

# Application Form

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## *Organization Information*

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### Compiled Committee Comments

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

- Project does relate to the Economic Impact provided. Is there something other than age that may deem this property of historical significance? What exactly will ARPA funds be used for in this project?
- Applicant has provided general information on COVID impacts increasing construction costs, but the bids for their work were not obtained until 2022. They could provide stronger data showing if their clients come from QCTs.
- Proposal needs to strengthen description of benefits to residents of QCT
- Scope is extensive given the grant request specific financial economic impact is general and not specifically described. The grant funding request is less than the project cost. Application indicates \$24,760 will be paid from TBNHS Neighbor Works America Funding. Balance of the described project cost is \$123,800. The grant request is \$82k. Confirm alternate funding sources have been approved. (eg. City of Clearwater)

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

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

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

### Brief Project Descriptor

Please briefly describe this organization's request.

renovations/repair to roof, windows, doors, deck to main office

### Organization Name

Clearwater Neighborhood Housing Services dba Tampa Bay Neighborhood Housing Services

### Project Name\*

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

TBNHS Office Renovations

### EIN\*

59-1898543

### Incorporation Year\*

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

1982

### Organizational Mission Statement

What is your organization's mission statement?

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

The mission of Clearwater Neighborhood Housing Services doing business as Tampa Bay Neighborhood Housing Services (TBNHS) is to improve the quality of life in the neighborhoods which it serves by promoting revitalization through Home Ownership, Rehabilitation, Economic Development, and Education.

### 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

GKCQJZ5P2SM9

### Annual Operating Budget Size

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

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

\$2,269,546.00

## Amount Requested\*

The maximum grant amount is \$5 million.

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

\$82,000.00

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

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

### Examples

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

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

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

Yes

## *Request Specifics*

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### Organization Programming Background\*

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

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

Over the past 43 years, TBNHS' homeownership programs have provided pre-purchase educational classes and individual one-on-one counseling primarily to low and moderate-income persons who intended to purchase a home. The program's services include helping clients understand mortgage documents, credit repair, budgeting, how to work with a Realtor, home inspections, the closing process, fair housing rights, and other topics related to purchasing a home.

TBNHS also provides post-purchase counseling services to determine if clients who purchased a home are experiencing any problems with the new home, and/or need additional information or training to maintain the home. TBNHS programs further provide counseling and assistance to homeowners at risk of foreclosure, including assistance in identifying housing problems, one-on-one financial counseling, negotiating workout plans with lenders, and emergency loans (when funding is available).

TBNHS further has extensive experience working with families that are not immediately able to purchase a home. TBNHS' offers one-on-one housing counseling to help families understand the reasons for the delay in purchasing a home, methods to overcome obstacles to purchasing a home, and provides referral services to appropriate agencies to assist clients in overcoming obstacles to homeownership. Furthermore, over the past year, TBNHS has expanded its services to also include Fair Housing Pre-Purchase Education Workshops; Financial, Budget and Credit Workshops; Predatory Lending Education Workshops; and Rental Housing Workshops.

In addition, TBNHS also has extensive experience administering down payment and closing cost assistance programs, homeowner housing rehabilitation programs, providing rental and utility assistance for renters utilizing ARPA funds, completing the rehabilitation of distressed existing residential properties, developing new construction in-fill affordable housing, and managing commercial building renovations.

## Community Need\*

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

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

The TBNHS main office is located within the N. Greenwood Neighborhood Revitalization Strategy Area (NGNRSA) of Clearwater which is a QCT. NGNRSA is known as one of the poorest neighborhoods in the City. According to the City of Clearwater's most recent Consolidated Plan, there are approximately 50,000 persons of low or moderate income within the City – 43% of the City's population are low to moderate income. The City's Neighborhood Revitalization Strategy 2020 states that "according to 2020 HUD Low/Mod Data, and the 2014-2018 American Community Survey (ACS) the NGNRSA has a combined population of 5,651 people of which 58% is considered low- to moderate-income." Additionally, the NGNRSA experiences a much higher level of poverty than the rest of the City. The 2014-2018 ACS reported that persons living below the poverty level in tracts 261.01, 261.02, and 262.00 were 23.9%, 15.6%, and 34.8%, respectively. There is clearly a need in the community for the housing services being offered by TBNHS in the target area.

The NGNRSA also has some of the oldest lower-income housing/commercial units in the City of Clearwater. In census tracts 261 and 262, the average home was built in 1958 making buildings in the area over 60 years old. The TBNHS main office falls into this age statistic. The building was constructed in 1950 making the facility 72 years old. By providing funding to TBNHS to make improvements to the main office, TBNHS will be able to achieve its mission of helping low to moderate-income households with their housing needs. The office improvements will create a better environment for the clients TBNHS serves as well as the staff of the agency. The grant assistance will allow the organization to continue to provide uninterrupted services to the residents of Pinellas County at its current location. In addition, it will allow the agency to utilize its programmatic funds for services to underserved community residents rather than building improvements.

## Negative Economic Impact\*

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

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



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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

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

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

Covid-19 has caused inflationary pressures that have caused a negative economic impact on TBNHS and its ability to complete this project. While many industries have suffered challenges during the pandemic, the one sector that was hit especially hard by the pandemic is the construction industry. TBNHS completed a few other improvements to the office several years ago, but the construction renovations that TBNHS is now seeking to have done will cost significantly more in comparison to the cost paid prior to the pandemic. Given the drastic increase, TBNHS will struggle to afford the construction costs without additional financial grant assistance.

Early on in the pandemic, contractors were impacted by travel and transportation restrictions for materials, increased operating costs, and a significant increase in demand as individuals began working from home, staying home instead of going on vacations, and wanting to make improvements to their homes where they were spending more and more time. These problems, plus the fact that most businesses had to end operations at some point due to government guidelines and health and safety risks, further resulted in canceled or postponed projects that eventually needed to be rescheduled or resumed. In addition, construction businesses were experiencing a decrease in staff since the virus was so severe and highly contagious causing many employees to shield and self-isolate, so there have been fewer people available to complete the construction projects.

