### **Neighborhood Home Solutions**

ARPA Nonprofit Capital Project Fund - Small Purchases

### St Petersburg Neighborhood Housing Services Inc.

1600 Dr ML King Jr St S Saint Petersburg, FL 33701

deborah.scanlan@nhsfl.org

Pamela Coleman

accounting@nhsfl.org

### **Application Form**

### Organization Information

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**\*

St. Petersburg Neighborhood Housing Services Inc. dba Neighborhood Home Solutions

### **Proposal Name\***

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

EIN\* 59-2026381

### **Incorporation Year\***

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

1980

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

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

To provide affordable housing and homeownership solutions for individuals and families.

### 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 MNUSJMM7L5Y5

### Annual Operating Budget Size\*

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

\$385,000.00

### **Amount Requested\***

The maximum grant amount is \$199,999. \$25,000.00

### Parent Non-Profit/Subsidiaries\*

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

#### **Example**

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

No

### **Request Specifics**

### **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?

St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions (NHS) is a HUDapproved, 501 (c) (3) not-for-profit housing counseling agency and neighborhood revitalization and community development organization that was incorporated in 1980. NHS' mission is to provide affordable housing and homeownership solutions for individuals and families. In addition, NHS helps vulnerable populations reach financial wellness and helps build viable, sustainable, culturally diverse neighborhoods that include home ownership.

Currently, services are dedicated to helping people improve their financial well-being, qualify for home ownership, maintain their home after purchase, learn how to avoid foreclosure, and in the unfortunate event, intervene as an advocate for any person facing a foreclosure action. Specific services include:

• One-on-One confidential housing counseling: we meet the clients where they are and help them develop a personalized action plan based on their goals.

• Financial Fitness Education: help clients navigate a complex financial system, access legitimate, affordable financial institutions and credit, avoid consumer scams, and help them feel more confident and secure about their finances.

• Homebuyer Education: covers the basics of home buying and maintaining their homes.

• Foreclosure Intervention and Mortgage Delinquency Counseling: Consists of counseling on how to restructure debt, establish reinstatement plans, seek loan forbearance, manage household finances, predatory lending education, foreclosure prevention strategies, explaining the foreclosure process, and pursuing loss mitigation strategies.

• Marketing and Outreach initiatives: providing general information and materials about housing opportunities and issues, participating with local agencies, other non-profits, neighborhood, civic leaders, community organizations, and churches in marketing and outreach events.

• Development of single-family affordable 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.

NHS was established to stimulate reinvestment in blighted neighborhoods through a working partnership of residents, the government, the business community, lending institutions, and key national partners. At that time, most of the work was in owner-occupied rehab. In 2000, NHS expanded to first-time homeownership programs – housing counseling, providing homebuyer education, and development of single-family affordable homes. NHS has provided services to 46,100 clients and developed or rehabbed 122 homes resulting in 4,390 new homeowners. Many of the new homeowner families are first-generational homeowners. In addition, NHS provides comprehensive housing counseling services to Pinellas County, Florida residents. All counseling services are offered free of charge to clients. NHS Housing counselors are HUD-certified Housing Counselors. HUD Certified Housing Counselors provide comprehensive housing to clients seeking financial fitness, purchasing, financing, maintaining, renting, or owning a home. In addition, we work with homeowners to avoid foreclosure.

Our offices are in the South St. Petersburg Community Redevelopment Area (CRA). Of the 35,000 people who reside within this area, 55% of all households and 73% of renters pay more than 30% of their income for housing costs.

NHS is an approved non-profit developer with the City of St. Petersburg for the Lot Disposition Program. Over 80% of our clients are low-income families or belong to traditionally underserved communities. We work with our clients to increase their financial well-being, achieve homeownership, or avoid losing their homes. Many of our clients cannot purchase housing because of their credit history and debts. We help them to rebuild their credit and become ready to buy a home if that is their goal.

### 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 <u>PROVIDED THAT</u> 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.

#### Amount harmed.pdf

The Covid-19 pandemic severely impacted the ability of NHS to continue providing income-generating services. Before 2020 we offered our educational and counseling services in an in-person setting. Post Covid-19, we adapted our educational and counseling to a 100% virtual basis. We are now working on the systems to provide virtual and in-person educational services.

We have lost valuable counseling personnel, which negatively affects the number of clients we can serve, and consequently, our program revenue has decreased an average of 56% compared to pre-Covid 2019. Grantors have reduced 61% of their funding to our organization during 2022 compared to the same period in 2019.

The supply chain issues have affected our development program – both in shortages and increased costs. As a result, we could not complete the construction of 2 single-family homes for FY 2021 and FY2022 for low and moderate-income families. This represents a loss of income of over \$150,000 for Fiscal Years 2021 and 2022.

### **Proposal Description\***

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

Please describe your purchase proposal and address the following:

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

Funds from this grant will be used to purchase conference room audiovisual equipment. Having lost valuable personnel, this purchase provides staff with the tools needed to properly serve our clients, increasing the number of clients that can be served by 12 to 15%. The conference room audio-visual equipment will allow for hybrid education classes and meetings. By providing hybrid education classes, clients without computers can come into a safe environment to attend class. Additionally, a new server is needed to meet the ever-

increasing security requirements and to account for the increased bandwidth required for the increase in virtual meetings and classes. The lifespan of the equipment is 5 to 8 years.

External security will be installed; we will be increasing evening classes. In addition, the community room is available to organizations serving the underserved community.

### **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?

Our offices are in the South St. Petersburg Community Redevelopment Area (CRA), nearly 4,700 acres. Of the 35,000 people who reside within this area, 55% of all households and 73% of renters pay more than 30% of their income for housing costs. Over 80% of our clients are low-income or belong to traditionally underserved communities. Not having the audiovisual equipment for our conference room limits the number of clients serviced within a financially-strained community more likely to suffer from homelessness due to the recent rent hikes or foreclosure due to the economic strain from COVID.

### Number Served\*

How many people will directly benefit from this capital purchase annually? 1200

### 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 <u>duplicated</u>. If ABC Food Bank counts Taylor's visit ONCE, it is <u>unduplicated</u>.

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.

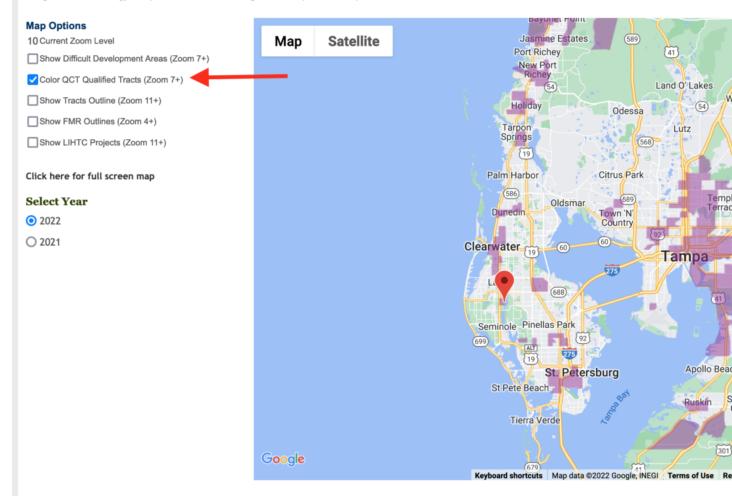
To assess if your organization serves or is headquartered in a QCT, use the following link: <u>https://www.huduser.gov/portal/sadda/sadda\_qct.html</u>

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.

Enter an Address, city, state or tract	Go	F	Florida v	Pinellas		
Map Options : Clear   Reset   Full Scree	een					
QCT Legend:	- Tract Outline	1 LIHTC Project	2022 Qualified Cen	sus Tracts		
SADDA Legend:	- FMR Boundary	2022 Small DDA	Non Metro DDA			
Hide the overview						

The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial of designation methodology is explained in the federal Register notice published September 9, 2021



### 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/ 1600 Dr. Martin L. King St. S. St. Petersburg, FL 33701

### **QCT Determination - Headquarters\***

Is this organization headquartered in a QCT?

Yes

### **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).

All Purchases will take place in Pinellas County.

### **QCT Determination - Purchase\***

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

No

### Community Connection

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.

NHS has served the community for many years. Currently, we are working with Habitat, Contemporary Housing Alternatives of Florida (CHAF), St. Petersburg Housing Authority, United Way Suncoast, Campbell Park Resource Center, St. Anthony's Hospital, and others to provide our services regularly.

Our website has a simple online registration process that our partners and clients use to provide referrals. Graduates of our various programs are our best referrals.

Staff provides marketing & outreach to the community. Staff regularly attends the Juvenile Welfare Board Family Services Initiative and South County Community Council meetings.

### 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." None of the above

### 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.

Small purchase quotes.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.

We have a contract with Access My Office to manage and maintain our IT and security network.

### **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.

Small Purchase budget.pdf

### **Other Funding Sources\***

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

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

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

None

### Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

This purchase does not affect our operating costs.

### **Organization Documentation**

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

### **Organization Budget\***

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

Approved budget 2022.pdf

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

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted. Board of Directors list.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. 990 Tax Return 2021.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. NHS FY 2021 audit report.pdf

### Insurance Requirements

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

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

Please upload evidence of insurance.

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

Certificate of Insurance.pdf

### Insurance Requirement\*

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

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

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

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

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

### Post-Grant Requirements

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

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit 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

### **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.

### 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

### Applicant File Uploads

- Amount harmed.pdf
- Small purchase quotes.pdf
- Small Purchase budget.pdf
- Approved budget 2022.pdf
- Board of Directors list.pdf
- 990 Tax Return 2021.pdf
- NHS FY 2021 audit report.pdf
- Certificate of Insurance.pdf

	2019	2020	2021	2022	Sum of 2020 - 2022	Average 2020 - 2022	Amount harmed 2019 Vs. Average	% of amount harmed	Source
Grants	108,450.00	102,500.00	152,575.00	42,733.00	297,808.00	99,269.33	9,180.67	8%	Profit &
Program Revenue	265,227.00	178,425.00	92,679.00	75,274.00	346,378.00	115,459.33	149,767.67	56%	
Net Income	16,429.00	3,360.00	(54,162.00)	(121,161.00)	(171,963.00)	(57,321.00)	73,750.00	449%	Loss
Total harmed operating							232,698.33		Statement
Development income	152,181.00	384,027.00					768,054.00	200%	Profit &
COGS	(106,350.00)	(305,140.00)					(610,280.00)	200%	Loss
Net Development	45,831.00	78,887.00					157,774.00		Statement
							390,472.33		



4036 8th St So. St. Petersburg, FL. 33705 727-804-7338

#### Name / Address

Neighborhood Home Solutions 1600 Dr. Martin Luther King Jr. St. S St. Petersburg, FL 33701

# Estimate

Date	Quote #			
8/18/2022	AMO-20-0330			

			Terms
			Net 30
Description	Qty	Rate	Total
Lenovo ThinkSystem Server Lenovo ThinkSystem ST250 Intel Xeon E-2276G 6C 80W 3.8GHz Processor 48 Gig Ram 4 - 2TB SATA Hard Drives (Raid 10) Raid Controller with flash Windows Server 2022 open Lic 5 Network user License 5yr. NBD onsite warranty WINDOWS SERVER 2022 STANDARD - 16 CORE PACK Windows Server 2022 Client access License	1 1 5	1,069	6,637.28 9.00 249.00
	Tot	al	\$8,185.28

Signature





#### Name / Address

St. Petersburg, FL. 33705

Neighborhood Home Solutions 1600 Dr. Martin Luther King Jr. St. S St. Petersburg, FL 33701

Date	Quote #
6/30/2022	AMO-20-0329

				Terms
			D	ue on receipt
Description	Qty	Rate		Total
4K H.265 8CH NVR 8POE 128Mbps 1 HDD BAY Special Order Hard Drive 4TB 1 - NVR Recording Devices -Installed in IT Room	1		7.50 7.60	297.50 217.60 515.10
Special Order Camera - Special Order Camera - Cortex - 5MP 360° FISHEYE DRAGONFIRE® IR W/ SD CARD SLOT (BUILT-IN MIC)	6	25:	5.00	1,530.00
Camera Hardware - Junction Box Camera Hardware - Conduit and Mise install hardware Group - 5MP 360° FISHEYE DRAGONFIRE® IR W/ SD CARD SLOT (BUILT-IN MIC) -Installed approximately 7 1/2 feet off grade -Tap-con mounting box and conduit to exterior of building with conduit entering building at the eve. Install Locations -Main building east wall north side between doors looking east -Main building south wall east side looking south covering walk path and parking lot door -South building north wall west middle just east of windows looking north to cover main walk and front door area and main building west front wall and windows. *there is a palm tree and main front yard sign block view of front yard.	6 6		).40 7_00	122.40 102.00 1,754.40
Cat6 23AWG UTP Bulk Cat6 RJ45 Keystone Jack Vertical Cable 24-Port 1U Patch Panel - Server room 12 Port surface mount - conference room closet Labor to run cable and install cameras (225.00 per camera) Labor to run cable from conference room to server room for second NVR -there will be a jumper cable to connect the south building camera the main building's NVR until a future date.	900 6 1 1 6 1	4 <u>9</u> 40 225	0.34 2.39 5.98 0.00 0.00 0.00	306.00 14.34 45.98 40.00 1,350.00 150.00
	Tot	al		\$4,175.82

Signature



### SOUND V PRODUCTION

RAMA EVENTS INC TAMPA BAY, FL. INFO@INSIGNIASPD.COM WWW INSIGNIASP.COM (813) 812-5199 (813) 849-8065

### Estimate

For	Deborah Scanlan	Estimate No	227
	Deborah scanlan@mbsfl.org	Date	09/02/2022
	Neighborhood Home Solutions		
	1600 Dr. M. L. King Jr. S		
	St. Petersning, 33701		
	/27 432-0331		
Sh p Fo	Neighborbood Home Solutions	Ship Dete	10.05.000
arp to	1600 Dr. M. L. King Jr. S.	Ship Date	12/01/2023
		Shio Via	
	St. Petersburg, 33701		
Type of Service	AV INSTALL		

Code	Description	Quantity	Rate	Тах	Amount	
VIDEO	I - 75° TV Monttor I - Wall Bracket Hardware I - HDMI Package I - Web Camara USB	4	\$1,850.00	7%	\$1,850.00	
CONFERENCE AUDIO	Mixiny Console: 1- Yamaha TFT 16/16	2	\$6,800,00	78	\$6,800.00	
	PA system: 4- Yamaha DXR8mkII 1100W 8 Inch Powered Speaker					
	Witeless Microphones: 5-Shure BLX249/4SM58 Witeless Handheld Microphone System - HTT Band, BLX Pack Fransmitter 1. Shure SM35 Headworn Microphone for Shure Witeless					
	AUDIO HARDWARE 1 Microphone Rack 4 Speaker Mounts to Wall					
	Audio Cable Pack T=Custom XLR Audio Cables T= A/C Edison Power Cables					

