of expected future cash flows. No loss for impairment of long-lived assets was recorded during the years ended June 30, 2021 or 2020.

*Compensated absences* – Compensated absences for sick pay and personal time have not been accrued since they cannot be reasonably estimated. The Organization maintains a use it or lose it policy on a calendar year basis, therefore the amount of any liabilities relating to unused vested benefits are not significant as of June 30, 2021 and 2020. The Organization’s policy is to recognize these costs when actually paid.

*Income taxes* – Pursuant to a determination letter received from the Internal Revenue Service, the Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. It is also exempt from state income tax.

Management considers the likelihood of changes by taxing authorities in its filed income tax returns and recognizes a liability for or discloses potential significant changes that management believes are more likely than not to occur, including changes to the Organization’s status as a non-profit entity. Management believes the Organization met the requirements to maintain its tax-exempt status and has no income subject to unrelated business income tax; therefore, no provision for income taxes has been provided in these financial statements. The Organization’s income tax returns for the past three years are subject to examination by taxing authorities and may change upon examination.

*Contributions* – Contributions and grants received are recognized when the donor or grantor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor or grantor are reported as increases in net assets with donor restrictions and reclassified to net assets without donor restrictions when the restriction expires. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized.

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Financial Statements**  
**Year Ended June 30, 2021 and 2020**

**Note 2 – Significant Accounting Policies (Continued)**

*Unconditional promises to give* – Unconditional promises to give that are expected to be collected within one year are recorded at their net realizable value. The Organization uses the allowance method to determine uncollectible promises. The allowance is based on management’s analysis. At June 30, 2021 and 2020, management determined an allowance was not needed.

*Donated property and services* – The Organization records various types of in-kind contributions. Contributed services are recognized at fair value if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Contributions of tangible assets are recognized when received at market rates for equivalent transactions or services. The amounts reflected in the accompanying financial statements as in-kind contributions are offset by like amounts included in expenses or additions to property and equipment. The Organization did not receive any donated property for the fiscal years ended June 30, 2021 and 2020.

*Advertising expenses* – The Organization uses advertising to promote its programs among the communities it serves. Advertising costs are expensed as incurred. Advertising expenses for the year ended June 30, 2021 and 2020, were approximately \$71,000 and \$15,000, respectively.

*Functional expenses* – Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Expenses which are not directly identifiable by program or support service are allocated based on time and effort or square footage on statement of functional expenses.

*Paycheck protection loan* – The Organization received forgivable loans under the Small Business Administration Paycheck Protection Program (PPP) in the amount of \$103,564 and \$105,400 during the years ended June 30, 2021 and 2020, respectively. Management elected to account for this government assistance as debt under the guidance in ASC 470. During the current year, management received notice from the lender that \$105,400 of this debt was forgiven and reported the amount as a gain on extinguishment of debt.

*Reclassifications* – Certain minor reclassifications have been made to the fiscal year 2020 amounts in order for them to be more comparable to the classifications used in fiscal year 2021. Total net assets and change in net assets were unchanged due to these reclassifications.

**Note 3 – Liquidity and Availability of Financial Assets**

During June 30, 2021 and 2020, the Organization respectively received 67% and 71% of its funding from cost reimbursement grants for use in programs that are ongoing, major, and central to its annual operations as available to meet cash needs for general expenditures. These cost reimbursement grants allow for the Organization to include fees as compensation for the administration of these programs. In addition, the Organization receives proceeds from property owned and renovated shortly after the renovations are completed. General expenditures include general and administrative expense to be paid in the subsequent year. Annual operations are defined as total expense related to both program services and supporting services activity.

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Financial Statements**  
**Year Ended June 30, 2021 and 2020**

**Note 3 – Liquidity and Availability of Financial Assets (Continued)**

The Organization manages its cash available to meet general expenditures by operating with in a prudent range of financial soundness and stability. As part of the cash management, the Organization has controls in place to assure that billings for costs reimbursements, are processed and sent in a timely manner. The Organization may also draw upon revolving lines of credit to manage cash flows.

The following provides a summary of financial assets and liquidity resources available for general expenditures at June 30:

	<u>2021</u>
Financial assets available for general expenditures	
Cash	\$ 121,869
Grants receivable	874,646
	<u>\$ 996,515</u>
Liquidity resources	
Revolving Credit Lines' Availability	\$ 105,652

**Note 4 – Property and Equipment**

Property and equipment consist of the following as of June 30:

	<u>2021</u>	<u>2020</u>
Land	\$ 10,000	\$ 10,000
Building	87,849	82,249
Vehicles	45,289	-
Furniture and office equipment	30,804	21,789
	173,942	114,038
Less accumulated depreciation	(48,574)	(34,066)
	<u>\$ 125,368</u>	<u>\$ 79,972</u>

Depreciation expense was approximately \$15,500 and \$7,800 in fiscal years 2021 and 2020, respectively.