As the pandemic slowly comes to an end, and the world is trying to get to a new normal, the impacts are still being felt in the construction industry. The rate of inflation reached 8.5% in March 2022, continuing at a 40-year high and showing few signs of relief for consumers. Higher prices for food, gas and housing costs have fueled the consumer price index's jump. On top of labor shortages, the cost of materials such as windows, doors, HVAC, etc. continues to rise almost daily, wreaking havoc on not only projects that were previously canceled or postponed, but future projects like the project TBNHS is proposing under this request. According to the National Association of Home Builders, "building materials prices are up 19.2% year over year and have risen 35.6% since the start of the pandemic".

Until consumer demand for construction projects wanes, the supply chain obstacles are resolved, and the workforce numbers return to pre-pandemic figures, inflation will remain high and the cost of the TBNHS office improvements will remain unaffordable. This will have a negative economic impact on TBNHS and the services that the agency will be able to provide to the residents of Pinellas County.

## Negative Economic Impact - Uploads

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

Florida Construction News.docx

## Pandemic Relief Funding\*

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

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

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

TBNHS received \$67,254 from the Paycheck Protection Program (PPP) to help retain its staff by covering payroll expenses during the pandemic. The PPP program only provided small businesses with funds to pay up to 8 weeks of payroll costs including benefits. While this funding was instrumental in allowing TBNHS to maintain its experienced staff, this funding source was only for payroll and is no longer available. So, TBNHS is now having to meet payroll expenses on its own even though we are still experiencing challenges as a result of the pandemic. Unfortunately, the PPP funding did not alleviate all the negative economic impacts the agency is continuing to experience such as increased construction costs to make the needed repairs to the TBNHS main office, inflation, supply chain shortages, labor shortages and the decreased number of clients seeking homeownership at this difficult financial time.

The impacts on construction cost increases, inflation, the supply chain and labor shortages are all described in the answer above and there is currently no pandemic relief funding that can help alleviate these issues. The other major negative economic impact that the PPP funding did not alleviate is the reduction in client services fees received by the organization. As you know, TBNHS administers home buyer education programs, down payment and closing cost assistance grants, and housing counseling services on behalf of several grantors on a fee for service basis. Since the number of clients TBNHS serves annually has not returned to pre-pandemic numbers yet, our services fees are down. The financial conditions due to the pandemic are not conducive to low-income households wanting or even being able to purchase a home. Home prices and interest rates have risen making homeownership unaffordable. In addition, many people have lost their jobs due to covid and they have not returned to work. All these issues have reduced the number of individuals seeking TBNHS' services which has cause a negative economic impact on the agency.

The decrease in service fees received, the increase in construction costs, inflation, and supply chain and labor shortages all continue to have a negative impact on TBNHS' ability to afford the much-needed renovations to the main office without additional grant assistance.

## Proposal Description\*

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

Please describe your project proposal and address the following:

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

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

TBNHS will utilize the requested funding to make improvements at the TBNHS main office. The improvements that will be completed will increase the livable conditions at the facility and extend the useful life of the office for at least fifteen years. The activity proposed is to re-roof the building and trim the tree branches above the office, replace 22 existing windows with new hurricane impact windows, install new exterior doors, install new soffit, fascia and gutters, replace the exterior wood deck in the rear of the building, paint the exterior of the building, install two new HVAC unit condensers and air handlers, enlarge bathroom 1 to convert to meet ADA standards, and gut bathrooms 2 and 3 and install new drywall (all baths will have new toilets, vanities, and exhaust fans).

TBNHS staff will oversee the entire project. Planning work will include the development of a scope of work along with the advertisement for the bid. TBNHS will prepare the environmental assessment of the project to identify any possible environmental effects. TBNHS will also contact the State Historical Preservation Office for a review of historical significance. Once the TBNHS staff is ready to proceed, the project will be presented to the Board of Directors for final approval.

After project funding is secured, TBNHS will advertise the project in the local newspaper to solicit bids. Local contractors and minority and woman-owned businesses will be encouraged to apply. An open house will be held for contractors that are interested in bidding on the project to review the scope of work and ask questions of the staff.

After the contractor is selected, TBNHS will prepare the notice of award and contract documents. After all the signed contract documents are received, along with the certificate of insurance, workers' compensation, and the bond, if applicable, the notice to proceed will be issued. Contractors will secure all permits from the City. During construction, TBNHS will monitor and inspect the ongoing work to make sure the work is being completed properly and in a timely manner. Upon project completion, TBNHS will complete a final inspection and secure the warranty and release of liens prior to the final payout.

Funding received for this project will help address the negative economic harm TBNHS experienced as a result of inflation pressures that were caused by the pandemic. The funds will help reduce the costs to be paid by TBNHS to near pre-pandemic rates.

## Number Served

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

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

850

## Unduplicated vs. Duplicated

Is the number indicated above duplicated or unduplicated?

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

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

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

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

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 project.

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

Not applicable

## Rent vs. Own

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

Own

## Guiding Principles - Client Impact\*

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

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified

priority populations are met.

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

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

This project will benefit community members that have experienced disproportionate negative impacts from the COVID-19 pandemic. All the programs and services provided by TBNHS at the main office benefit all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, 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.

TBNHS has largely focused its initiatives on individuals with low to moderate incomes in its target areas of North Greenwood, Lake Bellevue and other QCTs throughout Pinellas County. As a result, the majority of the program beneficiaries have historically been low-income, African American females largely due to the organization's location in North Greenwood. As I am sure you know, low-income individuals were the hardest hit during the pandemic. Low-income earners were not able to stock up on groceries and medications when the lockdown hit, let alone save for a home or even pay basic rent and utilities. In addition, low-income individuals are more likely to work low-wage jobs without benefits; they are also more likely to work in retail or service jobs, which means they were more likely to be at risk of exposure to the virus and/or more likely to either lose their jobs or be laid off.