### - Estimate 227 - 09/02/2022

Code	Description	Qu	antity	Rate Tax	Amoun
CONSUMABLES	1- Box of Consumables (Tapes, Zip Ties, Plastic Covers, Electric Connectors, Cable Runner	;)	1 \$1	50.00 7%	\$150,00
			Part.	s Subtotal	\$8,800.00
Code D	escription	Quantity	Rate	Тах	Amount
H T T	Tech for Installs (20 Hours) our Billed at \$75 Training Boot Gamp AV schnical Support e Order, Shipping Materials, Area Conditioning, Cleaning, Gear Prep	1	\$2,500 <u>,</u> 00	7%	\$2,500.00
			Labo	r Subtotal	\$2,500.00
		Subtoral			\$11,300.00
Payment Deta	IS	Tax 7% (\$+1,300,00)			\$791.00
A 50% deposit of	\$6,120 50 is required by 09/02/2022	Shipping			\$150.00
		Totai			\$12,241.00
		Total		\$12,:	241.00
	Pay Now	Deposit due 09/02/2022			\$6,120-50

#### Comments

THIS IS ONLY A QUOTE REQUEST AND DOES NOT GUARANTEE ANY EQUIPMENT, LABOR OR BOOKING UNLESS 50% NON-REFUNDABLE DEPOSIT IS PAID

#### Terms and Conditions

BY PAYING THIS INVOICE, YOU AGREE TO INSIGNIA SOUND AND PRODUCTION SERVICE AGREEMENT. ALL INVOICES MUST BE PAID IN FULL BEFORE LOAD IN DATE THANKS

### Sapphire Audio Visual Experts Inc

2950 5th Ave S Saint Petersburg, FL 33712 (727) 373-6950 meredith@sapphireavexperts.com http://www.sapphireavexperts.com



### Estimate

	nlan in Luther King Blvd urg, FL 33705 US	SHIP TO Deborah Scanlan 1600 Dr Martin Luther King Blvd Saint Petersburg, FI 33705 US			8017 09/01/2022
DATE	ACTEVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Sony 75 tv	Sony 75 tv	1	1,199.00	1,199.00T
	Logitech Conference System	Complete conference room technology package: two speakers, two mics and a Ptz camera	1	3,499.00	3,499.00T
	Misc Supplies	Misc Supplies	1	129.00	129.00T
	Labor Two Technicians	Labor Two Technicians- install all conference room equipment, test and tutorial	8	258.00	2,064.00T
					6,891.00
		188			482.37

111AU

\$7,373.37

From: quickbooks@notification.intuit.com,

To: Deborah.scanlan@nhsfl.org, dscanassoc@aol.com,

Subject: Estimate 8017 from Sapphire Audio Visual Experts Inc

Date: Thu, Sep 1, 2022 3:32 pm

Attachments: Estimate\_8017\_from\_Sapphire\_Audio\_Visual\_Experts\_Inc.pdf (117K)

Dear Deborah Scanlan,

Please review the estimate below. Feel free to contact us if you have any questions. We look forward to working with you.

Thanks for your business! Sapphire Audio Visual Experts Inc

----- Estimate -----

2950 5th Ave S Saint Petersburg, FL 33712 US (727) 373-6950 http://www.sapphireavexperts.com

Estimate #: 8017 Date: 09/01/2022 Exp. Date:

\$7,373.37

Address:

Deborah Scanlan 1600 Dr Martin Luther King Blvd Saint Petersburg, Fl 33705 US

Date	<u>Activity</u>	Description	Qty	Rate	Amount
09/01/2022 S	ony 75 tvS	ony 75 tv	1	1,199.00	1,199.00T
09/01/2022 P	c r t	onference oom echnology ackage: two	1	3,499.00	3,499.00T
09/01/2022 M	m c isc SupplM	••	1	129.00	129.001
09/01/2022 L;	T i c r e t	abor Two echnicians- nstall all onference oom quipment, est and utorial	8	258.00	2,064.00T
MI			SubTotal:		\$6,891.00

\$6,891.00 \$482.37 Estimate 8017 from Sapphire Audio Visual Experts Inc

Tota	:	\$7,373.37

This is an estimate. All labor hours accrued and parts used are billable. This estimate excludes permit costs and any additional insurances required. Thank you!

### ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: St. Petersburg Neighborhood Housing Services Inc. dba Neighborhood Home Solutions Proposal Name: Neighborhood Home Solutions

Α	В	С	D	E		F		G		н	
Line		Price Per	Quantity of	Purchase		ARPA Grant Funds		Applicant			
Item	Item (Description)	ltem	Item	Total		Requested		Match		Fu	nding Total
1	Audiovisual equipment	\$12,241.00	1	\$	12,241	\$	12,241	\$	-	\$	12,241
2	Security system	\$ 4,175.00	1	\$	4,175	\$	4,175	\$	-	\$	4,175
3	Server	\$ 8,185.00	1	\$	8,185	\$	8,185	\$	-	\$	8,185
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		\$-		\$	-	\$	-	\$	-	\$	-
		TOTAL	3	\$	24,601	\$	24,601	\$	-	\$	24,601

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

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

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

### Neighborhood Home Solutions FY 22 Approved Budget

	22' Budget
Support and Revenue	
Grants	236,000.00
Contributions	50,000.00
Program Revenue	127,548.62
Cares Act	-
Development Income	-
Total Revenue and Support	413,548.62
Other Miscellaneous Income	-
Total income	413,548.62
Expenses	
Salaries and Benefits	268,000.00
Professional Fees	10,000.00
Contract Services	12,500.00
Marketing	4,000.00
Training and Travel	600.00
Office Expense	8,000.00
Insurance	17,500.00
Utilities	20,000.00
Repairs & Maintenance	22,000.00
Interest Expense	16,000.00
Other Program Expenses	2,000.00
Misc/All Other Expenses	5,000.00
Total expenses before depreciation	385,600.00
Depreciation	20,673.94
Total Expenses	406,273.94
Increase (decrease) in net assets	7,274.68

DEBORAH F. SCANLAN President / CEO

#### BOARD OF DIRECTORS

KARL NURSE, Chair of the Board Bay Tech Label

LINDSAY BOSWELL, Vice Chair Bank of America

BETTY BEELER, Secretary Retired

JAMES "Jim" BUSH, Treasurer Retired

CARLA A. BRISTOL St. Pete Youth Farm

R. V. DE PUGH Real Estate Consulting

LEONARDO "LEO" DIAZ Valley National Bank

BETTIE HAYES Retired

CHRISTOPHER HOLZWART Synovus Bank

TREVOR MALLORY Family First Homes

FRANCES SERRANO-LUX Retired

ALBERT NKOY SHUYAKA BayCare \* St. Anthony's Hospital

STEPHEN J. SPINOGATTI Charles Rutenberg Realty Florida National Guard

\* \* \* \* \* DAVID MCEACHERN, President Emeritus



1600 Dr. Martin Luther King Jr. Street South St. Petersburg, Florida 33701 (727) 821-6897 FAX (727)821-7457 www.nhsfl.org 50075 05/03/2022 9 59 AM

Form <b>990</b>	Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except privat	Tax e foundations)	OMB No. 1545-0047
Department of the Trac Internal Revenue Servi	Do not enter social security numbers on this form as it may be made put	ublic.	Open to Public
		m.	Inspection
A THE COLUMN AND A REAL OF A	calendar year, or tax year beginning10/01/20, and ending 09/30/21		
Check if applicable		D Employer	Identification number
Address change	SERVICES INC.		0.12072/02020102
Name change	Duing business as         C\O         DEBORAH         SCANLON           Number and sireet (or PO box if mail is not delivered to streat address)         Recent/suite		26381
Initial return	Number and street (or PO, box if mail is not delivered to street address) 1600 DR MARTIN LUTHER KING STREET S	E Telephone	21-6897
Final return/	City or town, state or province, country, and ZIP or foreign postal code	1210	LL 0057
terminated	ST. PETERSBURG FL 33701	6 C	354,873
Amended return	F Name and address of principal officer	G Gross rece	1050 JJ4/073
Application pending	DEBORAH F. SCANLAN	is a group relum for s	ubordinales Yes 🗶 N
-		all subordinates inclu	Ined? Yes N
		f "No." atlach a list	
		THO BUILDING ISC	Dec manuellona
Tax-exempt status	THE NUCEY ODC		120
		p examption numbe	
		1980	M State of legal domicile <b>F</b> 3
	ummary escribe the organization's mission or most significant activities:		
AND	PROVIDE AFFORDABLE HOUSING AND HOMEOWNERSHIP SOLUTIONS T FAMILIES.		
	of voting members of the governing body (Part VI, line 1a)		16
4 Number	of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total nu	mber of individuals employed in calendar year 2020 (Part V, line 2a)	5	11
6 Total nu	mber of volunteers (estimate if necessary)	6	0
	elated business revenue from Part VIII, column (C), line 12	7a	(
	lated business taxable income from Form 990-T, Part I, line 11	75	
		r Yoar	Current Year
8 Contribu	ions and grants (Part VIII, line 1h)	340,751	336,464
9 Program 10 Investme	service revenue (Part VIII, line 2g)	16,938	18,358
10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	79,060	51
11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	(
		136,749	354,873
	nd similar amounts paid (Part IX, column (A), lines 1–3)	0	(
14 Benefits	paid to or for members (Part IX, column (A), line 4)	0	(
		267,514	268,822
16a Professio	nal fundraising fees (Part IX, column (A), line 11e)		(
1	draising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other ex		61,973	147,760
		29,487	416,582
19 Revenue	less expenses. Subtract line 18 from line 12	7,262	-61,709
S		f Current Year	End of Year
20 Total ass		14,946	675,773
21 Total liab	A REAL AND A	313,647	336,183
22 Net asse			
Part II Sid		5-1-35	333,590
Part II Signature Signatur	ts or fund balances. Subtract line 21 from line 20 4 gnature Block perjury, I declare that I have examined this return, including accompanying schedules and statements, ar complete. Declaration of preparer (other than officer) is based on all information of which preparer has an Weberch of becaules	Idl, 299	339,59
Print/Type	pe or print name and tille preparer's name Preparer's signature Date	Giracia	if PTIN
Doror L	HOROWITZ	self-einple	
e Only		Firm's EIN	59-2482214
Firm's add	1301 66TH ST N         Kess       SAINT PETERSBURG, FL 33710-5501         st this return with the preparer shown above? See instructions	Рала по	727-347-1120 X Yes No
	iction Act Notice, see the separate instructions.	1000 at	X Yes No Form 990 (2023
			- Unit - Unit (202

For Paperwork Reduction Act Notice, see the separate instructions.

	art III Statement of Progra	am Service Acco	OOD HOUSING 5			Page
	Check if Schedule O			in this Part III		X
1	Briefly describe the organization's n			adder - Dan Storage - Defendentelle		
S	SEE SCHEDULE O					
	the data with the transmitter of the					
_						
2	Did the organization undertake any	significant program serv	rices during the year whic	n were not listed on	the	
	prior Form 990 or 990-EZ?					Yes X No
_	If "Yes," describe these new service					
3	Did the organization cease conduction	ng, or make significant	changes in how it conduc	ts, any program		
			$(0, \ldots, 0) = (0, \ldots, 0) = (0, -k)$	1 (c) - (c)	11110 (211 (2 13) R	Yes X No
	If "Yes," describe these changes on		-t- for one is at the time - to			
4	Describe the organization's program expenses. Section 501(c)(3) and 50					
	the total expenses, and revenue, if a			nount of grants and	allocations to others.	T
	the total expenses, and revenue, it a	ing, for each program :	service reported.			
la.	(Code: ) (Expenses \$	343,758 i	ncluding grants of\$		) (Revenue \$	18,358
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#### Form 990 (2020) ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381 Part IV Checklist of Required Schedules

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_P	art iv Checklist of Required Schedules		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		160	110
1	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<b>H</b>	_	
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Parl III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	_	
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		x
-	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-
7		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
-	complete Schedule D, Part III	0		<u>^</u>
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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1	v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its lotal assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Det IV and the IAN Known Cland 1102 If IV/col " complete Schedule C. Port I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		-	1
10	De 1944 Francisco de la Constante de	18		x
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
19		19		x
90	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	205	-	+
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		1-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1 21		1 43

Form 990 (2020)

#### Form 990 (2020) ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381 Part IV Checklist of Required Schedules (continued)

Page 4

_	and the oneconst of Required ochedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b			
	Ihrough 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
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?			
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	-	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	-		<b>—</b>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	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? If "Yes," complete Schedule L, Part II	26		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			
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
а	IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	285		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	100		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			1.2
25-	or IV, and Part V, line 1	34		X
b b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	_	X
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	265		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	197 Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt 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			
4.5	Enter the symbol reported in Roy 2 of Form 1006 Enter 0 if and another the	·	Yes	No
1а Ь	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a0Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [1b] 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
č	reportable gaming (gambling) winnings to prize winners?	10	x	
_		1 10 1		

DAA

Party and a state of the	990 (2020) ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026			Pa	age 5
_ <u>P</u> a	art V Statements Regarding Other IRS Filings and Tax Compliance (co	nunuea)	_	N	
		an w		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 11			
L	Statements, filed for the calendar year ending with or within the year covered by this return		26	x	2
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax		<u>2b</u>		
2.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruct).	cuons)	20		х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	dula O	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche		3b		
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signalure or c	· · ·	4-		x
	a financial account in a foreign country (such as a bank account, securities account, or other fina	ancial account)?	4a		-
b	If "Yes," enter the name of the foreign country				6
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan			1	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	(4.5) (4.1) [2.1] [3.1] [3.1] [3.1] [3.1]	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	ansaction?	5b		-
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	too of the second of the secon	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and o	did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		x
Ь	If "Yes," did the organization include with every solicitation an express statement that such contr	butions or			
_	gifts were not tax deductible?		<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods	_		
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was	-		
	required to file Form 8282?	1	7c		
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 ben		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization fil		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	tained by the			
_	sponsoring organization have excess business holdings at any time during the year?		8		-
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person		<u>9b</u>	-	
10	Section 501(c)(7) organizations. Enter:	1 22 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	132.1			
a	Gross income from members or shareholders	11a			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1252.035	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O	2			
b	Enter the amount of reserves the organization is required to maintain by the states in which	11			
	the organization is licensed to issue qualified health plans	13b			
С	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
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sch		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rer	nuneration or			
	excess parachute payment(s) during the year?	1 14 16 1 F -0 N	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net invest	ment income?	16		X
	If "Yes" complete Form 4720 Schedule O				

Form 990 (2020)

 
 Form 990 (2020)
 ST
 PETERSBURG
 NEIGHBORHOOD
 HOUSING 59-2026381
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 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"
 Page (
 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management

		1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   16		103	140
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
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?	2		х
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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	ane or more members of the governing bady?	7a		х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing:		
а	The governing body?	Ba	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	le Co	de.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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?	106		
1 <b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		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	- 1		
	with a taxable entity during the year?	16a		<u>X</u>
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		
Sec	tion 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 X 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			
	IGHBORHOOD HOME SOLUTIONS 1600 ML KING JR ST S		_	
SI	- PETERSBURG FL 33701 727-	-821	6	<b>B</b> 97

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	020) ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381 Page 7 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.