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Financial Statements**  
**Year Ended June 30, 2021 and 2020**

**Note 5 – Lines of Credit**

Lines of credit consist of:

	2021	2020
Line of credit from a financial institution, \$200,000 maximum, respectively; interest at 5% is due monthly, unpaid principal and interest is due in July 2022; secured by first priority mortgage lien on land and building	\$ 160,000	\$ 191,994
Line of credit from a financial institution, \$1,647,573 maximum, respectively; interest at 5% is due monthly, unpaid principal and interest is due in October 2022; collateralized by mortgages on the respective residential properties	604,331	-
Line of credit from a financial institution, \$225,000 maximum, respectively; interest at 7% is due monthly, unpaid principal and interest is due in October 2022; collateralized by mortgages on the respective residential properties	57,918	-
Construction line of credit from a financial institution; \$115,000 maximum, interest at 6.25% collateralized by company assets, due on demand, expires upon sale of property	110,000	93,000
Construction line of credit from a non-profit funding source; \$80,000 maximum, interest at 9%; collateralized by mortgage on the respective residential property; payment is due upon sale of the residential property, expires upon sale of property	-	25,000
Construction lines of credit from a non-profit funding source; \$225,000 maximum, interest at 6%; collateralized by mortgages on the respective residential properties; payment is due upon sale of the residential property, expires upon sale of property	-	175,000
Line of credit from a financial institution, \$750,000 maximum; interest at 3.25% is due monthly, unpaid principal and interest is due in May 2021; collateralized by mortgages on the respective residential properties	-	327,856
Line of credit from a financial institution, \$800,000 maximum; interest at 5.25% is due monthly, unpaid principal and interest is due in January 2023; collateralized by mortgages on the respective residential properties	119,224	539,579
	1,051,473	1,352,429
Line of credit closing costs, net	(29,210)	(11,817)
	\$ 1,022,263	\$ 1,340,612

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Financial Statements**  
**Year Ended June 30, 2021 and 2020**

**Note 6 – Long-Term Debt**

Long-term debt consists of:

	2021	2020
Unsecured term note with a financial institution, monthly payments of \$1,505 including principal and interest, maturing in August 2023	\$ 37,953	\$ 51,693
Installment note payable on vehicle with monthly payments of principal and interest of \$492 through August 2025; monthly interest at 6.49% June 30, 2021 and 2020; secured by the vehicle	21,557	
Payroll Protection Program loan with financial institution, interest at 1%, monthly payments of approximately \$5,425 including principal and interest starting May 2021, maturing in October 2022, loan may be forgiven in part or whole if loan proceeds are used for purposes defined in the agreement, management believes it will meet the requirements for loan forgiveness	-	96,400
Payroll Protection Program loan with financial institution, interest at 1%, monthly payments of approximately \$1,972 including principal and interest starting April 2022, maturing in September 2026, loan may be forgiven in part or whole if loan proceeds are used for purposes defined in the agreement, management believes it will meet the requirements for loan forgiveness	103,564	-
Economic Injury Disaster Loan Advance with The Small Business Administration, principal amount of this loan will reduce the forgiveness amount of the PPP loan, interest at 1%, monthly payments of approximately \$500 including principal and interest, starting May 2021, maturing in October 2022	-	9,000
	\$ 163,074	\$ 157,093

**REBUILDING TOGETHER TAMPA BAY, INC.**  
**Financial Statements**  
**Year Ended June 30, 2021 and 2020**

**Note 6 – Long-Term Debt (Continued)**

Future maturities of the long-term note for each of the five years subsequent to June 30, 2021, are as follows:

	<u>Term Notes Payable</u>	<u>PPP Note Payable</u>	<u>Total</u>
2022	\$ 20,978	\$ 5,662	\$ 26,640
2023	22,296	22,789	45,085
2024	9,570	23,018	32,588
2025	5,642	23,250	28,892
Thereafter	1,024	28,845	29,869
	<u>\$ 59,510</u>	<u>\$ 103,564</u>	<u>\$ 163,074</u>

**Note 7 – Net Assets with Donor Restrictions**

Net assets with donor restrictions are comprised of the following at June 30, 2021:

Grant money to be used to rehabilitate veterans' homes	\$ 73,716
Grant money to be used to rebuild safe and healthy housing repairs in the Tampa Bay community	<u>14,000</u>
	<u>\$ 87,716</u>

**Note 8 – Subsequent Events**

Subsequent to year end, the Organization entered into a 3-year office lease with an unrelated third party. The lease calls for monthly payments of approximately \$2,300 through October 31, 2024.

Management of the Organization has evaluated subsequent events through February 2, 2022, the date which the financial statements were available to be issued. No events other than previously disclosed, have occurred, other than previously disclosed, subsequent to the balance sheet date and through February 2, 2022, that would require adjustment to, or disclosure in, the consolidated financial statements.