Since no one is denied services by TBNHS, everyone who works with the agency will benefit from the programs being offered at the main office. The funding being requested will greatly assist TBNHS in completing the much-needed improvements to the office to allow the agency to remain at its current location and to continue to provide affordable housing services to the whole community.

### **Organizational Sustainability\***

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

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

Quantifiable numbers will strengthen your answer.

The funding for the office renovations will help the long-term sustainability of TBNHS. The ARPA funds will be used for the costs of the much-needed office renovations. The building was relocated to 608 N. Garden Avenue from 700 Gulf Boulevard many years ago. It was converted from a former residential property that was built in the 1950's to the office that it is today. Due to its age, it is in need of repairs. These needed renovations will help TBNHS remain in the office at its current location. The location is very important to sustaining the organization since it is located in the N. Greenwood target community where a majority of the agency's clients reside. TBNHS is well established in N. Greenwood and relocating to another site is not an option since that would have an impact on the clients served.

The housing services that TBNHS offers are funded by numerous grant sources. Therefore, an increase in the services provided by TBNHS, will increase the funding TBNHS receives under its grants. So, in order to help the organization to become self-sufficient, it needs to increase the number of clients served. The renovations, such as the bathroom upgrades, will make the building more accessible which will allow TBNHS to assist

more individuals with disabilities. The exterior improvements will make the building more attractive and draw more clients to the agency for assistance.

The new HVAC systems will also help the sustainability of the organization. The energy efficient units will help reduce operating costs for heating and cooling the building which will save TBNHS money. Furthermore, the improvements will increase the life span and the quality of the property which will increase the building's value.

## Permits\*

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

TBNHS has not obtained any permits to date, but based on the work that is proposed to be completed, permits will be required from the City of Clearwater for the electrical, plumbing, roofing, and framing work prior to beginning construction on the project. TBNHS has not applied for the permits yet because the architect needs to complete the construction drawings for the work which will then be submitted with the permit application to the City. It is anticipated that the plans/drawings will be completed within the next two weeks to 30 days. The TBNHS staff has contacted City staff within the permitting department regarding the permitting process and timeline. The expected timeframe for obtaining permit approval is approximately 2 to 4 weeks after the City receives the application. Therefore, TBNHS anticipates having its permits by the end of February, beginning of March 2023 at the latest.

## Plan Set\*

Do you have a plan set for this project?

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

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

No

## Plan Set Upload\*

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

**PDF files are permitted.**

TBNHS does not currently have the plan set for this project. Plans will be completed by the architect within the next two weeks to 30 days. Since TBNHS is unable to afford the renovations without grant assistance, the agency was holding off on engaging an architect until funding was secured. TBNHS received a contract from the City of Clearwater the end of 2022 to cover costs for part of the project, so the process of contracting with an architect is already underway.

## Timeline\*

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

### Please include the following:

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

### Example

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

TBNHS is proposing to complete office renovations to the main office located at 608 N. Garden Avenue in Clearwater. Below is the anticipated timeline for the project based upon the construction experience of Frank Cornier, the agency President/CEO and Ron Wade, Construction Specialist. Both individuals have extensive experience in project management and construction. The timeline is a realistic timeframe with supply chain and labor shortages being taken into consideration.

January 2023 to February 2023 – The architect will complete the plans/drawings for the project by the end of January. Once the plans are completed, they will be submitted to the City of Clearwater with the permit application to obtain the electrical, plumbing, roofing and framing permits. Since permits only take 2 to 4 weeks for approval, TBNHS anticipates having the permits by the end of February.

February 2023 – The TBNHS construction specialist will prepare the detailed scope of work utilizing the plans and prepare the bidding documents and advertisement. TBNHS will also prepare the environmental assessment of the project to identify any possible environmental effects and propose any needed measurements to mitigate any adverse effects. TBNHS will also contact the State Preservation Office for a review of historical significance.

February 2023 – March 2023 - TBNHS will advertise the project in the local newspaper and other media sites such as the agency website to solicit bids. A competitive bidding process will be utilized. Local contractors, minority and woman-owned business, small businesses and disadvantage business enterprises will be encouraged to apply. An open house will be held for the contractors that are interested in bidding the project to review the scope of work, visit the site, and ask questions of the staff. Once bids are received, TBNH will review the bids to determine the bid meets the scope of work and check the SAMS database to ensure the contractor is eligible to complete the project.

April 2023 – May 2023 - By the April Board of Directors meeting, staff will have selected the contractor to be presented to the Board for them to award the contract to the contractor. The President/CEO and the specialist will prepare the notice of award and contract documents. Staff will review the Davis-Bacon process with the contractor to ensure compliance. After all the signed contract documents are received, including the sub-contractor list, the certificate of insurance, workers compensation and the bond, the notice to proceed will be issued.

May 2023 to December 2023 – This will be the construction period. During this time, the construction specialist will monitor and inspect the ongoing work to make sure the work is being completed properly and in a timely manner. Since the project is receiving Federal funding from the City of Clearwater, Davis Bacon employee interviews will be conducted during this time. Payment applications from the contractor will be reviewed and approved by TBNHS for payment. Interim project reports required by funder will be completed



and submitted as required.

January 2024 – Project completion. TBNHS will complete the final inspection, obtain warranties, release of liens, and final payout.

January 2024 to February 2024 – TBNHS will complete the final project close-out for Pinellas Community Foundation along with other project funds. All reimbursement requests will be submitted, and all final reports will be submitted.

The project should not take more than one year to complete.

## Team Leadership\*

Please describe the following:

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

The staff responsible for overseeing the improvements to the TBNHS main office are Frank Cornier, the President/CEO and Ron Wade, the Construction Specialist. Both have extensive experience in commercial development, residential housing rehabilitation projects, inspections, construction, and project management.