	and the second	1421204				1120/01/020411	in the second second		
(A) Name and title	(B) Average hours por week (list any	bax.	unle	iss pe	ilion more rson	than one is both an or/irustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from rolated organizations	(F) Estimated amount of other compensation from the
	hours for related organizations betow dotted line)	Individual trustee or director	Institutional Inustee	Officer	Key employee	Former Highest compensated employee	- (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) DEBORAH F. SCAN									
PRESIDENT & CEO	40.00			x			70,000	0	0
(2) BETTIE HAYES								¥	
	2.00								
DIRECTOR	0.00	X	_	_			0	0	0
(3) BETTY BEELER	2.00								
SECRETARY	0.00	x		x			0	0	0
(4) CARLA A. BRISTO							<b>v</b>		
DIRECTOR	2.00								
(5) JAMES BUSH	0.00	X	-	_			0	0	0
(J) OMILLO DODI	2.00								
TREASURER	0.00	x		x			0	0	0
(6) CHRISTOPHER HOI	ZWART								
	2.00								
DIRECTOR	0.00	X	_		_		0	0	C
(7) LEONARDO DIAZ	2 00								
DIRECTOR	2.00	x					0	0	o
(8) FRANCES SERRANC				-	-			U	0
	2.00								
DIRECTOR	0.00	X			_		0	0	0
(9) MAURICE FRANKLI									
	2.00								
DIRECTOR (10) KARL NURSE	0.00	X	$\rightarrow$	-	_		0	0	0
INVARIA NORSE	2.00								
CHAIR OF THE BOARD	0.00	x		x			0	0	0
	AN-KIRB								
	2.00								
DIRECTOR	0.00	X					0	0	000

Form 990 (2020)

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Yes       No.       V. DE PUGH       2.00       X       0       0         DIRECTOR       0.00       X       0       0       0         (14)       R.V. DEPUGH       2.00       X       0       0         (15)       ALBERT NKOY SHUYAKA       0       0       0         DIRECTOR       0.00       X       0       0       0         (15)       ALBERT NKOY SHUYAKA       0       0       0       0         DIRECTOR       0.00       X       0       0       0         (16)       STEPHEN J. SPINCARTTI       0       0       0       0         DIRECTOR       0.00       X       0       0       0       0         (17)       TREVOR MALLORY       2.00       0       0       0       0         1b       Subtolal       0.00       X       0       0       0       0         1c       Total nomber of Individuals (including but not imited to those listed above) who received more than \$100.000 d'       reportable compensation from the againzation of pactal above individual is do n line ta schedul af or such individual       for any individual is do n line ta schedul af or such individual       for any individual is do n line ta schedue or acrue compensation from the tagainzation or s	Form 990 (2020) ST PETER Part VII Section A. Officer	s, Directors, T	ruste	ees,	Key	Еп	ploy	ees	, and Highest Compens	ated Employees (conlinu	ied)		
answer and an answer and a second		Average hours per week	Position (do not check more than or box, unless person is both				ís bath	an	Reportable compensation from the	Reportable compensation from related organizations	00	Estimated amount of other compensation from the	
(12)       LINDSAY BOSWELL       2.00         VICE CRAFE       0.00 X       X         0.13)       R. V. DE PUGH       0.00 X         DIRRCTOR       0.00 X       0         DIRRCTOR       0.00 X       0       0         DIRRCTOR       0.00 X       0       0         DIRRCTOR       0.00 X       0       0         1b Subibil       0.00 X       0		related organizations below	Individual trustee or director		Officer	Key employee	Highest compensate employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)			
VICE CRAFR       0,00       X       X       0       0         (13)       R. V. DE PUGH       2,00       0.00       X       0       0         DTRECTOR       0.00       X       0       0       0       0       0         DTRECTOR       0.00       X       0 <t< th=""><th>(12) LINDSAY BOSW</th><th></th><th></th><th></th><th></th><th></th><th><u> </u></th><th>_</th><th></th><th></th><th></th><th></th><th></th></t<>	(12) LINDSAY BOSW						<u> </u>	_					
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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 PO       Yes         3 Did the organization listed on line tar genization PO       Yes, '' complete Schedule J for such individual         4 For any individual listed on line tar listed schedule J for such individual       3         5 Did any person listed on line tar a receive or accrue compensation from any unrelated organization or individual for such individual       4         6 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of the calendar year ending with or within the organization's tax year.       4         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 or individual       3       2         5 Did any person listed on line tar receive or accrue compensated independent contractors that received more than \$100,000 of compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year.       (B)         8 Name and Buchess address       Complete listed above) who received more than \$100,000 of compensated independent contractors has received more than \$100,000 of compensation for the organization or individual       2         2 Total number of independent contractors (including but not limited to hose listed above) who received more than \$100,000 of compensation from the organization form the organization form the organization													0
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d Total (add lines 1b and 1c)       ▶       70,000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0       Yes N         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       3       3         4       Did the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       2         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       5       2         5       Did any person listed on line 1a receive or accrue compensation for the calendar year ending with or within the organization's tax year.       6         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       6         1       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       6         1       Complete this table for such backness eddress       Descriptif of services       Completerel secre								•	70,000				
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on tine 1a? If "Yes," complete Schedule J for such individual       3			i, Se	ctio	n A				70 000				
reportable compensation from the organization ▶0       Yes       N         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       3	<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (</li> </ul>	including but no	t lim	ited	to th	lose	lister	d at		than \$100,000 of	I		
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       3       3       3         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       2         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       5       2         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       5       2         5       Did any person listed on line 7a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.       (C)         1       Complete schedule J bescription of services       Compensation       (C)         1       Complete schedule J for services       Compensation       (C)         1       Compensation from the organiza	reportable compensation from	m the organizat	ion I	•0								1.14	s No
employee on line 1a? If "Yes," complete Schedule J for such individual       3       4         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for such individual       4       4         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       5       5         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year.       (C)         0       Name and business address       Description of services       Complete services         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 including but not limited to those listed above) who       0       000	3 Did the organization list any	former officer,	direc	ctor,	trust	ee,	key e	emp	loyee, or highest compen	sated	ſ		
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       5       5         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       Complete this services       Compensation         (B)       Description of services       Compensation       Compensation         (A)       Name and business address       Description of services       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       0	employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the											x	
for services rendered to the organization? If "Yes," complete Schedule J for such person       5         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)         Name and business address       0         (C)       (C)         (C)       (C)         (B)       0         (C)       (C)         (C)       (C)         (B)       0         (C)       (C)         (C)       (C) <td>5 Did any person listed on line</td> <td>a receive or a</td> <td>accru</td> <td>le c</td> <td>omoe</td> <td>ensa</td> <td>ation f</td> <td>from</td> <td>n any unrelated organizati</td> <td>on or individual</td> <td></td> <td>4</td> <td><b>^</b></td>	5 Did any person listed on line	a receive or a	accru	le c	omoe	ensa	ation f	from	n any unrelated organizati	on or individual		4	<b>^</b>
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)       (B)       (B)       (C)         Name and Business eddress       Compensation       Compensation         (B)       (B)       (C)         (C)       Description of services       Compensation         (C)       (C)       (C)         (C)       (C) <t< td=""><td>for services rendered to the</td><td>organization? If</td><td>Ye</td><td>s," c</td><td>ompl</td><td>lete</td><td>Sche</td><td>dule</td><td>e J for such person</td><td></td><td></td><td>5</td><td>X</td></t<>	for services rendered to the	organization? If	Ye	s," c	ompl	lete	Sche	dule	e J for such person			5	X
compensation from the organization's tax year.         (A) Neme and Business eddress       (B) Description of services       (C) Compensation         (B)       (B)       (C)         (C)       (C)	Section B. Independent Contrac	tors		ogte	d In	don	ondor		optractors that received m	oro Iban \$100.000 of	_		
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	compensation from the orga	nization. Report	con	pen	satio	n fo	or the	cal	endar year ending with or	within the organization's	tax year		
received more than \$100,000 of compensation from the organization ► 0	Name an	d business address							Descrit	(B) alian of services		Compe	insation
received more than \$100,000 of compensation from the organization ► 0													
received more than \$100,000 of compensation from the organization ► 0		_		-		-		-					
received more than \$100,000 of compensation from the organization ► 0													
received more than \$100,000 of compensation from the organization ► 0													
received more than \$100,000 of compensation from the organization ► 0				-				⊢					
received more than \$100,000 of compensation from the organization ► 0					_								
received more than \$100,000 of compensation from the organization ► 0													
received more than \$100,000 of compensation from the organization ► 0	2 Total number of independen	Contractors (in	cludi	ina ł	out n	ot li	mited	l	those listed above) who				
	received more than \$100,00	0 of compensat	ion I	from	the	org	anizal	lion	<b>&gt;</b>	0		0	

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orm 9				NEI	GHBORHOOD H	IOUSING 59	-2026381		Page S
Part	VIII Staten Check	if Sch	of Revenue nedule O co	ntains a	a response or not	te to any line in	this Part VIII		
						<b>(A)</b> Tatal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fram tax under sections 512-514
and Other Similar Amounts	a Federated car	npaign	s	1a					
Ē	b Membership d	ues		1b					
2	Fundraising e	vents		1c					
	d Related organizations 1d e Government grants (contributions) 1e								
					293,382				
5	f All other contribution								
	and similar amounts			1f	43,082				
9	Noncash contribution			1g \$					
_	n Total. Add line	es 1a-1	lf			336,464			
2a t c c					Businnss Code	10.050	10.050		-
2		EES	10.11.01.2015.4		525990	18,358	18,358		
k	AL. 81. 19		14.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	8 (977)					
с с	Creation Decemperation	10.000	1.1.1.1.1.1.1.1.1.1	a haaraan	01100				
		2000		0-160000	200291 J				
	FAII other progra				1111 - 1				
	Total. Add line			1.1.1.1.1.1.1		18,358			
3				nds inte		10/330			
-	other similar a	,				51			51
4	Income from in			nt bond					
5	Royalties			.p. oo					
6a b c d 7a			(i) Real		(ii) Personal				
	Gross rents 6a								
	Rental inc. or (loss)	6c							
		free and the second	loss)		•				
	Gross amount from		(i) Securilie	;	(iii) Olher				
	sales of assets other than inventory	7a							
b	Less; cost or other								
	basis and sales exps	7b							
с	Gain or (loss)	7c							
	Net gain or (los	s)			•				
	Gross income from		aisina events						
	(not including \$								
	of contributions re		on line 1c).						
	See Part IV, line 1		· · · · · · · · · · · · · · · · · · ·	8a					
b	Less: direct exp	penses	0.00 0.0000	8b					
с	Net income or	(loss) fi	rom fundraising	events					
	Gross income from								
	See Part IV, line 1		•	9a					
b	Less: direct exp	penses		9b					
С	Net income or i	(loss) fi	rom gaming au	tivities					
	Gross sales of inventory, less								
	returns and allowances 10a								
	Less: cost of goods sold 10b								
	Net income or (	loss) fr	om sales of in	ventory.					
					Business Code				
11a	P.10-020-1111								
b									
С			Here is a						
	All other revenu	e							
	Total. Add lines				•				
111110-0	Total revenue.		Contraction of the second second		•	354,873	18,358	0	51

#### Form 990 (2020) ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381 Part IX Statement of Functional Expenses

Page 10

	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respor				- 22 JAC 80
	not include amounts reported on lines 6b, 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	70,000	52,500	17,500	
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	172,710	161,657	11,053	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,614	5,330	2,284	
10	Payroll taxes	18,498	12,949	5,549	
11	Fees for services (nonemployees):				
а	Management				
b	A CONTRACTOR CONTRACTOR AND A CONTRACTOR				
Ċ		9,500		9,500	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 7				
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.)	10,704	10,704		
12	Advertising and promotion	3,008	2,406	602	
13	Office expenses	3,881	3,105	776	
14	Information technology				
15	Royalties	45 000	26.000		
16	Occupancy	45,296	36,238	9,058	
17	Travel	522	418	104	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14 000	11 047	0.000	
20	Interest	14,809	11,847	2,962	
21	Payments to affiliates	015 50	17 070	A 470	
2	Depreciation, depletion, and amortization	22,349 16,829	17,879	4,470	
!3 !4	Insurance Other expenses, Itemize expenses not covered	10,023	13,463	3,366	
4					
	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.) OTHER MISC EXPENSES	28,001	22,401	E 600	
a h	OTHER PROGRAM EXPENSES	10,171	10,171	5,600	
b	PROVISION FOR LOAN LOSS	-17,310	-17,310		
c C	INOTISION FOR LOAN LOSS	17,510	-17,310		
d	All other expenses				
	All other expenses	416,582	343 750	72 024	
5 6	Total functional expenses, Add Ines 1 through 24e	410,36Z	343,758	72,824	
U	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

### Form 990 (2020) ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381

Page 11

				(A) Beginning of year		(B) End of year	
T	1 Cash—non-interest-bearing			152,378	1	93,591	
	• • • • • • • • • • • • • • • • • • •		1 - 20 - 10 - 10 - 1	51,419	2	48,952	
	3 Pledges and grants receivable, net			62,482	3	61,634	
	4 Accounts receivable, net		1952984 LOS DOUE-LO		4		
	5 Loans and other receivables from any current or	former officer,	director,				
	trustee, key amployee, creator or founder, substa	ntial contributor	r, or 35%				
	controlled entity or family member of any of these	persons			5		
	6 Loans and other receivables from other disqualified						
2	under section 4958(f)(1)), and persons described	in section 495	8(c)(3)(B)		6		
	7 Notes and loans receivable, net				7		
٩.	8 Inventories for sale or use			50,810	8	95,478	
	9 Prepaid expenses and deferred charges	8,055	9	8,665			
1	0a Land, buildings, and equipment: cost or other		Sectority and the sector				
	basis. Complete Part VI of Schedule D	10a	872,296				
	b Less: accumulated depreciation	10b	504,843	389,802	10c	367,453	
	1 Investments-publicly Iraded securities				11		
	2 Investments-other securities. See Part IV, line 1				12		
	3 Investments-program-related. See Part IV, line	1			13 14		
		Intangible assets					
	5 Other assets. See Part IV, line 11	714 046	15	CDC 000			
11		line 33)		714,946	16	675,773	
11	/5/70/		HETTER	20,534	17	10,930	
1	0 Deferred museus				18		
20	THE REPORT OF A DESCRIPTION OF A DESCRIP	(ion-ionore) (-ion			19		
2		t IV of School			20		
	<ol> <li>Loans and other payables to any current or formed</li> </ol>				21		
22	trustee, key employee, creator or founder, substa						
	controlled entity or family member of any of these		, 0, 3374		22		
23		·		265,933	23	257,075	
24				200,000	24	2017010	
25	· · · ·		third				
	parties, and other liabilities not included on lines 1	7-24). Complet	e Part X	1			
	of Schedule D			27,180	25	68,178	
26	5 Total liabilities. Add lines 17 through 25		THE REPORT OF A DESCRIPTION OF A DESCRIP	313,647	26	336,183	
1	Organizations that follow FASB ASC 958, chec	k here X					
27	and complete lines 27, 28, 32, and 33.						
27	the second se			327,778	27	289,430	
28	B Net assets with donor restrictions			73,521	28	50,160	
	Organizations that do not follow FASB ASC 95	Organizations that do not follow FASB ASC 958, check here					
	and complete lines 29 through 33.						
29					29		
30	1 1 1 1				30		
31	5, , , , , , , , , , , , , , , , , , ,	me, or other fu	nds		31		
32		8 77.7 1	ALL DATE AND ADDRESS	401,299	32	339,590	
33	Total liabilities and net assets/fund balances			714,946	33	675,773	