## COMMERCIAL GENERAL LIABILITY DECLARATIONS

<b>Rockingham Casualty Company</b> 633 East Market Street Harrisonburg, VA 22801	<b>Risk Placement Services, Inc.</b> 6165 Greenwich Drive, Suite 200 San Diego, CA 92122
NAMED INSURED: <u>Rebuilding Together Tampa Bay, Inc</u>	
MAILING ADDRESS: <u>3914 N. 301 Highway Suite 700</u> <u>Tampa</u> <span style="float: right;"><u>FL</u> <u>33619</u></span>	
POLICY PERIOD: FROM <u>08-31-2022</u> TO <u>08-31-2023</u> AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	\$ <u>1,000,000</u>	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ <u>50,000</u>	Any one premises
MEDICAL EXPENSE LIMIT	\$ <u>5,000</u>	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>1,000,000</u>	Any one person or organization
GENERAL AGGREGATE LIMIT	\$ <u>2,000,000</u>	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>2,000,000</u>	

RETROACTIVE DATE (CG 00 02 ONLY)
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW. RETROACTIVE DATE: <u>None</u> (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)


DESCRIPTION OF BUSINESS
FORM OF BUSINESS:  <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> TRUST  <input type="checkbox"/> LIMITED LIABILITY COMPANY <input checked="" type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: <u>General Contractor</u>

ALL PREMISES YOU OWN, RENT OR OCCUPY				
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY			
1	3914 N. 301 Highway	Tampa	FL	33619

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
1	Contractors	91580	\$50,000	43.025	Included	\$2,151	Included
1	Contractors	91583	\$1,800,000	4.726	4.693	\$8,507	\$8,447
BALANCE TO MINIMUM APPLIED (If Applicable)						\$	_____
STATE TAX OR OTHER (if applicable)						\$	_____
POLICY FEE (if applicable)						\$	500
INSPECTION FEE (if applicable)						\$	150
TOTAL PREMIUM (SUBJECT TO AUDIT)						\$	19,105.00
PREMIUM SHOWN IS PAYABLE:						\$	19,105.00
AT INCEPTION						\$	_____
AT EACH ANNIVERSARY						\$	_____
(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)							
AUDIT PERIOD (IF APPLICABLE)		<input checked="" type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY		

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:
SEE ATTACHED SCHEDULE OF FORMS
_____
_____
_____

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
08/11/2022	 (Authorized Representative)

**NOTE**

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.



Created Date: 9/6/2022

**DESCRIPTION:** Metris/Sprinter Wrap

**Bill To:** Rebuilding Together  
1350 22nd St. South  
St. Petersburg, FL 33711  
US

**Pickup At:** Signarama  
7211 US Highway 19 N  
Pinellas Park, FL 33781  
US

**Requested By:** Justin Coles  
Email: justin@rttb.org  
Work Phone: (212) 518-7660

**Salesperson:** Mike Mangone  
Entered By: Mike Mangone

NO.	Product Summary	QTY	UNIT PRICE	AMOUNT
1	<b>Mercedes Wrap - Sprinter</b>	1	\$4,150.00	\$4,150.00
1.1	<b>Vinyl Print Cast - Mercedes Vehicle</b>  <b>Part Qty:</b> 415 <b>Width:</b> 12.00" <b>Height:</b> 12.00" <b>Sides:</b> 1  <b>Text:</b> Full coverage wrap of new 2023 Mercedes Sprinter, extended, high roof.  Coverage includes full on sides, back, hood logo, above windshield. Does not include coverage on the roof, plastic parts, moving parts, or silicone.			
2	<b>Mercedes Wrap - Metris</b>	1	\$3,320.00	\$3,320.00
2.1	<b>Vinyl Print Cast - Mercedes Vehicle</b>  <b>Part Qty:</b> 332 <b>Width:</b> 12.00" <b>Height:</b> 12.00" <b>Sides:</b> 1  <b>Text:</b> Full coverage wrap of new 2023 Mercedes Metris, extended, high roof.  Coverage includes full on sides, back, hood logo, above windshield. Does not include coverage on the roof, plastic parts, moving parts, or silicone.			

Thanks for the opportunity to quote your project. We'd love to help, so please let us know if you have any questions, want samples or photos of similar

products, or are ready to place your order.

We've been producing quality signs and graphics to help businesses grow for more than 19 years. Let us help you grow your business with signs, graphics, and wraps!

Standard payment terms are 50% deposit for orders over \$250, with the balance due upon pickup or installation. Orders under \$250 are paid in full at time of order. Net terms available upon request.

<b>Subtotal:</b>	\$7,470.00
<b>Taxes:</b>	\$522.90
<b>Grand Total:</b>	\$7,992.90

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