Mr. Cornier, is an affordable housing development professional with over 20 years of experience in single-family development, multifamily development, and non-profit management, utilizing a variety of funding and financing sources. He will provide direct oversight for the project and project management to make sure the construction stays on track and within budget. He, along with Mr. Wade, will work to prepare the scope of work for the project, bidding documents and contract.

Before joining TBNHS, Mr. Cornier was the Vice President of Project Development for Blue Sky Communities in Tampa. There, he managed day to day development and construction activities of numerous multifamily, Low-Income Housing Tax Credit Projects (LIHTC). The projects ranged from \$12- 22 MM each and 82-144 residential units, throughout the State of Florida. He further was the Vice President of Real Estate Development for the Corporation to Develop Communities of Tampa, Inc. for five years and the Assistant Senior Lending Manager of Chase Bank, both in Tampa. In addition to his work experience, Mr. Cornier has a Certificate in Community Real Estate Development from the University of South Florida in Tampa; a Master of Science in Community Economic Development from Southern New Hampshire University in Manchester, New Hampshire; and a Master of Science Internship with a concentration in Economic Development from the Pratt Institute in Brooklyn, New York.

Mr. Wade will oversee the construction, inspections and work with Mr. Cornier on the bidding documents, scope of work and contractor selection. Mr. Wade will also be responsible for project activity reporting. Mr. Wade has over 30 years of experience in housing and commercial development projects. As the construction specialist, Mr. Wade conducts inspections, prepares work write-ups, manages the bidding process, monitors the construction process, approves progress payouts, and ensures contractors comply with building specifications and applicable housing codes.

Mr. Wade began his housing and community development career with TBNHS in 1994 as a housing rehabilitation specialist. In 1997, he left TBNHS to work for Pinellas County Building Departments as a



housing inspector. From there, Mr. Wade assumed a position with St. Petersburg Neighborhood Housing Services as a housing rehabilitation specialist. He returned to TBNHS as a construction specialist in 2001.

The Finance Officer will manages the fund-related account, financial activities, accounts payable/receivable, and grant financial reporting. The clerk will also assist with the final project/program audit and grant monitoring.

## Cost Difference

### Estimated Total Project Cost\*

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

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

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

\$173,576.00

### Cost Difference\*

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

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

In late 2022, TBNHS executed a contract with the City of Clearwater for Community Development Block Grant (CDBG) funding for a portion of this project, including the roof. TBNHS also will commit NeighborWorks America funds for office supplies, operating costs, a portion of staff salaries and unforeseen construction overages that are not covered by the construction contingency. It is important to note that TBNHS has included a 20% construction contingency in the budget in case the competitive bids come in over the estimate. The higher-than-usual contingency is also due to the uncertainty of what may be found once construction begins. For example, since the frame of the building is wood, there could be unseen damage from termites. In addition, the cost of materials due to supply chain issues, inflation, and labor shortages could cause increases in pricing from the estimate.

Since other funding is already secured, TBNHS can carry out the nonpotential ARPA-funded portion of this project. However, if this project is not funded by Pinellas Community Foundation, TBNHS will need to seek other funding sources such as grants and partnership donations to complete the work that is anticipated to be completed using ARPA funds. If TBNHS is unable to secure those other sources of funding, the Board may consider selling the building and relocating to another site that does not need quite as much work. In the past, the Board and administration considered the lease-purchase of property on Drew Street rather than making the improvements to 608 N. Garden Avenue. However, due to the costs associated with that endeavor, the Board and new administration opted to make the improvements to the current building instead. Further, the current office has a great location. It is in close proximity to downtown, it is close to public transportation, it is easily accessible by walking, and it has an excellent location in North Greenwood (the agency's primary target area) which is a QCT.

## *Community Connection*

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

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

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

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

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

### Headquarters Location

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

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

608 North Garden Avenue Clearwater, FL 33755

## QCT Determination - Headquarters

Is this organization headquartered in a QCT?

No

## Project Location

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

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

608 North Garden Avenue Clearwater, FL 33755

## QCT Determination - Project

Is this organization's project in a QCT?

No

## QCT Impact\*

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

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

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

The TBNHS main office (project location) is located in a QCT. In addition, the vast majority of the clients served by TBNHS are low to moderate income and reside in a QCT. TBNHS provides its services throughout Pinellas County, but its specific target areas include the North Greenwood Neighborhood Revitalization Strategy Area (NGNRSA), the Lake Bellevue Neighborhood Revitalization Strategy Area (LBNRSA), and the Union Academy area of Tarpon Springs which are all QCTs. TBNHS' staff specifically markets and conducts outreach in these QCTs to reach low-income residents and underserved communities/individuals. TBNHS has been very successful over the years reaching these communities.

While all TBNHS target areas are located in QCTs, the target areas where approximately 60% of TBNHS' clients reside are the NGNRSA and LBNRSA. These areas are known as the poorest neighborhoods in Clearwater. Per the 2020 HUD Low/Mod Data, the NGNRSA has a population of 5,651 people of which 58% were considered low to moderate income. The LBNRSA has a population of 6,668 people of which nearly 62% are low to moderate income. Both the NGNRSA and LBNRSA also experience a much higher percentage of poverty compared to the rest of the City.

## QCT Determination - Clients

Does this organization's project benefit residents of QCTs?

Further determination required

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

## Community Representation and Connection\*

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

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

TBNHS is very representative of the community in which it serves. To begin with, the organization's by-laws dictate the make-up of the board of directors. The by-laws state that a "majority of the members shall at all times be residents of, or owners of property within, the geographic boundary of the particular neighborhood or neighborhoods selected by the directors to be the focus of this corporation's purposes." The particular neighborhoods of focus for TBNHS have been North Greenwood and Lake Bellevue which are known as the poorest communities within the City of Clearwater and are largely African American.