Form 990 (2020)

For	n 990 (2020) ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381			Pag	ie 12
Pa	art XI Reconciliation of Net Assets			_	-1170-07
	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		4,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,7	man an an include
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40	1,2	299
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	Prior period adjustments 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	33	9,5	590
Pa	art XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1			_		
	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?		2a		X
	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?		2b	X	
	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 X Consolidated basis Both consolidated and separate basis				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.		- 1 - 1		
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?		3a		х
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		3b		
				000	

Form 990 (2020)

SCHEDULE A			Publ	ic Charity Statu	s and	l Pub	lic Support	OMB No. 1545-0047		
(Fo	rm 990 or 990-EZ	)	Complete if the org	anization is a section 501(c)(3) organ	nization or a	section 494	7(a)(1) nonexempt charitable trust.	2020		
Department of the Treasury				Attach to Form	1					
	nal Revenue Service		► Go to	www.irs.gov/Form990 for in				Open to Public Inspection		
Nam	e of the organization	S	T PETERSBU	RG NEIGHBORHOOI			Employer identif	cation number		
P	art I Reas				ions mu	st com				
1 2 3 4 5 6 7 8 9 10 11 12	<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> <li>An organization operated for the benefil of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization 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)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An argicultural research organization described in section 170(b)(1)(A)(vi) and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>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 everynt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> </ul>									
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381 Schedule A (Form 990 or 990-EZ) 2020 Page 2 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 Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") 484,837 414.490 373,677 340,751 1,950,219 336,464 Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 414,490 484,837 336,464 1,950,219 4 Total. Add lines 1 through 3 373,677 340,751 The portion of total contributions by 5 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) Public support. Subtract line 5 from line 4 1,950,219 Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 414,490 373,677 340,751 336,464 7 Amounts from line 4 484.837 1,950,219 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from 393 543 101 173 51 1,261 similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 1,951,480 12 12 Gross receipts from related activities, etc. (see instructions) 60,177 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) 14 99.94 % 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 99.91 % 33 1/3% support test-2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a ► 🕅 box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► b 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions 

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# Schedule A (Form 990 or 990-EZ) 2020 ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381 Part III Support Schedule for Organizations Described in Section 509(a)(2)

Page 3

	(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.)
A1	

-	tion A. Public Support	( ) 0040	(1) 0017	1 1 2 2 2 1 2	(1) 2210		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		r				
	idar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securilies loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax y	ear as a section	501(c)(3)	
_	organization, check this box and stop he			1000 Total (1000 Total)			▶
	tion C. Computation of Public S						
	Public support percentage for 2020 (line			olumn (f))		15	%
	Public support percentage from 2019 Sch		the second s	an ini airi an an	and a second second	16	%
	tion D. Computation of Investm		and the second				
17	Investment income percentage for 2020			e 13, calumn (f))		17	%
	vestment income percentage from 2019 S			1.1.1		18	%
19a	33 1/3% support tests-2020. If the org						. [
L	17 is not more than 33 1/3%, check this k		3	•	· · · · ·	0	Carponerte 🔎 🗖
b	33 1/3% support tests-2019. If the org						and 🛌 🗌
20	line 18 is not more than 33 1/3%, check t		-			0	
20	Private foundation. If the organization d	iu not check a bo	ox on line 14, 19a	, ur тэр, спеск lh	is pox and see in:	structions	H (H-0025)

#### ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381 Schedule A (Form 990 or 990-EZ) 2020 Page 4 Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a Ь Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). **5a** b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b С Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9Ь С Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to detormine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2020

DAA

#### Schedule A (Form 990 or 990-E2) 2020 ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	1		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI	110		

#### Section B. Type I Supporting Organizations

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

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

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

#### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a	Did the organization have the power to regularly appoint or elect a majorily of the officers, directors, or
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
DAA

d. 3b Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

Yes

No

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus Instructions. All other Type III non-functionally integrated supporting organization		new later that when	
ect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		Presence and a second
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
7.2	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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
100	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			And Garden fri
	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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
-	(explain in detail in Part VI):			
_	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

#### Schedule A (Form 990 or 990-EZ) 2020 ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

**Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required-provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount (iii) (i) (ii) Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: s a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 7

	arm 990 or 990-EZ	) 2020 ST	PETERSBURG	NEIGHBOR	HOOD HO	USING 59-2	026381	Page 8
Part VI	III, line 12; I B, lines 1 a 3a, and 3b;	Part IV, Section nd 2; Part IV, Part V, line 1	in A, lines 1, 2, 3 Section C, line 1	3b, 3c, 4b, 4c, 5 I; Part IV, Sectio B, line 1e; Part	5a, 6, 9a, 9b on D, lines 2 t V, Section	, 9c, 11a, 11b, ! and 3; Part IV D, lines 5, 6, a	art II, line 17a or and 11c; Part IV , Section E, lines nd 8; and Part V	, Section i 1c, 2a, 2b
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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internat Revenue Service	Schedule of Contributors <ul> <li>Attach to Form 990, Form 990-EZ, or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		OMB No. 1545-0047
Name of the organization ST PETERSBURG SERVICES INC		Employer iden	tification number 81
Organization type (check of	ne):		
Filers of:	Section:		
Form 990 or 990-EZ	X 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		
	i covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See	

#### 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)

	PETERSBURG NEIGHBORHOOD HOUSING		Employer identification number 59-2026381
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional spa	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BANK OF AMERICA 100 NORTH TYRON STREET CHARLOTTE NC 28255	s 17,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WELLS FARGO MAC N9312-043 4TH FLOOR 109 S 7TH STREET MINNEAPOLIS MN 55402	\$ 45,57	Person X Payroli
(a) No,	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THIRD FEDERAL 7007 BROADWAY AVE CLEVELAND OH 44105	\$ 25,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RAYMOND JAMES 880 CARILLON PARKWAY ST. PETERSBURG FL 33716	s 10,000	Person X Payroli
(a)	(d)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	BANK UNITED 14817 OAK LANE MIAMI LAKES FL 33016	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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mal Revenue Service E Go to www.irs.gov/Form990 for instructions and the latest info	Employer identifie	Inspection
ST PETERSBURG NEIGHBORHOOD HOUSING	Employer Identifi	cation number
SERVICES INC.	59-2026	381
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds or Accounts	5.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		
(a) Donor advised funds	(b) Funds	and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisors in writing that the assets held in donor advise	ed	
funds are the organization's property, subject to the organization's exclusive legal control?	ar v Attender	Yes N
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u		
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpo	ose	
conferring impermissible private benefit?		Yes N
art II Conservation Easements.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
Purpose(s) of conservation easements held by the organization (check all that apply).	5 5 <i>6</i>	
Preservation of land for public use (for example, recreation or education Preservation of a histor	그 말 봐야 한 것 같아.	
Protection of natural habitat	ied historic structure	
Preservation of open space		
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form or	Charles and the second s	
easement on the last day of the lax year		the End of the Tax Y
Total number of conservation easements		
Total acreage restricted by conservation easements		
Number of conservation easements on a certified historic structure included in (a)	20	
Number of conservation easements included in (c) acquired after 7/25/06, and not on a		
historic structure listed in the National Register	2d	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the	organization during	the
tax year 🕨		
Number of states where property subject to conservation easement is located		
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
violations, and enforcement of the conservation easements it holds?	8 1 4 8 8 1 1	Yes N
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements	during the year
100000-000±0000		
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	on easements during	g the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(	(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?		Yes N
In Part XIII, describe how the organization reports conservation easements in its revenue and expense		
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statemer organization's accounting for conservation easements.	nis that describes th	e
art III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Cimilar A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Other Similar A	Assets.
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement ar		orks
of art, historical treasures, or other similar assets held for public exhibition, education, or research in fur		
service, provide in Part XIII the text of the footnote to its financial statements that describes these items		-1
If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bit at historical transuscence or other similar parallel for public arbitraria.		
art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	erance of public ser	vice,
provide the following amounts relating to these items:	<b>b</b>	
(i) Revenue included on Form 990, Part VIII, line 1		
(ii) Assets included in Form 990, Part X	▶ \$	
If the organization received or held works of art, historical treasures, or other similar assets for financial	gain, provide the	
following amounts required to be reported under FASB ASC 958 relating to these items:		
Revenue included on Form 990, Part VIII, line 1		
Assets included in Form 990, Part X Paperwork Reduction Act Notice, see the Instructions for Form 990.	N S	

Schedule D (Form 990) 2020 ST PETE					Page 2
Part III Organizations Maintain	ing Collections of A	Art, Historica	al Treasures, or	Other Similar A	ssets (continued
3 Using the organization's acquisition, accellection items (check all that apply):	ession, and other records,	check any of th	ne following that mak	e significant use of its	3
a 🔲 Public exhibition	d 🗌 Loai	n or exchange	program		
b Scholarly research	e 🗌 Othe	er	program		
c Preservation for future generations					
4 Provide a description of the organization	s collections and explain	how they furthe	r the organization's e	exempt purpose in Pai	rt
XIII.			-		
5 During the year, did the organization soli	cit or receive donations of	f art, historical t	reasures, or other sir	nilar	
assets to be sold to raise funds rather th					Yes No
Part IV Escrow and Custodial					
Complete if the organizat 990, Part X, line 21.	tion answered "Yes"	on Form 990	, Part IV, line 9,	or reported an ar	mount on Form
1a Is the organization an agent, trustee, cus	todian or other intermedia	rv for contributi	ons or other assets i	not	
					Yes No
b If "Yes," explain the arrangement in Part	XIII and complete the follo	owing table:	1   1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	a the search is not and	
		string toblo:			Amount
c Beginning balance				1c	
	-4400				
d Additions during the year		NECCHICERON		16	
e Distributions during the year				16 1f	
<ul><li>f Ending balance</li><li>2a Did the organization include an amount of</li></ul>	n Form 000 Bort X line	01 for prorout	non second account I		Yes No
b If "Yes," explain the arrangement in Part					Yes No
Part V Endowment Funds.	All. Check here if the exp	Dianation has be	en provided on Part	AIII	
Complete if the organizat	ion answered "Ves"	on Form 000	Dart IV. line 10		
Complete il trie organizat			(c) Two years back		1
	(a) Current year	(b) Prior year	(c) I wo years cack	(d) Three years back	(c) 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:	- YI	
a Board designated or quasi-endowment			( <i>n</i>		
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 po		on that are held	and administered fo	or the	
organization by:	erection of the organizati	art mat are more			Yes No
(i) Unrelated organizations					3a(i) X
		6		ne - 11 - 117 - 12	
<ul><li>(ii) Related organizations</li><li>b If "Yes" on line 3a(ii), are the related organication</li></ul>	nizations listed as require	d an Cohadula			
			NI ULEI WEL TOESVEL		3b
4 Describe in Part XIII the intended uses of Part VI Land, Buildings, and Ed		inent lunds.			
			Dest NJ Res AV	. Os Es	Ded V Fred 40
Complete if the organizati			And the second sec		
Description of property	(a) Cost or other basis			c) Accumulated	(d) Book value
	(investment)		her)	depreciation	
1a Land	49,41				49,416
b Buildings	610,69	2		328,046	282,646
c Leasehold improvements					
d Equipment	48,93			42,230	6,705
e Other	163,25			134,567	28,686
otal. Add lines 1a through 1e. (Column (d) mu	ist equal Form 990, Part	K. column (B), I	ine 10c.)	•	367,453

Schedule D (Form 990) 2020

DAA

	Complete if the organization answered "Yes" of		
	<ul> <li>(a) Description of security or category         (including name of security)     </li> </ul>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial	derivatives		
2) Closely he	eld equity interests		
3) Other			
(A)			
(B)	ALL ALL ALL AND ALL AND ALL ALL AND AL		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
the second second second	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" of	n Form 990, Part IV,	line 11c. See Form 990, Part X, line 1
	(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)			
2022			
(9) otal. <i>(Columi</i>	(b) must equal Form 990, Part X, col. (B) line 13.)		
	(b) must equal Form 990, Part X, col. (B) line 13.)		
otal. (Columi	Other Assets.	n Form 990, Part IV,	line 11d. See Form 990, Part X, line 1
otal. (Columi		n Form 990, Part IV,	line 11d. See Form 990, Part X, line 1
otal. (Columi Part IX	Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV,	
otal. (Columi Part IX 1)	Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV,	
Dial. (Columi Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV,	
1) 2) 3)	Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV,	
1) 2) 3)	Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV,	
tal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV,	
tal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV,	
tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV,	
tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" of	n Form 990, Part IV,	
otal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" o (a) Description	n Form 990, Part IV,	
otal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answered "Yes" o (a) Description	n Form 990, Part IV,	
tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o		(b) Book value
tal. (Column Part IX 1) 2) 3) 4) 5) 5) 6) 7) 8) 9) 9) 9) 10tal. (Column Part X	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25.		(b) Book value
tal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) 9) 10tal. (Column Part X	Other Assets. Complete if the organization answered "Yes" of (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of line 25. (a) Description of liability		(b) Book value
tal. (Column Part IX 2) 3) 4) 5) 6) 7) 8) 9) 9) 1) Federal i	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability mcome taxes		(b) Book value
stal. (Column           Part IX           1)           2)           3)           4)           5)           6)           7)           8)           9)           stal. (Column           Part X           1) Federal i           2)           LINE	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability mcome taxes OF CREDIT		(b) Book value
tal. (Column         Part IX         1)         2)         3)         4)         5)         6)         7)         8)         9)         stal. (Column         Part X         1) Federal i         2) LINE         3) CAPITZ	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability mcome taxes		(b) Book value
stal. (Column         Part IX         1)         2)         3)         4)         5)         6)         7)         8)         9)         stal. (Column         Part X         1) Federal i         2) LINE         3) CAPITZ         4)	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability mcome taxes OF CREDIT		(b) Book value
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stal. (Column           Part IX           1)           2)           3)           4)           5)           6)           7)           8)           9)           stal. (Column           Part X           1) Federal i           2) LINE           3) CAPITZ           4)           5)	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability mcome taxes OF CREDIT		(b) Book value
tal. (Column         Part IX         1)         2)         3)         4)         5)         6)         7)         8)         9)         tat. (Column         Part X         1)         Federal i         2)         LINE         3)         CAPITZ         4)         5)         3)         7)	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability mcome taxes OF CREDIT		(b) Book value
stal. (Column           Part IX           1)           2)           3)           4)           5)           6)           7)           8)           9)           stal. (Column           Part X           1)           Federal i           2)           LINE           3)           CAPITZ           4)           5)           3)	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability mcome taxes OF CREDIT		(b) Book value
otal. (Column           Part IX           1)           2)           3)           4)           5)           6)           7)           8)           9)           otal. (Column           Part X           1)           Federal i           2)           1)           Federal i           3)           CAPITZ           4)           5)           5)           3)           7)           8)           9)	Other Assets. Complete if the organization answered "Yes" o (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25. (a) Description of liability mcome taxes OF CREDIT		(b) Book value

	edule D (Form 990) 2020 ST PETERSBURG NEIGHBORHOOD Int XI Reconciliation of Revenue per Audited Financial State	ements With Revenue p		Page <b>4</b>
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	animian analah rana	1	354,873
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	50		
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	-	
C	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d	_	
е	Add lines 2a through 2d	1	2e	
3	Subtract line 2e from line 1		3	354,873
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	101101-0-0-00001-0-0-0-0-0-0-0-0-0-0-0-	5	354,873
Pa	rt XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 99		per Ret	urn.
4	Total expenses and losses per audited financial statements	o, Fait IV, inte 12a.	11	416,582
1	Amounts included on line 1 but not on Form 990. Part IX, line 25:			410,002
		2a		
		instantia in the second s	-	
D	Prior year adjustments	20 2c		
C	Other losses	20	-	
a	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	2e	A16 500
3	Subtract line 2e from line 1	1 1	3	416,582
	Amounts included on Form 990, Part IX, line 25, but not on line 1;			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
	Other (Describe in Part XIII.)	4b	-	
			40	416 500
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	an and a second s	5	416,582
	rt XIII Supplemental Information.			4.15
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			K, line
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		and the second s		

Schedule D (Form 990) 2020

# ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, INC.

# (d/b/a NEIGHBORHOOD HOME SOLUTIONS)

**Audited Financial Statements** 

September 30, 2021 and 2020

### Contents

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Schedule of Funds – Functional Expenses	24
Internal Control and Compliance	

Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* 

26



### **Independent Auditors' Report**

To the Board of Directors St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions)

### **Report on the Financial Statements**

We have audited the accompanying financial statements of St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions) (the Organization), which comprise the statement of financial position as of September 30, 2021 and 2020 and the statements of activities, functional expenses, and cash flows for the year ended September 30, 2021 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.

### Auditor's 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 audit to obtain reasonable assurance about whether the financial statements are free of 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 Organization'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 Organization'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.

#### Opinion

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

#### Report on Summarized Comparative Information

We have previously audited the Organization's September 30, 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 26, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2020 is consistent, in all material respects, with the audited financial statements from which it has been derived.

#### Other Matter – Supplementary information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary financial information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting attements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

HAPLC.

St. Petersburg, Florida March 18, 2022

Statements of Financial Position September 30, 2021 and 2020

	2021	2020
ACCETC		
ASSETS Current Assets		
Cash and cash equivalents	\$ 93,591	\$ 152,378
Receivables from funding sources	61,634	62,482
Properties held for sale	95,478	50,810
Prepaid expenses and other assets	6,273	8,055
Total current assets	259,368	273,725
Cash and cash equivalents restricted for lending		
and capital purposes	48,952	51,419
Property and equipment, net	367,454	389,802
TOTAL ASSETS	\$ 675,774	\$ 714,946
LIABILITIES AND NET ASSETS		
Line of credit	\$ 50,000	\$ -
Accounts payable and accrued expenses	\$ 30,000 10,931	پ 20,534
Current installments of capital lease obligation	9,916	8,610
Current installments of long-term debt	9,251	8,846
Total current liabilities	80,098	37,990
Capital lease obligation, excluding current installments	8,262	18,570
Long-term debt, excluding current installments	247.824	257,087
Total liabilities	336,184	313,647
Net assets:		
Without donor restrictions	289,430	327.778
With donor restrictions	50,160	73,521
Total net assets	339,590	401,299
TOTAL LIABILITIES AND NET ASSETS	\$ 675,774	\$ 714,946

Statement of Activities and Changes in Net Assets Year ended September 30, 2021 (With Comparative Totals for 2020)

			Tota	al
	Without	With		
	Donor	Donor		
	Restrictions	Restrictions	2021	2020
Support and Revenue:				
Public Support:				
Grants	\$ 241,132	\$ -	\$ 241,132	\$ 281,451
Paycheck Protection Program	52,250	-	52,250	55,200
	293,382	-	293,382	336,651
Revenue:				
Home sales		3 <del>44</del>	_	384,027
Cost of home sales	_		_	(305,140
	-	_	3 <del>4</del> 0	78,887
Other revenue:				
Program service fees	18,358	-	18,358	16,938
Interest income	47	4	51	173
Other income	43,082	_	43,082	4,100
	61,487	4	61,491	21,211
Net assets released from restrictions:				
HOME administration fees	23,365	(23,365)	-	-
Total support and revenue	350,601	(23,361)	354,873	436,749
Expenses:				
Program services	343,758	-	343,758	356,539
Supporting services	72,824	-	72,824	72,948
Total expenses	416,582		416,582	429,487
Change in net assets	(38,348)	(23,361)	(61,709)	7,262
Net assets, beginning of year	327,778	73,521	401,299	394,037
Net assets, end of year	\$ 289,430	\$ 50,160	\$ 339,590	\$ 401,299

### Statement of Functional Expenses Year ended September 30, 2021 (With Comparative Totals for 2020)

	Program	<b>a</b> (1)				
	Services	Supporting		-	Tot	al
	Community	Management	Cost			
	Development	& General	goods s	sold	2021	2020
Salaries	\$ 214,157	\$ 28,553	\$	_	\$ 242,710	\$ 248,059
Payroll taxes	12,949	5,549			18,498	18,594
Employee benefits	5,330	2,284		-	7,614	861
Total salaries and related						
expenses	232,436	36,386		—	268,822	267,514
Professional fees	10,704	9,500		_	20,204	24,566
Program expenses	10,171	-		_	10,171	10,091
Lease expense	2,534	633		_	3,167	4,019
Office supplies	2,876	719		_	3,595	9,393
Telephone and utilities	15,374	3,843		_	19,217	20,495
Insurance	13,463	3,366		_	16,829	13,956
Printing and postage	229	57		—	286	992
Advertising and marketing	2,406	602		_	3,008	3,642
Interest expense	11,847	2,962		_	14,809	16,932
Repairs and maintenance	18,330	4,582		-	22,912	19,940
Travel, training and education	418	104		_	522	1,433
Provision (recovery) for						
losses on loans	(17,310)			_	(17,310)	2,943
Other	22,401	5,600		_	28,001	12,897
Cost of home sales				-	-	305,140
Total expenses before				-		
depreciation	325,879	68,354			394,233	713,953
				-		
Depreciation	17,879	4,470			22,349	20,674
Total expenses by function	343,758	72,824		3 <b>-</b> 5	416,582	734,627
Less expenses included with revenues						
Cost of home sales	-	-			ş. <u>—</u>	(305,140
Total expenses included in the expense section on						
the statement of activities	\$ 343,758	\$ 72,824	\$		\$ 416,582	\$ 429,487

### Statements of Cash Flows Years ended September 30, 2021 and 2020

	2021	2020
Cash flows from operating activities:		
Change in net assets	\$ (61,709)	\$ 7,262
Adjustments to reconcile change in net assets	· ·	
to net cash provided by (used in) operating activities;		
Depreciation	22,349	20,674
Provision for losses on loans	(17,310)	2,943
Change in operating assets and liabilities:		
Receivables from funding sources	848	44,817
Properties held for sale	(44,668)	97,014
Prepaid expenses and other assets	(610)	(8,055)
Accounts payable and accrued expenses	(9,603)	7,535
Net cash (used in) provided by operating activities	(110,703)	172,190
Cash flows from investing activities:		
Principal payments on loans receivable	17,310	5,717
Change in cash and cash equivalents restricted for	17,510	5,717
lending and capital purposes	2,467	(9,002)
	2,407	(0,002)
Net cash provided by (used in) investing activities	19,777	(3,285)
Cash flows from financing activities:		
Net change in line of credit	50,000	(121,692)
Proceeds from long-term debt	-	270,000
Principal payments on long-term debt	(8,858)	(214,329)
Principal payments on capital lease obligations	(9,003)	(3,939)
Net cash provided by (used in) financing activities	32,139	(69,960)
Net change in cash and cash equivalents	(58,787)	98,945
	152,378	53,433
Cash and cash equivalents at beginning of year	,,	

Notes to financial statements September 30, 2021 and 2020

#### 1. Nature of Activities

St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions (Organization), was incorporated in 1980 for the purpose of helping to alleviate the blighted conditions of certain residential neighborhoods within the City of St. Petersburg, Florida. During the downturn of the economy, the Organization provided foreclosure prevention services in Pinellas, Pasco, Hillsborough, Manatee, Sarasota, Charlotte and Lee counties.

The Organization's mission is to provide affordable housing and homeownership solutions for individuals and families located in low and moderate income neighborhoods. This mission includes not only helping vulnerable populations' reach financial wellness but to help build viable, sustainable, culturally diverse neighborhoods that includes home ownership.

The Organization's services include providing financial education, credit rebuilding, home buyer training, foreclosure avoidance, and other education and counseling services that relate to housing and homeownership. The Organization assists prospective homeowners in obtaining residential financing through traditional lenders and secondary financing through the City, County and State. The Organization no longer provides secondary or direct lending services but continues to service the loans made under these programs.

The Organization has reactivated its residential development line of business assisting prospective homeowners through the development and sale of affordable single-family homes to low and moderate income families.

#### 2. Significant Accounting Policies

#### Basis of accounting

The accompanying financial statements are presented on the accrual basis of accounting. Assets are presented in the accompanying statement of financial position according to their nearness of conversion to cash, and liabilities according to the nearness of cash in their maturity and resulting use of cash.

Notes to financial statements September 30, 2021 and 2020

In accordance with relevant accounting standards, the Organization is required to report information regarding its financial position and activities according to two classes of net assets:

<u>Net Assets Without Donor Restrictions</u> – Net assets available for use in general operations and not subject to donor restrictions.

<u>Net Assets With Donor Restrictions</u> – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

In addition, the Organization is required to present a statement of cash flows. The Organization has continued to maintain its accounts in accordance with the principles of fund accounting for internal reporting purposes. The Organization maintains the following funds:

- 1. **Operating Fund -** The Operating Fund is used to account for the unrestricted funds received from contributors and supporting institutions and for the administrative costs of operating the Organization's programs.
- 2. **HOME Fund -** The HOME Fund represents resources that were received under the federal Home Investment Partnerships Program (HOME) and are restricted by the City of St. Petersburg for use in the Organization's revolving loan programs, capital projects, and other community development activities. The Organization maintains separate bank accounts for this fund as stipulated under the grant.

#### **Estimates in Financial Statements**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial

Notes to financial statements September 30, 2021 and 2020

statements and the reported amount of increases or decreases in net assets during the period. Actual results could differ from those estimates.

#### Cash and Cash Equivalents

The Organization considers all highly liquid investments, with an original maturity of three months or less, to be cash equivalents.

#### Receivables from funding sources

Receivables from funding sources consists primarily of receivables from federal and state agencies and local governments. The Organization considers these accounts receivable to be fully collectable and therefore has not recorded an allowance for doubtful accounts. Amounts becoming uncollectable will be charged to operations when that determination is made.

#### Properties Held for Sale

Properties held for sale also includes residential lots donated to the Organization, property acquired through foreclosure, or by direct purchase and also includes costs incurred by the Organization to construct and rehabilitate homes. Properties held for sale are stated at the lower of cost or market and donated properties held for sale are stated at their estimated fair value at the date of donation. As of September 30, 2021 and 2020, the Organization recorded a valuation allowance of \$0 based on management's estimate of the decline in market value below recorded cost. This evaluation is completed by examining each property individually.

#### Loans Receivable and Allowance for Loan Losses

Loans receivable represent funds advanced to individuals and families in the Organization's target area who qualified under its various lending programs. These lending programs were not active for the years ended September 30, 2021 and 2020. Loans receivable are carried at unpaid balances, less an allowance for loan losses. All loans are secured with mortgages. Interest rates vary, depending on the type of loan, and interest income is recognized when received. Loan receivables are determined to be past due or delinquent based on how recently payments have been received.

An allowance for loan losses is maintained at a level that, in management's judgment, is adequate to absorb credit losses inherent in the loan portfolio. The amount of the allowance is based on management's evaluation of the collectability of the loan

Notes to financial statements September 30, 2021 and 2020

portfolio, including the nature of the portfolio, estimated realizable value of the underlying collateral, historical loss experience, specific impaired loans, economic conditions, and other risk factors. The allowance is increased by a provision for loan losses, which is charged to expense, and reduced by charge-offs, net of recoveries. Uncollectible loans are charged off when collection efforts have been exhausted.

#### Property and Equipment

Property and equipment are stated at cost or, in the event of contributed property, at fair market value at the date of the contribution. Expenditures for property and equipment in excess of \$1,000 are capitalized. Depreciation of property and equipment is calculated using the straight-line method over the estimated useful lives of the assets.

#### **Contributions**

Contributions received are recorded as increases in net assets without donor restrictions or net assets with donor restrictions depending on the existence or nature of any donor restrictions.

#### Functional Allocation of Expenses

The costs of providing the Organization's various programs and other activities have been summarized on a functional basis in a separate statement of functional expenses. Accordingly, certain costs have been allocated to program services and supporting services.

#### Fair Value Measurements

The framework for measuring the fair value of assets and liabilities provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 – Quoted market prices in active markets for identical assets or liabilities.

- Level 2 Observable market-based inputs or unobservable inputs corroborated by market data.
- Level 3 Unobservable inputs not corroborated by market data.

Notes to financial statements September 30, 2021 and 2020

Fair value estimates discussed herein are based upon certain market assumptions and pertinent information available to management. The respective carrying value of certain on-balance-sheet financial instruments approximated their fair value due to the short-term nature of these instruments. These financial instruments include cash and equivalents, accounts receivable, prepaid expenses, donated properties held for sale, loans receivable, accounts payable and accrued expenses. The Organization does not have any Level 2 or Level 3 financial assets or liabilities.

#### Income Taxes

St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization's income tax filings are subject to audit by taxing authorities and filings for periods after 2017 remain open for examination. The Organization does not believe it has any unrecognized exposure relating to uncertain tax positions at September 30, 2021.

#### Summarized Financial Information for 2020

The statement of functional expenses includes certain prior-year comparative total amounts. Such total amounts do not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended September 30, 2020, from which the comparative total amounts were derived.

#### 3. Loans Receivable

The Organization has provided financing, secured by mortgages, to qualifying home buyers for acquisition, rehabilitation, or down payment assistance. Payment terms vary from immediate amortization at varying interest rates to complete deferment until the property is sold. Loans receivable have been fully reserved as of September 30, 2021 and 2020. The Organization continues to receive proceeds as loans are repaid. For the year ended September 30, 2021, the Organization received \$17,310 from loans, which is reported Recovery for losses on loans on the Statement of Functional Expenses.

Notes to financial statements September 30, 2021 and 2020

As of September 30, 2021 and 2020, loans receivable consist of the following:

	2021	2020
Loans receivable	\$ 554,345	\$ 593,209
Less:		
Allowance for loans payable on sale of		
underlying property	(485,804)	(544,364)
Allowance for other loan losses	(68,541)	(48,845)
Total loan allowances	(554,345)	(593,209)
	\$ -	\$ -

The changes in total loan allowances for the years ended September 30, 2021 and 2020 were as follows:

	2021	2020
Balance, beginning of year Increase (decrease) in provision for loan losses:	\$ 593,209	\$ 596,633
Deferred payment loans due on sale	(21,554)	(6,367)
General provision Balance, end of year	(17,310) \$ 554,345	2,943 \$ 593,209

#### 4. Property and Equipment

Property and equipment at September 30, 2021 and 2020 consists of the following:

	2021	2020
Land	\$ 49,415	\$ 49,415
Building and improvements	735,217	735,217
Office furniture and equipment	87,665	87,665
	872,297	872,297
Less accumulated depreciation	(504,844)	(482,495)
	\$ 367,453	\$ 389,802

Notes to financial statements September 30, 2021 and 2020

Depreciation expense for the years ended September 30, 2021 and 2020 was \$22,346 and \$20,674, respectively.