Due to this policy, the majority of the board of directors actually reside or own businesses in either the North Greenwood or Lake Bellevue communities. In addition, 40 percent of the board of directors are low-income, 9 members of the board identify as a race other than white, 8 members are women, and one identifies as LGBTQ+.

Furthermore, the President/CEO is Hispanic and two new staff members are also Hispanic. The new bilingual staff enables TBNHS to provide its programs, services, and materials in both English and Spanish. Three additional staff members are African American, one of whom also resides in the North Greenwood neighborhood. In addition, the former President/CEO of TBNHS who served the organization for over 40 years is a lifelong resident of the North Greenwood community. Her well-established commitment to the community has enabled the current staff to continue its connection to the residents and maintain valuable partnerships that were formed throughout Pinellas County. It further assists the staff in forming new relationships in the communities and QCTs it serves.

And finally, TBNHS has been an active housing organization operating in either Lake Bellevue or North Greenwood for over 43 years. Over the years, TBNHS has established numerous partners in the community such as local churches, businesses, government officials, and other local non-profit organizations. The organization, staff, and board are truly members of the community. The agency is very diverse and is representative of, and has authentic connections to, the community where it is located and the people it serves.

## Leadership Demographics - Executive Level Leadership Team

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

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

BIPOC

### Leadership Demographics - CEO/Executive Director

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

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

BIPOC

### Leadership Demographics - Board Membership

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

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

BIPOC  
LGBTQ+

## Financial Overview

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

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

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

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

### **Bid/Estimate #1\***

PDF files are accepted.

OFFICE PROPOSAL CNH 2022.pdf

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

PDF files are accepted.

Architect Estimate.pdf

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

PDF files are accepted.

### **Selected Contractor\***

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

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

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

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

TBNHS has not selected a contractor to date. The estimates that are attached are to provide TBNHS with an idea of the budget cost to seek funding for the project. The contractor that provided the estimate is expected to bid on the project and is a local minority owned business. A competitive bidding process will be utilized to select a contractor. TBNHS will advertise the project in the local newspaper, provided the request for bids to contractors that have completed work for TBNHS in the past and place the bid on the agency website to solicit bids. Local contractors, minority and woman-owned business, small businesses and disadvantaged business enterprises will be encouraged to apply.

### **Minority/Woman-Owned Business**

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

- Small-business enterprise (SBE)

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

Unknown

## 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 Detail\*

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

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

An example budget is available here.

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

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

TBNHS Budget.xlsx

TBNHS was awarded a CDBG contract from the City of Clearwater in the amount of \$90,000.00 in November of 2022 to cover the match costs listed in the proposed budget. Since the City of Clearwater CDBG funds are subject to Davis Bacon wages and the estimate that TBNHS received for the proposed renovations was from August 2022, the budget was increase 2% for the Davis Bacon wages to cover any cost increases. This does not change the amount TBNHS is requesting under this funding application. The difference will be paid by the CDBG funding and NeighborWorks America funding which are both committed.

## Other Funding Sources\*

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



have obtained.

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

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

All other funding sources for this project have been committed. TBNHS has received CDBG funding from the City of Clearwater and has an executed contract to cover the \$75,000 match funds. In addition, TBNHS will use NeighborWork America funding for the \$3,936 for staff salaries and office supplies. The NeighborWorks America funding is also committed.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

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

A portion of the requested funds will be used to replace 22 old, drafty windows and two existing HVAC systems. The new energy-efficient windows and HVAC units will result in a decrease in the organizational operating costs for utilities and repairs. The agency's current HVAC system is very old and has frequent breakdowns which are costly to TBNHS. The new HVAC system will run more efficiently with fewer to no immediate breakdowns which will save TBNHS on operating and maintenance costs. In addition, the old, drafty windows allow heat to escape in the winter and cold air to enter. In the summer, the cool air escapes, and heat enters the office. The new windows will seal properly which will lower energy costs to heat and cool the building. Overall, the proposed improvements will make the building more energy efficient and will reduce maintenance costs thereby decreasing operating costs and allowing TBNHS to spend more funds on programs rather than utilities and maintenance.

## Fund Management Capacity\*

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

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

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

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

TBNHS utilizes QuickBooks Pro as its financial reporting system. The system features bank account tracking and reconciliation, expense management, budgeting, payment processing, invoicing, accounts receivable and accounts payable management, and reporting. This software has been used by TBNHS staff successfully for many years to manage numerous Federal, State, and local grants including ARPA funds, HUD Counseling grants, CDBG, HOME, and SHIP grants/loans from the City of Clearwater and Pinellas County, as well as grants

and donations from the private sector and foundations. TBNHS has the ability to worked on a reimbursement-basis.

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

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

N/A

## Organization Documentation

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### Organization Budget\*

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

TBNHS FY2023 Budget.pdf

### Board of Directors List\*

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

CNHS BOD List - revised 10-1-22.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.

CNHS 2020 990 TP.pdf

Form 990 is attached.

## 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.

CNHS Audit 2021.pdf

Please see the attached most recent financial statements ending September 30, 2021. The financial statements ending September 30, 2022 are currently being audited and will be made available upon completion.

## Insurance

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### Evidence of Insurance Coverage\*

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

Please upload evidence of insurance.

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

COI.pdf

Not applicable.

### Insurance Requirement\*

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

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

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

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

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

## *Post-Grant Requirements*

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

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and their contract is closed out.

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

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

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

## *Additional Information*

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### **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?

Clearwater Neighborhood Housing Services was incorporated in 1982, but the organization was formed in 1979. The organization has been in existence for 43 years

## File Attachment Summary

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### *Applicant File Uploads*

- Florida Construction News.docx
- OFFICE PROPOSAL CNH 2022.pdf
- Architect Estimate.pdf
- TBNHS Budget.xlsx
- TBNHS FY2023 Budget.pdf
- CNHS BOD List - revised 10-1-22.pdf
- CNHS 2020 990 TP.pdf
- CNHS Audit 2021.pdf
- COI.pdf

From: <https://www.floridaconstructionnews.com/construction-material-costs-post-double-digit-increases-in-2022/> (Florida Construction News)

## Construction material costs post double-digit increases in 2022

By FCN Staff writer -October 11, 2022

The price of materials and services used in nonresidential construction projects jumped 12.6 percent in September compared to 2021, according to an analysis by the [Associated General Contractors \(AGC\) of America](#). Association officials say inflation and new Buy America rules set to go into effect as soon as next month will only make the situation more dire.

“Today’s price report shows that costs for construction continue to outpace those of other industries,” said Ken Simonson, chief economist. “Furthermore, the steep runup in diesel prices in the last few weeks is likely to make projects still more expensive to complete.”

The producer price index for nonresidential construction—the prices charged by goods producers and service providers such as distributors and transportation firms—decreased 0.2 percent from August to September but sits 12.6 percent above September 2021 levels.

Retail diesel fuel prices soared by 39 cents per gallon in the past week, bringing the year-over-year increase to \$1.64 or 45.7 percent, Simonson said, adding construction is especially sensitive to diesel costs, because most projects require thousands of truckloads to deliver equipment and materials and to move or haul away dirt, debris, and equipment at the end of project.

Prices of several widely used goods posted double-digit increases over the past 12 months including liquid asphalt used in paving projects up 43.3 percent and paint and other architectural coatings up 27.2 percent over 2021 prices.

There were also unusually large year-over-year increases in the price indexes for gypsum products such as wallboard, 18.4 percent; plastic construction products, 17.9 percent; truck transportation of freight, 16.3 percent; asphalt and tar roofing materials, 15.3 percent; concrete products, 14.3 percent; insulation products, 13.4 percent; and flat glass, 10.3 percent.

Association officials are urging the Biden Administration to reconsider plans to implement a series of new Buy America requirements, noting a recent survey of member firms that showed most contractors will struggle to find materials under the new guidelines.

“It stands to reason that further limiting the supply of already scarce materials will lead to even more inflation in the cost of those materials,” said Stephen E. Sandherr, the

association's chief executive officer. "Imposing new Buy America requirements at a time like this will undermine the potential benefits of new federal infrastructure investments."

**E.B.S. Construction & Renovation Services, LLC.**

**Lic # RR282812012**

**E.B.S. Painting & Services, LLC.**

**Lic # PA2751**

**E.B.S. HVAC, LLC.**

**Lic # CMC1249715**

**Phone: 813-545-3382**

**Fax: 813-302-9637**

**Email: [pons.ebed@yahoo.com](mailto:pons.ebed@yahoo.com)**



**Submitted to:**  
FRANK CORNIER

**Work to be performed at:**  
608 N GARDEN AVE.  
CLEARWATER, FL 33755

## **OFFICE PROPOSAL / CONTRACT**

### **Description of Labor**

- 1) Re-Roof 30 years dimensional shingles including up to 5 sheets of plywood. Remove gutters and hauling the old shingles. Trimming of tree branches in top of roof. **\$23,925.00**
- 2) Removal of existing 22 windows including the wood frames and installation of new hurricane impact windows with new wood framing. Installation of 3 new exterior doors. **\$23,800.00**
- 3) Installation of new soffit, fascia, and gutters. **\$11,550.00**
- 4) New exterior wood deck for door entrance. **\$1,375.00**
- 5) Exterior painting. **\$3,750.00**



- 6) Install 2 new HVAC units condenser and air handler. **\$21,500.00**
- 7) Enlarge 1<sup>st</sup> bath and convert it to ADA accessible. Gut 2<sup>nd</sup> bath, drywall it, rough in the plumbing and move electrical light switch into the bath. Gut 3<sup>rd</sup> bath, drywall it. All baths will have new toilets, vanities, and fan exhausts. **\$14,750.00**

**LABOR AND MATERIALS TOTAL: \$100,650.00**

With 25% increase for Davis Bacon: \$125,813.00

**Payments are to be made to E.B.S. Construction & Renovation Services, LLC. as follows: If the job is accepted the deposit in the amount of 50 % of total and the other 50% upon completion of the project.**

***NOTE: Any alteration or deviation from the above specifications involving extra costs will be executed only upon written order and will become an extra charge over and above the estimate.***

Respectfully submitted: E.B.S. Construction & Renovation Services, LLC.  
Per: Ebed Pons/CONTRACTOR

**Acceptance of Proposal/Contract**

The above prices, specifications and conditions are satisfactory and are hereby accepted. E.B.S. Construction & Renovation Services, LLC. is authorized to do the above work as specified. Payments will be made as outlined above.

**Owner**

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

\_\_\_\_\_  
Owner Print Name

\_\_\_\_\_  
Owner Signature

**Contractor**

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

\_\_\_\_\_  
Contractor Print Name

\_\_\_\_\_  
Contractor Signature

**[EXT] CNHS/TBNHS Bids**

Jennifer Smethers <jwsmethers@msn.com>

Fri 2/3/2023 11:34 AM

To: Rose Cervantes <rcervantes@pinellascf.org>

Cc: Jocelyn Howard <jhoward@pinellascf.org>

 1 attachments (314 KB)

Bid Application 608 Garden Ave 2-3-23.pdf;

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Rose,

Please see attached additional bid for CNHS/TBNHS' application. We only have the two bids for the construction piece. The original bid I sent was received in February 2021, per Frank Cornier the agency President/CEO. The original bid was used for estimating purposes for the project since we had also applied for the City of Clearwater funding (that was awarded) last year. A competitive RFP was just issued for the project as required by the City of Clearwater grant contract we received, and the contractor will be selected from that bidding process.

Thank you very much for allowing us to submit this. Please let me know if you have any other questions.