### 5. Line of Credit

The Organization obtained a line of credit in September 2021 from a financial institution for a maximum amount of \$250,000. The Organization has drawn \$50,000 as of September 30, 2021. The line of credit is due October 9, 2022 and bears interest at the prime rate plus 1.70% (4.95% as of September 30, 2021). The line of credit is secured by the Organization's, accounts receivable, property and equipment as described in the security agreement.

In December 2018, the Organization obtained a revolving line of credit for \$100,000, due December 2020, interest at the prime rate plus 1.75%. The line of credit is collateralized by a second mortgage of the Organization's office building in St. Petersburg, Florida. The outstanding balance on the line of credit was \$0 as of September 30, 2021.

### 6. Long-Term Debt

Long-term debt at September 30, 2021 and 2020 consists of the following:

	2021	2020
4.49% mortgage note payable to a commercial bank. Payable		
in monthly principal and interest payments of \$1,716 and a		
balloon payment due March 2030. The note is collateralized		
by the Organization's office building in St. Petersburg.	\$ 257,075	\$ 265,933
Total long term debt	257,075	265,933
	,	
Less: current installments	(9,251)	(8,846)
Long term debt, less current installments	\$ 247,824	\$ 257,087

Notes to financial statements September 30, 2021 and 2020

Maturities of long-term debt for years subsequent to September 30, 2021 are as follows:

Year ending September 30:	
2022	\$ 9,251
2023	9,676
2024	10,119
2025	10,583
2026	11,068
Thereafter	206,378
Total	\$ 257,075

### 7. Capital lease

The Organization leases office equipment and computer hardware under capital lease obligations. At September 30, 2021 and 2020, the gross amount of office equipment and computer hardware recorded under the capital lease was \$29,127 and \$29,127. At September 30, 2021 and 2020, accumulated depreciation was \$18,302 and \$11,333, respectively.

Future minimum lease payments under non-cancellable operating leases (with initial or remaining lease terms in excess of one year) and the present value of future minimum capital lease payments as of September 30, 2021 are as follows:

Year ended September 30:	
2022	\$ 10,488
2023	8,651
Total minimum lease payments	19,139
Less: amount representing interest	(961)
Present value of minimum lease payments	18,178
Less: current installments of capital lease obligation	(9,916)
Capital lease obligations, excluding current	
installments	\$ 8,262

Notes to financial statements September 30, 2021 and 2020

#### 8. Net assets with Donor Restrictions

Net assets with donor restrictions consist of the following at September 30, 2021 and 2020:

	2021	2020
Temporarily restricted	19	
Home Investment Partnerships Program (HOME)	\$ 50,160	\$ 73,521
	\$ 50,160	\$ 73,521

### 9. Releases of Net Assets with Donor Restrictions

Net assets were released from donor restrictions as follows for the years ended September 30, 2021 and 2020:

	2021	2020
Temporarily restricted		
Home Investment Partnerships Program (HOME)	\$ 23,365	\$ 1,029
	\$ 23,365	\$ 1,029

Net assets with donor restrictions includes of revolving capital funds of the Home Investment Partnerships Program (HOME). The transfer from HOME capital funds to net assets without donor restrictions is in accordance with the City of St. Petersburg's approval. The release of net assets is shown net of interest income which was \$4 and \$5 for the years ended September 30, 2021 and 2020, respectively.

Notes to financial statements September 30, 2021 and 2020

### 10. Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

September 30,	2021
Cash and cash equivalents Receivables from funding sources	\$ 93,591 61,634
_	\$ 155,225

The Organization structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To help manage unanticipated liquidity needs and to fund home development costs, the Organization has two lines of credit with additional availability of \$300,000, which it could draw upon for additional liquidity.

### 11. Paycheck Protection Program

On April 16, 2020, the Organization received loan proceeds of \$55,200 under the Paycheck Protection Program ("PPP"). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loan and accrued interest are forgivable after 8 weeks or 24 weeks, as elected by the Organization, as long as the borrower uses the loan proceeds for eligible purposes including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the covered period.

The Organization used the proceeds for purposes consistent with the PPP and received notification from the Small Business Administration (SBA) in November 2020 that the loan had been forgiven. As such, the PPP loan is presented as public support for the year ended September 30, 2020.

Notes to financial statements September 30, 2021 and 2020

On January 19, 2021, the Organization requested and subsequently received a second loan proceeds of \$52,250 under the Paycheck Protection Program ("PPP").

The Organization used the proceeds for purposes consistent with the PPP and received notification from the Small Business Administration (SBA) in June 2021 that the Ioan had been forgiven. As such, the PPP Ioan is presented as public support for the year ended September 30, 2021.

### 12. Funding and Credit Concentrations

The Organization maintains deposit accounts with commercial banks. At September 30, 2021 and 2020, all deposits were covered by federal deposit insurance.

For the fiscal year ending September 30, 2021, approximately 35% of the Organization's support and revenue came from three primary sources National Community Reinvestment Coalition (NCRC), Pinellas County State Housing Initiative Partnership (PC SHIP) and Wells Fargo.

### 13. Commitments and Contingencies

In February 2009, the Organization executed the Home Investment Partnership Program Agency Agreement (Agreement) with the City of St. Petersburg (City). The Agreement provided for HOME Investment Partnerships Program (HOME) capital funds to be set aside for the Organization. The capital funds were to be used for single family new home construction. In September 2009, the Agreement was amended to rescind any remaining capital funds that had not been utilized by the Organization.

Proceeds generated from previously invested capital funds may be retained by the Organization and used for eligible HOME program activities as approved by the City. Under the terms of the contract, upon dissolution of the Organization or upon termination of the agreement, all deposits and all outstanding notes, mortgages and other instruments pledged to secure repayment of loans shall revert back to the City.

#### 14. Subsequent Events

The Organization has evaluated subsequent events through March 18, 2022, the date the financial statements were available to be issued.

Notes to financial statements September 30, 2021 and 2020

Subsequent to September 30, 2021, the Organization entered into an agreement with a financial institution in relation to the Community Reinvestment Act. The financial institution agreed to make advances to the Organization up to \$500,000 under the equity-equivalent investment program ("EQ2"). Advances to the Organization bear interest at 2%, payable annually on August 31. The funds may be used by the Organization to expand affordable housing development within Pinellas County, including up to 4 homes per fiscal year. Specific guidelines as to the use and disbursement of funds are described in the agreement. No advances have been received by the Organization through the date of this report, March 18, 2022.

# SUPPLEMENTARY FINANCIAL INFORMATION

### Schedule of Funds – Statement of Financial Position September 30, 2021

	Operating Fund	HOME Fund	Total
Assets			
Current assets:			
Cash and cash equivalents	\$ 93,591	\$ –	\$ 93,591
Receivables from funding sources	61,634	_	61,634
Due (to) from other funds	(580)	580	300
Properties held for sale	95,478	_	95,478
Prepaid expenses and other assets	6,273	_	6,273
Total current assets	258,788	580	259,368
Cash and cash equivalents restricted for lending			
and capital purposes	-	48,952	48,952
Property and equipment, net	367,454		367,454
	\$ 626,242	\$ 49,532	\$ 675,774
Liphiliting and Not Apparto			<u>_</u> _
Liabilities and Net Assets Current liabilities:			
Line of credit	\$ 50,000	\$ -	\$ 50,000
Accounts payable and accrued expenses	10,931	Ψ	10,931
Current installments of capital lease	9,916	_	9,916
Current installments of long-term debt	9,251	-	9,251
	80,098	:	80,098
Total current liabilities			
Conital lagon obligation, evoluting ourrent			
Capital lease obligation, excluding current installments	8,262		0 262
Long-term debt and line of credit, excluding	0,202	-	8,262
current installments	247,824		247,824
	247,024		247,024
Total liabilities	336,184		336,184
Net assets	290,058	49,532	339,590
	\$ 626,242	\$ 49,532	\$ 675,774

### Schedule of Funds – Statement of Activities Year ended September 30, 2021

	Operating Fund	HOME Fund	Total
Support and Revenue:			
Public Support:	<b>*</b> • • • • • •	•	<b>A A A A A A</b>
Foreclosure prevention grants	\$ 23,340	\$	\$ 23,340
Grants	217,211	581	217,792
	240,551	581	241,132
Program service fees	18,358	_	18,358
Interest income	47	4	51
Forgiven Paycheck Protection Program			
Loan Proceeds	52,250	_	52,250
Other income	43,082	_	43,082
	113,737	4	113,741
Total support and revenue	354,288	585	354,873
Expenses:			
Program services	336,331	7,427	343,758
Supporting services	72,824	-	72,824
Total expenses	409,155	7,427	416,582
Change in net assets	(54,867)	(6,842)	(61,709)
Net assets, beginning of year	344,925	56,374	401,299
Net assets, end of year	\$ 290,058	\$ 49,532	\$ 339,590

Schedule of Funds - Functional Expenses Year ended September 30, 2021

	Operating Fund	Home Fund	Total	Program Services	Supporting Services
Salaries	\$ 242,710	ا ج	\$ 242,710	\$ 214,157	\$ 28,553
Payroll taxes	18,498	<b>I</b> <sub>12</sub>	18,498	12,949	5,549
Employee benefits	7,614	1	7,614	5,330	2,284
Total salaries and related expenses	268,822	1	268,822	232,436	36,386
Professional fees	20,204	I	20,204	10,704	9.500
Program expenses	10,171	ţ	10,171	10,171	1
Lease expense	3,167	t	3,167	2,534	633
Office supplies	3,595	T	3,595	2,876	719
Telephone and utilities	19,217	1	19,217	15,374	3,843
Insurance	16,829	1	16,829	13,463	3,366
Printing and postage	286	3	286	229	57
Advertising and marketing	3,008	I	3,008	2,406	602
Interest expense	14,809	ţ	14,809	11,847	2,962
Repairs and maintenance	22,912	li I	22,912	18,330	4,582
Travel, training and education	522	30	522	418	104
Provision for losses on loans	(1,372)	(15,938)	(17,310)	(17,310)	1
Other	4,636	23,365	28,001	22,401	5,600
Total expenses before depreciation	386,806	7,427	394,233	325,879	68,354
Depreciation	22,349	Ľ	22,349	17,879	4,470
Total expenses	\$ 409,155	\$ 7,427	\$ 416,582	\$ 343,758	\$ 72,824

See Independent Auditors' Report.

# INTERNAL CONTROL AND COMPLIANCE



#### Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

The Board of Directors St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions:

We have audited the financial statements of St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions as of and for the year ended September 30, 2021 and have issued our report thereon dated March 18, 2022. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

#### Internal Control over Financial Reporting

Management of St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions' (the Organization) is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered the Organization's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of the is section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

#### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of management, the Finance Committee, the Board of Directors, federal awarding agencies, and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

CPA, PLLC

Saint Petersburg, Florida March 18, 2022

# ST. PETERSBURG NEIGHBORHOOD HOUSING SERVICES, INC.

# (d/b/a NEIGHBORHOOD HOME SOLUTIONS)

**Audited Financial Statements** 

September 30, 2021 and 2020

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Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* 

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### **Independent Auditors' Report**

To the Board of Directors St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions)

### **Report on the Financial Statements**

We have audited the accompanying financial statements of St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions) (the Organization), which comprise the statement of financial position as of September 30, 2021 and 2020 and the statements of activities, functional expenses, and cash flows for the year ended September 30, 2021 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.

#### Auditor's 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 audit to obtain reasonable assurance about whether the financial statements are free of 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 Organization'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 Organization'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.

#### Opinion

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

#### **Report on Summarized Comparative Information**

We have previously audited the Organization's September 30, 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 26, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2020 is consistent, in all material respects, with the audited financial statements from which it has been derived.

#### Other Matter – Supplementary information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary financial information listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

St. Petersburg, Florida March 18, 2022

Statements of Financial Position September 30, 2021 and 2020

	2021	2020
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 93,591	\$ 152,378
Receivables from funding sources	61,634	62,482
Properties held for sale	95,478	50,810
Prepaid expenses and other assets	6,273	8,055
Total current assets	259,368	273,725
Cash and cash equivalents restricted for lending		
and capital purposes	48,952	51,419
Property and equipment, net	367,454	389,802
TOTAL ASSETS	\$ 675,774	\$ 714,946
LIABILITIES AND NET ASSETS		
-	¢ 50.000	¢
Line of credit	\$ 50,000	\$ _
Line of credit Accounts payable and accrued expenses	10,931	20,534
Line of credit Accounts payable and accrued expenses Current installments of capital lease obligation	10,931 9,916	20,534 8,610
Line of credit Accounts payable and accrued expenses Current installments of capital lease obligation Current installments of long-term debt	10,931 9,916 9,251	20,534 8,610 8,846
Line of credit Accounts payable and accrued expenses Current installments of capital lease obligation	10,931 9,916	20,534 8,610
Line of credit Accounts payable and accrued expenses Current installments of capital lease obligation Current installments of long-term debt Total current liabilities	10,931 9,916 <u>9,251</u> 80,098	20,534 8,610 <u>8,846</u> 37,990
Line of credit Accounts payable and accrued expenses Current installments of capital lease obligation Current installments of long-term debt <b>Total current liabilities</b> Capital lease obligation, excluding current installments	10,931 9,916 <u>9,251</u> 80,098 8,262	20,534 8,610 <u>8,846</u> 37,990 18,570
Line of credit Accounts payable and accrued expenses Current installments of capital lease obligation Current installments of long-term debt <b>Total current liabilities</b> Capital lease obligation, excluding current installments	10,931 9,916 <u>9,251</u> 80,098	20,534 8,610 <u>8,846</u> 37,990
Line of credit Accounts payable and accrued expenses Current installments of capital lease obligation Current installments of long-term debt <b>Total current liabilities</b> Capital lease obligation, excluding current installments Long-term debt, excluding current installments <b>Total liabilities</b>	10,931 9,916 9,251 80,098 8,262 247,824	20,534 8,610 <u>8,846</u> 37,990 18,570 257,087
Line of credit Accounts payable and accrued expenses Current installments of capital lease obligation Current installments of long-term debt <b>Total current liabilities</b> Capital lease obligation, excluding current installments Long-term debt, excluding current installments <b>Total liabilities</b>	10,931 9,916 9,251 80,098 8,262 247,824 336,184	20,534 8,610 8,846 37,990 18,570 257,087 313,647
Line of credit Accounts payable and accrued expenses Current installments of capital lease obligation Current installments of long-term debt <b>Total current liabilities</b> Capital lease obligation, excluding current installments Long-term debt, excluding current installments <b>Total liabilities</b> Net assets:	10,931 9,916 9,251 80,098 8,262 247,824 336,184 289,430	20,534 8,610 8,846 37,990 18,570 257,087 313,647 327,778
Accounts payable and accrued expenses Current installments of capital lease obligation Current installments of long-term debt Total current liabilities Capital lease obligation, excluding current installments Long-term debt, excluding current installments Total liabilities Net assets: Without donor restrictions	10,931 9,916 9,251 80,098 8,262 247,824 336,184	20,534 8,610 8,846 37,990 18,570 257,087 313,647

### Statement of Activities and Changes in Net Assets Year ended September 30, 2021 (With Comparative Totals for 2020)

			Tota	al
	Without	With		
	Donor	Donor		
	Restrictions	Restrictions	2021	2020
Support and Revenue:				
Public Support:				
Grants	\$ 241,132	\$ -	\$ 241,132	\$ 281,451
Paycheck Protection Program	52,250	-	52,250	55,200
	293,382	-	293,382	336,651
Revenue:				
Home sales	-	-	-	384,027
Cost of home sales	-	-	_	(305,140)
	-	-	-	78,887
Other revenue:				
Program service fees	18,358	-	18,358	16,938
Interest income	47	4	51	173
Other income	43,082	-	43,082	4,100
	61,487	4	61,491	21,211
Net assets released from restrictions:				
HOME administration fees	23,365	(23,365)	_	_
Total support and revenue	350,601	(23,361)	354,873	436,749
Expenses:				
Program services	343,758	_	343,758	356,539
Supporting services	72,824	_	72,824	72,948
Total expenses	416,582	-	416,582	429,487
Change in net assets	(38,348)	(23,361)	(61,709)	7,262
Net assets, beginning of year	327,778	73,521	401,299	394,037
Net assets, end of year	\$ 289,430	\$ 50,160	\$ 339,590	\$ 401,299

Statement of Functional Expenses Year ended September 30, 2021 (With Comparative Totals for 2020)

	Program Services	Supporting	Services	To	tal
	Community Development	Management & General	Cost of goods sold		2020
Salaries	\$ 214,157	\$ 28,553	\$ -	\$ 242,710	\$ 248,059
Payroll taxes	12,949	5,549	-	18,498	18,594
Employee benefits	5,330	2,284	_	7,614	861
Total salaries and related					
expenses	232,436	36,386	-	268,822	267,514
Professional fees	10,704	9,500	-	20,204	24,566
Program expenses	10,171	_	_	10,171	10,091
Lease expense	2,534	633	_	3,167	4,019
Office supplies	2,876	719	_	3,595	9,393
Telephone and utilities	15,374	3,843	_	19,217	20,495
Insurance	13,463	3,366	_	16,829	13,956
Printing and postage	229	57	_	286	992
Advertising and marketing	2,406	602	-	3,008	3,642
Interest expense	11,847	2,962	-	14,809	16,932
Repairs and maintenance	18,330	4,582	-	22,912	19,940
Travel, training and education	418	104	_	522	1,433
Provision (recovery) for					
losses on loans	(17,310)	_	-	(17,310)	2,943
Other	22,401	5,600	-	28,001	12,897
Cost of home sales	-	_	-	-	305,140
Total expenses before			_		
depreciation	325,879	68,354		394,233	713,953
Depreciation	17,879	4,470	-	22,349	20,674
Total expenses by function	343,758	72,824	_	416,582	734,627
Less expenses included with revenues	,	,		,	,
Cost of home sales				_	(305,140)
Total expenses included in					
the expense section on the statement of activities	\$ 343,758	\$ 72,824	\$ –	\$ 416,582	\$ 429,487

### Statements of Cash Flows Years ended September 30, 2021 and 2020

	2021	2020
Cash flows from operating activities:		
Change in net assets	\$ (61,709)	\$ 7,262
Adjustments to reconcile change in net assets		
to net cash provided by (used in) operating activities:		
Depreciation	22,349	20,674
Provision for losses on loans	(17,310)	2,943
Change in operating assets and liabilities:		
Receivables from funding sources	848	44,817
Properties held for sale	(44,668)	97,014
Prepaid expenses and other assets	(610)	(8,055)
Accounts payable and accrued expenses	(9,603)	7,535
Net cash (used in) provided by operating activities	(110,703)	172,190
Cash flows from investing activities:		
Principal payments on loans receivable	17,310	5,717
Change in cash and cash equivalents restricted for	17,510	5,717
lending and capital purposes	2,467	(9,002)
	2,407	(9,002)
Net cash provided by (used in) investing activities	19,777	(3,285)
Cash flows from financing activities:		
Net change in line of credit	50,000	(121,692)
Proceeds from long-term debt		270,000
Principal payments on long-term debt	(8,858)	(214,329)
Principal payments on capital lease obligations	(9,003)	(3,939)
		(0,000)
Net cash provided by (used in) financing activities	32,139	(69,960)
Net cash provided by (used in) mancing activities		
	(58,787)	98,945
Net change in cash and cash equivalents Cash and cash equivalents at beginning of year	<u>(58,787)</u> 152,378	<u>98,945</u> 53,433

Notes to financial statements September 30, 2021 and 2020

#### 1. Nature of Activities

St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions (Organization), was incorporated in 1980 for the purpose of helping to alleviate the blighted conditions of certain residential neighborhoods within the City of St. Petersburg, Florida. During the downturn of the economy, the Organization provided foreclosure prevention services in Pinellas, Pasco, Hillsborough, Manatee, Sarasota, Charlotte and Lee counties.

The Organization's mission is to provide affordable housing and homeownership solutions for individuals and families located in low and moderate income neighborhoods. This mission includes not only helping vulnerable populations' reach financial wellness but to help build viable, sustainable, culturally diverse neighborhoods that includes home ownership.

The Organization's services include providing financial education, credit rebuilding, home buyer training, foreclosure avoidance, and other education and counseling services that relate to housing and homeownership. The Organization assists prospective homeowners in obtaining residential financing through traditional lenders and secondary financing through the City, County and State. The Organization no longer provides secondary or direct lending services but continues to service the loans made under these programs.

The Organization has reactivated its residential development line of business assisting prospective homeowners through the development and sale of affordable single-family homes to low and moderate income families.

#### 2. Significant Accounting Policies

#### Basis of accounting

The accompanying financial statements are presented on the accrual basis of accounting. Assets are presented in the accompanying statement of financial position according to their nearness of conversion to cash, and liabilities according to the nearness of cash in their maturity and resulting use of cash.

Notes to financial statements September 30, 2021 and 2020

In accordance with relevant accounting standards, the Organization is required to report information regarding its financial position and activities according to two classes of net assets:

<u>Net Assets Without Donor Restrictions</u> – Net assets available for use in general operations and not subject to donor restrictions.

<u>Net Assets With Donor Restrictions</u> – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

In addition, the Organization is required to present a statement of cash flows. The Organization has continued to maintain its accounts in accordance with the principles of fund accounting for internal reporting purposes. The Organization maintains the following funds:

- 1. **Operating Fund -** The Operating Fund is used to account for the unrestricted funds received from contributors and supporting institutions and for the administrative costs of operating the Organization's programs.
- 2. **HOME Fund** The HOME Fund represents resources that were received under the federal Home Investment Partnerships Program (HOME) and are restricted by the City of St. Petersburg for use in the Organization's revolving loan programs, capital projects, and other community development activities. The Organization maintains separate bank accounts for this fund as stipulated under the grant.

#### Estimates in Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial

Notes to financial statements September 30, 2021 and 2020

statements and the reported amount of increases or decreases in net assets during the period. Actual results could differ from those estimates.

#### Cash and Cash Equivalents

The Organization considers all highly liquid investments, with an original maturity of three months or less, to be cash equivalents.

### **Receivables from funding sources**

Receivables from funding sources consists primarily of receivables from federal and state agencies and local governments. The Organization considers these accounts receivable to be fully collectable and therefore has not recorded an allowance for doubtful accounts. Amounts becoming uncollectable will be charged to operations when that determination is made.

#### **Properties Held for Sale**

Properties held for sale also includes residential lots donated to the Organization, property acquired through foreclosure, or by direct purchase and also includes costs incurred by the Organization to construct and rehabilitate homes. Properties held for sale are stated at the lower of cost or market and donated properties held for sale are stated at their estimated fair value at the date of donation. As of September 30, 2021 and 2020, the Organization recorded a valuation allowance of \$0 based on management's estimate of the decline in market value below recorded cost. This evaluation is completed by examining each property individually.

#### Loans Receivable and Allowance for Loan Losses

Loans receivable represent funds advanced to individuals and families in the Organization's target area who qualified under its various lending programs. These lending programs were not active for the years ended September 30, 2021 and 2020. Loans receivable are carried at unpaid balances, less an allowance for loan losses. All loans are secured with mortgages. Interest rates vary, depending on the type of loan, and interest income is recognized when received. Loan receivables are determined to be past due or delinquent based on how recently payments have been received.

An allowance for loan losses is maintained at a level that, in management's judgment, is adequate to absorb credit losses inherent in the loan portfolio. The amount of the allowance is based on management's evaluation of the collectability of the loan

Notes to financial statements September 30, 2021 and 2020

portfolio, including the nature of the portfolio, estimated realizable value of the underlying collateral, historical loss experience, specific impaired loans, economic conditions, and other risk factors. The allowance is increased by a provision for loan losses, which is charged to expense, and reduced by charge-offs, net of recoveries. Uncollectible loans are charged off when collection efforts have been exhausted.

### Property and Equipment

Property and equipment are stated at cost or, in the event of contributed property, at fair market value at the date of the contribution. Expenditures for property and equipment in excess of \$1,000 are capitalized. Depreciation of property and equipment is calculated using the straight-line method over the estimated useful lives of the assets.

#### **Contributions**

Contributions received are recorded as increases in net assets without donor restrictions or net assets with donor restrictions depending on the existence or nature of any donor restrictions.

#### **Functional Allocation of Expenses**

The costs of providing the Organization's various programs and other activities have been summarized on a functional basis in a separate statement of functional expenses. Accordingly, certain costs have been allocated to program services and supporting services.

#### Fair Value Measurements

The framework for measuring the fair value of assets and liabilities provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

- Level 1 Quoted market prices in active markets for identical assets or liabilities.
- <u>Level 2</u> Observable market-based inputs or unobservable inputs corroborated by market data.
- <u>Level 3</u> Unobservable inputs not corroborated by market data.

Notes to financial statements September 30, 2021 and 2020

Fair value estimates discussed herein are based upon certain market assumptions and pertinent information available to management. The respective carrying value of certain on-balance-sheet financial instruments approximated their fair value due to the short-term nature of these instruments. These financial instruments include cash and equivalents, accounts receivable, prepaid expenses, donated properties held for sale, loans receivable, accounts payable and accrued expenses. The Organization does not have any Level 2 or Level 3 financial assets or liabilities.

### Income Taxes

St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization's income tax filings are subject to audit by taxing authorities and filings for periods after 2017 remain open for examination. The Organization does not believe it has any unrecognized exposure relating to uncertain tax positions at September 30, 2021.

### Summarized Financial Information for 2020

The statement of functional expenses includes certain prior-year comparative total amounts. Such total amounts do not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended September 30, 2020, from which the comparative total amounts were derived.

### 3. Loans Receivable

The Organization has provided financing, secured by mortgages, to qualifying home buyers for acquisition, rehabilitation, or down payment assistance. Payment terms vary from immediate amortization at varying interest rates to complete deferment until the property is sold. Loans receivable have been fully reserved as of September 30, 2021 and 2020. The Organization continues to receive proceeds as loans are repaid. For the year ended September 30, 2021, the Organization received \$17,310 from loans, which is reported Recovery for losses on loans on the Statement of Functional Expenses.

Notes to financial statements September 30, 2021 and 2020

As of September 30, 2021 and 2020, loans receivable consist of the following:

	2021	2020
Loans receivable	\$ 554,345	\$ 593,209
Less:		
Allowance for loans payable on sale of		
underlying property	(485,804)	(544,364)
Allowance for other loan losses	(68,541)	(48,845)
Total loan allowances	(554,345)	(593,209)
	\$ –	\$ –

The changes in total loan allowances for the years ended September 30, 2021 and 2020 were as follows:

	2021	2020
Balance, beginning of year Increase (decrease) in provision for loan losses:	\$ 593,209	\$ 596,633
Deferred payment loans due on sale	(21,554)	(6,367)
General provision	(17,310)	2,943
Balance, end of year	\$ 554,345	\$ 593,209

### 4. Property and Equipment

Property and equipment at September 30, 2021 and 2020 consists of the following:

	2021	2020
Land	\$ 49,415	\$ 49,415
Building and improvements	735,217	735,217
Office furniture and equipment	87,665	87,665
	872,297	872,297
Less accumulated depreciation	(504,844)	(482,495)
	\$ 367,453	\$ 389,802

Notes to financial statements September 30, 2021 and 2020

Depreciation expense for the years ended September 30, 2021 and 2020 was \$22,346 and \$20,674, respectively.

### 5. Line of Credit

The Organization obtained a line of credit in September 2021 from a financial institution for a maximum amount of \$250,000. The Organization has drawn \$50,000 as of September 30, 2021. The line of credit is due October 9, 2022 and bears interest at the prime rate plus 1.70% (4.95% as of September 30, 2021). The line of credit is secured by the Organization's, accounts receivable, property and equipment as described in the security agreement.

In December 2018, the Organization obtained a revolving line of credit for \$100,000, due December 2020, interest at the prime rate plus 1.75%. The line of credit is collateralized by a second mortgage of the Organization's office building in St. Petersburg, Florida. The outstanding balance on the line of credit was \$0 as of September 30, 2021.

### 6. Long-Term Debt

Long-term debt at September 30, 2021 and 2020 consists of the following:

<b>J i i</b>	0	
	2021	2020
4.49% mortgage note payable to a commercial bank. Payable		
in monthly principal and interest payments of \$1,716 and a		
balloon payment due March 2030. The note is collateralized		
by the Organization's office building in St. Petersburg.	\$ 257,075	\$ 265,933
Total long term debt	257,075	265,933
Less: current installments	(9,251)	(8,846)
Long term debt, less current installments	\$ 247,824	\$ 257,087

Notes to financial statements September 30, 2021 and 2020

Maturities of long-term debt for years subsequent to September 30, 2021 are as follows:

Year ending September 30:	
2022	\$ 9,251
2023	9,676
2024	10,119
2025	10,583
2026	11,068
Thereafter	206,378
Total	\$ 257,075

### 7. Capital lease

The Organization leases office equipment and computer hardware under capital lease obligations. At September 30, 2021 and 2020, the gross amount of office equipment and computer hardware recorded under the capital lease was \$29,127 and \$29,127. At September 30, 2021 and 2020, accumulated depreciation was \$18,302 and \$11,333, respectively.

Future minimum lease payments under non-cancellable operating leases (with initial or remaining lease terms in excess of one year) and the present value of future minimum capital lease payments as of September 30, 2021 are as follows:

Year ended September 30:	
2022	\$ 10,488
2023	8,651
Total minimum lease payments	19,139
Less: amount representing interest	(961)
Present value of minimum lease payments	18,178
Less: current installments of capital lease obligation	(9,916)
Capital lease obligations, excluding current	
installments	\$ 8,262

Notes to financial statements September 30, 2021 and 2020

### 8. Net assets with Donor Restrictions

Net assets with donor restrictions consist of the following at September 30, 2021 and 2020:

	2021	2020
Temporarily restricted		
Home Investment Partnerships Program (HOME)	\$ 50,160	\$ 73,521
	\$ 50,160	\$ 73,521

### 9. Releases of Net Assets with Donor Restrictions

Net assets were released from donor restrictions as follows for the years ended September 30, 2021 and 2020:

	2021	2020
Temporarily restricted		
Home Investment Partnerships Program (HOME)	\$ 23,365	\$ 1,029
	\$ 23,365	\$ 1,029

Net assets with donor restrictions includes of revolving capital funds of the Home Investment Partnerships Program (HOME). The transfer from HOME capital funds to net assets without donor restrictions is in accordance with the City of St. Petersburg's approval. The release of net assets is shown net of interest income which was \$4 and \$5 for the years ended September 30, 2021 and 2020, respectively.

Notes to financial statements September 30, 2021 and 2020

### 10. Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

September 30,	2021
Cash and cash equivalents Receivables from funding sources	\$ 93,591 61,634
C C	\$ 155,225

The Organization structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To help manage unanticipated liquidity needs and to fund home development costs, the Organization has two lines of credit with additional availability of \$300,000, which it could draw upon for additional liquidity.

### 11. Paycheck Protection Program

On April 16, 2020, the Organization received loan proceeds of \$55,200 under the Paycheck Protection Program ("PPP"). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loan and accrued interest are forgivable after 8 weeks or 24 weeks, as elected by the Organization, as long as the borrower uses the loan proceeds for eligible purposes including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the covered period.

The Organization used the proceeds for purposes consistent with the PPP and received notification from the Small Business Administration (SBA) in November 2020 that the loan had been forgiven. As such, the PPP loan is presented as public support for the year ended September 30, 2020.

Notes to financial statements September 30, 2021 and 2020

On January 19, 2021, the Organization requested and subsequently received a second loan proceeds of \$52,250 under the Paycheck Protection Program ("PPP").

The Organization used the proceeds for purposes consistent with the PPP and received notification from the Small Business Administration (SBA) in June 2021 that the Ioan had been forgiven. As such, the PPP Ioan is presented as public support for the year ended September 30, 2021.

### 12. Funding and Credit Concentrations

The Organization maintains deposit accounts with commercial banks. At September 30, 2021 and 2020, all deposits were covered by federal deposit insurance.

For the fiscal year ending September 30, 2021, approximately 35% of the Organization's support and revenue came from three primary sources National Community Reinvestment Coalition (NCRC), Pinellas County State Housing Initiative Partnership (PC SHIP) and Wells Fargo.

### **13.** Commitments and Contingencies

In February 2009, the Organization executed the Home Investment Partnership Program Agency Agreement (Agreement) with the City of St. Petersburg (City). The Agreement provided for HOME Investment Partnerships Program (HOME) capital funds to be set aside for the Organization. The capital funds were to be used for single family new home construction. In September 2009, the Agreement was amended to rescind any remaining capital funds that had not been utilized by the Organization.

Proceeds generated from previously invested capital funds may be retained by the Organization and used for eligible HOME program activities as approved by the City, Under the terms of the contract, upon dissolution of the Organization or upon termination of the agreement, all deposits and all outstanding notes, mortgages and other instruments pledged to secure repayment of loans shall revert back to the City.

#### 14. Subsequent Events

The Organization has evaluated subsequent events through March 18, 2022, the date the financial statements were available to be issued.

Notes to financial statements September 30, 2021 and 2020

Subsequent to September 30, 2021, the Organization entered into an agreement with a financial institution in relation to the Community Reinvestment Act. The financial institution agreed to make advances to the Organization up to \$500,000 under the equity-equivalent investment program ("EQ2"). Advances to the Organization bear interest at 2%, payable annually on August 31. The funds may be used by the Organization to expand affordable housing development within Pinellas County, including up to 4 homes per fiscal year. Specific guidelines as to the use and disbursement of funds are described in the agreement. No advances have been received by the Organization through the date of this report, March 18, 2022.

# SUPPLEMENTARY FINANCIAL INFORMATION

### Schedule of Funds – Statement of Financial Position September 30, 2021

	Operating Fund	HOME Fund	Total
Assets	i unu	i unu	i otai
Current assets:			
Cash and cash equivalents	\$ 93,591	\$ -	\$ 93,591
Receivables from funding sources	61,634	_	61,634
Due (to) from other funds	(580)	580	_
Properties held for sale	95,478	_	95,478
Prepaid expenses and other assets	6,273		6,273
Total current assets	258,788	580	259,368
Cash and cash equivalents restricted for lending			
and capital purposes	_	48,952	48,952
Property and equipment, net	367,454		367,454
	\$ 626,242	\$ 49,532	\$ 675,774
Liabilities and Net Assets			
Current liabilities:			
Line of credit	\$ 50,000	\$ -	\$ 50,000
Accounts payable and accrued expenses	10,931	-	10,931
Current installments of capital lease	9,916	_	9,916
Current installments of long-term debt	9,251	_	9,251
	80,098	_	80,098
Total current liabilities			
Capital lease obligation, excluding current			
installments	8,262	_	8,262
Long-term debt and line of credit, excluding	0,202		0,202
current installments	247,824	_	247,824
Total liabilities	336,184	_	336,184
Net assets	290,058	49,532	339,590
	\$ 626,242	\$ 49,532	\$ 675,774

### Schedule of Funds – Statement of Activities Year ended September 30, 2021

	Operating Fund	HOME Fund	Total	
Support and Revenue:				
Public Support:	<b>•</b> • • • • • •	<u>^</u>	<b>*</b> • • • • • •	
Foreclosure prevention grants	\$ 23,340	\$ _	\$ 23,340	
Grants	217,211	581	217,792	
	240,551	581	241,132	
Program service fees	18,358	_	18,358	
Interest income	47	4	51	
Forgiven Paycheck Protection Program				
Loan Proceeds	52,250	_	52,250	
Other income	43,082	_	43,082	
	113,737	4	113,741	
Total support and revenue	354,288	585	354,873	
Expenses:				
Program services	336,331	7,427	343,758	
Supporting services	72,824	_	72,824	
Total expenses	409,155	7,427	416,582	
Change in net assets	(54,867)	(6,842)	(61,709)	
Net assets, beginning of year	344,925	56,374	401,299	
Net assets, end of year	\$ 290,058	\$ 49,532	\$ 339,590	

### Schedule of Funds - Functional Expenses Year ended September 30, 2021

	Operating Fund	Home Fund	Total	Program Services	Supporting Services
Salaries	\$ 242,710	\$ –	\$ 242,710	\$ 214,157	\$ 28,553
Payroll taxes	18,498	_	18,498	12,949	5,549
Employee benefits	7,614		7,614	5,330	2,284
Total salaries and related expenses	268,822	-	268,822	232,436	36,386
Professional fees	20,204	_	20,204	10,704	9,500
Program expenses	10,171	_	10,171	10,171	· _
Lease expense	3,167	_	3,167	2,534	633
Office supplies	3,595	_	3,595	2,876	719
Telephone and utilities	19,217	_	19,217	15,374	3,843
Insurance	16,829	_	16,829	13,463	3,366
Printing and postage	286	_	286	229	57
Advertising and marketing	3,008	_	3,008	2,406	602
Interest expense	14,809	_	14,809	11,847	2,962
Repairs and maintenance	22,912	_	22,912	18,330	4,582
Travel, training and education	522	_	522	418	104
Provision for losses on loans	(1,372)	(15,938)	(17,310)	(17,310)	_
Other	4,636	23,365	28,001	22,401	5,600
Total expenses before depreciation	386,806	7,427	394,233	325,879	68,354
Depreciation	22,349	_	22,349	17,879	4,470
Total expenses	\$ 409,155	\$ 7,427	\$ 416,582	\$ 343,758	\$ 72,824

# **INTERNAL CONTROL AND COMPLIANCE**



### Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

The Board of Directors St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions:

We have audited the financial statements of St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions as of and for the year ended September 30, 2021 and have issued our report thereon dated March 18, 2022. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

#### Internal Control over Financial Reporting

Management of St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions' (the Organization) is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered the Organization's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of the internal control over financial reporting was for the limited purpose described in the first paragraph of the is section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of management, the Finance Committee, the Board of Directors, federal awarding agencies, and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

CPA, PLLC

Saint Petersburg, Florida March 18, 2022



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

								/19/2022
	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN REPRESENTATIVE OR PRODUCER, A	FIVELY OF	R NEGATIVELY AMEND, E DOES NOT CONSTITU	EXTEND OR ALT	ER THE CO	VERAGE AFFORDE	D BY THE	E POLICIES
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				INSURER F :				
			E NUMBER: 1453181429			<b>REVISION NUMBER</b>	R:	
C	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE	DOCUMENT WITH RES D HEREIN IS SUBJEC	SPECT TO T TO ALL	WHICH THIS
B	X COMMERCIAL GENERAL LIABILITY	INSD WVD	202273643			100240-00051	LIMITS	
	CLAIMS-MADE X OCCUR		LULET OUTO	4/29/2022	4/29/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence	\$ 1,000 a) \$ 500,0	
	· · · · · · · · · · · · · · · · · · ·					MED EXP (Any one person	\$ 20,00	00
					10	PERSONAL & ADV INJUR	Y 5 1.000	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000	0,000
	X POLICY JECT LOC					PRODUCTS - COMP/OP A	GG \$ 3.000	0.000
В	AUTOMOBILE LIABILITY ANY AUTO		202273643	4/29/2022	4/29/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000
	OWNED SCHEDULED					BODILY INJURY (Per pers	on) S	
	AUTOS ONLY AUTOS					BODILY INJURY (Per accid	font) S	
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
_					12 10 1		\$	
в	X UMBRELLA LIAB X OCCUR		202273643UMB	4/29/2022	4/29/2023	EACH OCCURRENCE	\$ 1,000	0.000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 1,000	
	DED X RETENTION \$ NIL						s	
	WORKERS COMPENSATION				1	PER OT	H4-	
	AND EMPLOYERS' LIABILITY					STATUTE	1000	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?	N/A				EL EACH ACCIDENT	S	
	If yes, describe under					E.L. DISEASE - EA EMPLC		
4	DÉSCRIPTION OF OPERATIONS below					EL DISEASE - POLICY LI		
B	Cyber Lubility Professionii Liability		ESK0032558456 202273643	7/26/2022 4/29/2022	7/26/2023 4/29/2023	Per Claim/Aggrogate PerClaim/Aggrogate		0,000/2,000000 0,000/3,000000
Pin of F	RIPTION OF OPERATIONS / LOCATIONS / VEHICI ellas County Community Development is inellas County Community Development	s additiona	insured with respect to Ge	oneral Liability if requ	ired by writte	ad) en contract. A Waiver	of Subroga	ation in favor
CEF	TIFICATE HOLDER			CANCELLATION	1			
	Pinellas County Community 600 Cleveland Street, #800	y Develop	F	THE EXPIRATION ACCORDANCE WIT	DATE THE	ESCRIBED POLICIES B REOF, NOTICE WILI Y PROVISIONS.		
	Clearwater FL 33755			AUTHORIZED REPRESEN	ITATIVE			
_				© 19	38-2015 AC	ORD CORPORATIO	N. All righ	ts reserved

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### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/19/2022

	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.										
	If SUBROGATION IS WAIVED, subject	to t	he te	erms and conditions of the	ne polic	cy, certain p	olicies may	NAL INSURED provision require an endorsement	s or be	endorsed. atement on	
_	this certificate does not confer rights t	o th	e cer	tificate holder in lieu of s	uch en	dorsement(s	)				
110.00	opucer /allace Weich & Willingham, Inc.				CONTA NAME:	Suzi Bake					
	00 1st Ave. So., 5th Floor				PHONE (A/C, N	D, Exil: 121-02	2-7777	FAX (A/C, No)	727-52	1-2902	
S	aint Petersburg FL 33701				E-MAIL ADDRE	ss: cerlificate	es@w3ins.co				
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC #	
				0705750 44	INSURE	RA: Lloyd's L	ondon				
	URED t. Petersburg Neighborhood Housing	Ser	vices	STPETER-16	INSURE	RB: Alliance	of Nonprofits	for Ins. RRG		10023	
dt	ba Neighborhood Home Solutions	•••		,	INSURE	RC:					
	600 MEK St S a. Petersburg FL 33701				INSURE	RD:					
1	L Felersburg FL 33701				INSURE	RE:					
		TICL			INSURE	RF:					
	OVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES			E NUMBER: 902228336			THE INCLUS	REVISION NUMBER:			
	NDICATED NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY F EXCLUSIONS AND CONDITIONS OF SUCH I	PERT POLI	REME TAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	CONTRACT	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	OT TO V	MHICH THIS	
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
8	X COMMERCIAL GENERAL LIABILITY	Y	Y	202273643		4/29/2022	4/29/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000	,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$ 500.0	00	
								MED EXP (Any one person)	\$ 20.00	0	
								PERSONAL & ADV INJURY	\$ 1,000.		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000		
1	1601 2601							PRODUCTS - COMP/OP AGG	\$3,000	,000	
В	OTHER: AUTOMOBILE LIABILITY	Y		202273643		4/29/2022	4/29/2023	COMBINED SINGLE LIMIT	\$ 1,000	000	
	ANY AUTO			2022/3043		412912022	4/29/2023	(Ea accident)	\$ 1,000,	,000	
	OWNED SCHEDULED							BODILY INJURY (Per person)	s		
	X HIRED X NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	s		
	AUTOS ONLY AUTOS ONLY							(Per accident)	S		
в	X UMBRELLA LIAB X OCCUR	-	-	202273643UMB		4/29/2022	4/29/2023	E LOU DOQUEDENDE	17. 11. CHONEN	000	
	EXCESS LIAB CLAIMS-MADE					TEOLE	12012020	EACH OCCURRENCE	\$ 1,000,		
	DED X RETENTION \$ NIL							AGGREGATE	s 1,000.	.000	
	WORKERS COMPENSATION							PER OTH-	5		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	2917						E L EACH ACCIDENT	s		
	OFFICER/MEMBEREXCLUDED?	N/A						E L DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							EL DISEASE - POLICY LIMIT	G		
A	Cyber Liability			ESK0032558456		7/26/2022	7/26/2023	Per Claim/Aggregate	2.000.	000/2.000000	
В	Professional Liability			202273643		4/29/2022	4/29/2023	PerClaim/Aggrogalo	1,000,	000/3,000000	
Cer poli	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI tificate Holder is additional insured on a j cy. A Waiver of Subrogation endorseme ise & Development Agreement - location	prima nt wi	ary ba th res	asis with respect to Genera spect to General Liability ar	l Liabili nd Auto	ty and Auto L Liability appli	iability subjecties in favor o	ct to terms, conditions, and f certificate holder.	d exclus	sions of the	
CEF	RTIFICATE HOLDER				CANC	ELLATION					
City of St. Petersburg P. O. Box 2842					SHOI THE ACCO	JLD ANY OF T EXPIRATION ORDANCE WIT	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.			
	St. Petersburg FL 33731				AUTHOR	IZED REPRESEN	TATIVE				
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