Jen

# Bid Application

AIA DOCUMENT G702

|  |                       |                        |                                     |
|--|-----------------------|------------------------|-------------------------------------|
| <b>TO OWNER:</b>                       | <b>PROJECT:</b>       | <b>APPLICATION NO:</b> | Distribution to:                    |
| Tampa Bay Neighborhood Services        | 608 N Garden Ave      |                        | <input type="checkbox"/> OWNER      |
| 608 Garden Ave                         |                       |                        | <input type="checkbox"/> ARCHITECT  |
| Clearwater, FL 33755                   |                       | <b>PERIOD TO:</b>      | <input type="checkbox"/> CONTRACTOR |
| <b>FROM CONTRACTOR:</b>                | <b>VIA ARCHITECT:</b> |                        | <input type="checkbox"/>            |
| Arrow Homes Inc                        |                       |                        | <input type="checkbox"/>            |
| 5004 E Fowler Ave #C341 Tampa Fl 33617 |                       | <b>PROJECT NO:</b>     |                                     |
|  |                       | <b>CONTRACT DATE:</b>  |                                     |

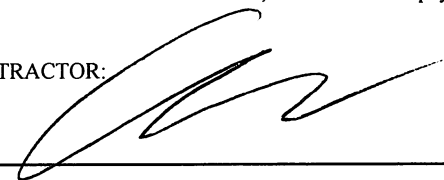
## CONTRACTOR'S APPLICATION FOR PAYMENT

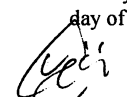
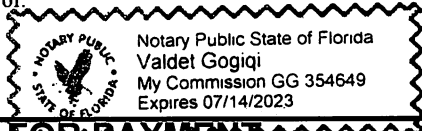
Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

|   |    |            |
|---|----|------------|
| 1. ORIGINAL CONTRACT SUM  | \$ | 197,115.44 |
| 2. Net change by Change Orders  | \$ | 0.01       |
| 3. CONTRACT SUM TO DATE (Line 1 + 2)                                      | \$ | 197,115.45 |
| 4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)                    | \$ | 0.00       |
| 5. RETAINAGE:   |    |            |
| a. 10 % of Completed Work (Column D + E on G703)                          | \$ | 0.00       |
| b. 0 % of Stored Material (Column F on G703)                              | \$ |            |
| Total Retainage (Lines 5a + 5b or Total in Column I of G703)              | \$ | 0.00       |
| 6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)                 | \$ | 0.00       |
| 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) | \$ | 0.00       |
| 8. CURRENT PAYMENT DUE  | \$ | 0.00       |
| 9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)            | \$ | 197,115.45 |

| CHANGE ORDER SUMMARY                               | ADDITIONS     | DEDUCTIONS    |
|--|---------------|---------------|
| Total changes approved in previous months by Owner | \$0.00        | \$0.00        |
| Total approved this Month                          | \$ 0.01       | \$0.00        |
| <b>TOTALS</b>                                      | <b>\$0.01</b> | <b>\$0.00</b> |
| NET CHANGES by Change Order                        | \$0.01        |               |

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:   
 By: \_\_\_\_\_ Date: 2/3/2023

State of: \_\_\_\_\_ County of: \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 Notary Public:   
 My Commission expires: \_\_\_\_\_  
 Notary Public State of Florida  
 Valdet Gogiqi  
 My Commission GG 354649  
 Expires 07/14/2023

## CONTRACTOR'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... \$ 0.00

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)  
 ARCHITECT: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

# CONTINUATION SHEET

AIA DOCUMENT G703

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.

APPLICATION NO: **608 N Garden Ave**  
 APPLICATION DATE: **2/3/2023**

In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO:

Use Column I on Contracts where variable retainage for line items may apply.

PROJECT NO:

| D<br>R<br>A<br>W<br>S | A<br>I<br>T<br>E<br>M<br>N<br>O. | B<br>D<br>E<br>S<br>C<br>R<br>I<br>P<br>T<br>I<br>O<br>N<br>O<br>F<br>W<br>O<br>R<br>K | S<br>C<br>H<br>E<br>D<br>U<br>L<br>E<br>D<br>V<br>A<br>L<br>U<br>E | D<br>W<br>O<br>R<br>K<br>C<br>O<br>M<br>P<br>L<br>E<br>T<br>E<br>D |             | F<br>M<br>A<br>T<br>E<br>R<br>I<br>A<br>L<br>S<br>P<br>R<br>E<br>S<br>E<br>N<br>T<br>L<br>Y<br>S<br>T<br>O<br>R<br>E<br>D<br>(<br>N<br>O<br>T<br>I<br>N<br>D<br>O<br>R<br>E) | G  |           | H<br>B<br>A<br>L<br>A<br>N<br>C<br>E<br>T<br>O<br>F<br>I<br>N<br>I<br>S<br>H<br>(<br>C<br>-<br>G) | I<br>R<br>E<br>T<br>A<br>I<br>N<br>A<br>G<br>E<br>(<br>I<br>F<br>V<br>A<br>R<br>I<br>A<br>B<br>L<br>E<br>R<br>A<br>T<br>E) |
|-----------------------|----------------------------------|--|--|--|-------------|--|--|-----------|---|--|
|                       |                                  |  |  | FROM PREVIOUS APPLICATION (D + E)                                  | THIS PERIOD |  | TOTAL COMPLETED AND STORED TO DATE (D+E+F) | % (G + C) |   |  |
|                       |                                  | * = Non House Construction Cost  |  |  |             |  |  |           |   | 10%  |
| 1                     | 1                                | ARCH PLANS / MOBILIZATION  | \$4,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$4,500.00  | \$0.00   |
| 1                     | 2                                | PERMITS SERVICES/FEES *  | \$1,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$1,500.00  | \$0.00   |
| 1                     | 3                                | DEMO   | \$8,752.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$8,752.00  | \$0.00   |
| 2                     | 8                                | PLUMBING ROUGH   | \$5,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$5,500.00  | \$0.00   |
| 3                     | 18                               | SITE CLEAN   | \$2,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$2,500.00  | \$0.00   |
| 4                     | 19                               | ROOF PLYWOOD REPAIR TEN SHEETS PLY   | \$4,250.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$4,250.00  | \$0.00   |
| 4                     | 20                               | LUMBER PACKAGE   | \$6,832.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$6,832.00  | \$0.00   |
| 4                     | 21                               | ANCHORS AND STRAPS   | \$325.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$325.00  | \$0.00   |
| 4                     | 22                               | FRAME LABOR  | \$4,253.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$4,253.00  | \$0.00   |
| 4                     | 23                               | FRAME CLEAN  | \$1,235.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$1,235.00  | \$0.00   |
| 4                     | 24                               | DRY IN   | \$3,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$3,500.00  | \$0.00   |
| 5                     | 25                               | DELIVER EXTERIOR DOORS   | \$6,533.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$6,533.00  | \$0.00   |
| 5                     | 26                               | INSTALL WINDOWS  | \$17,600.00  | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$17,600.00   | \$0.00   |
| 5                     | 27                               | DELIVER WINDOWS  | \$28,600.00  | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$28,600.00   | \$0.00   |
| 5                     | 28                               | INSTALL EXTERIOR DOORS   | \$1,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$1,500.00  | \$0.00   |
| 5                     | 29                               | PLUMBING TOP OUT   | \$3,951.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$3,951.00  | \$0.00   |
| 5                     | 30                               | HVAC ROUGH   | \$6,800.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$6,800.00  | \$0.00   |
| 5                     | 31                               | ELECTRICAL ROUGH   | \$3,352.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$3,352.00  | \$0.00   |
| 5                     | 32                               | ROOFING MATERIALS  | \$14,000.00  | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$14,000.00   | \$0.00   |
| 5                     | 33                               | ROOFING LABOR  | \$15,000.00  | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$15,000.00   | \$0.00   |
| 5                     | 34                               | DRYWALL MATERIALS  | \$1,896.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$1,896.00  | \$0.00   |
| 5                     | 35                               | STRUCTURE WIRING   | \$350.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$350.00  | \$0.00   |
| 5                     | 36                               | DRYWALL CLEAN  | \$1,233.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$1,233.00  | \$0.00   |
| 5                     | 37                               | FRAME FINAL/ PUNCHOUT  | \$985.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$985.00  | \$0.00   |
| 5                     | 39                               | SOFFIT/FASCIA  | \$9,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$9,500.00  | \$0.00   |
| 5                     | 40                               | STUCCO   | \$850.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$850.00  | \$0.00   |
| 6                     | 42                               | EXTERIOR TRIM MATERIALS  | \$3,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$3,500.00  | \$0.00   |
| 6                     | 43                               | EXTERIOR TRIM LABOR  | \$800.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$800.00  | \$0.00   |
| 6                     | 44                               | DRYWALL LABOR  | \$1,731.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$1,731.00  | \$0.00   |
| 6                     | 45                               | PAINT EXTERIOR   | \$3,890.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$3,890.00  | \$0.00   |
| 6                     | 47                               | DRYWALL CLEAN  | \$800.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$800.00  | \$0.00   |
| 6                     | 48                               | FLOORING BATH REMOVAL AND REPLACE  | \$1,800.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00                                     | 0%        | \$1,800.00  | \$0.00   |

*AIT*

# CONTINUATION SHEET

AIA DOCUMENT G703

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.

APPLICATION NO: **608 N Garden Ave**  
 APPLICATION DATE: **2/3/2023**

In tabulations below, amounts are stated to the nearest dollar.

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Use Column I on Contracts where variable retainage for line items may apply.

PROJECT NO:

| D<br>R<br>A<br>W<br>S | A<br>I<br>T<br>E<br>M<br>N<br>O. | B<br>D<br>E<br>S<br>C<br>R<br>I<br>P<br>T<br>I<br>O<br>N<br>O<br>F<br>W<br>O<br>R<br>K | S<br>C<br>H<br>E<br>D<br>U<br>L<br>E<br>D<br>V<br>A<br>L<br>U<br>E | D<br>W<br>O<br>R<br>K<br>C<br>O<br>M<br>P<br>L<br>E<br>T<br>E<br>D |             | F<br>M<br>A<br>T<br>E<br>R<br>I<br>A<br>L<br>S<br>P<br>R<br>E<br>S<br>E<br>N<br>T<br>L<br>Y<br>S<br>T<br>O<br>R<br>E<br>D<br>(<br>N<br>O<br>T<br>I<br>N<br>D<br>O<br>R<br>E) | G<br>T<br>O<br>T<br>A<br>L<br>C<br>O<br>M<br>P<br>L<br>E<br>T<br>E<br>D<br>A<br>N<br>D<br>S<br>T<br>O<br>R<br>E<br>D<br>T<br>O<br>D<br>A<br>T<br>E<br>(<br>D<br>+<br>E<br>+<br>F) |    | H<br>B<br>A<br>L<br>A<br>N<br>C<br>E<br>T<br>O<br>F<br>I<br>N<br>I<br>S<br>H<br>(<br>C<br>-<br>G) | I<br>R<br>E<br>T<br>A<br>I<br>N<br>A<br>G<br>E<br>(<br>I<br>F<br>V<br>A<br>R<br>I<br>A<br>B<br>L<br>E<br>R<br>A<br>T<br>E) |     |
|-----------------------|----------------------------------|--|--|--|-------------|--|---|----|---|--|-----|
|                       |                                  |  |  | FROM PREVIOUS APPLICATION (D + E)                                  | THIS PERIOD |  | % (G + C)   |    |   |  |     |
|                       |                                  | * = Non House Construction Cost  |  |  |             |  |   |    |   |  | 10% |
| 6                     | 50                               | INTERIOR DOORS   | \$1,600.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$1,600.00  | \$0.00   |     |
| 6                     | 51                               | INTERIOR TRIM  | \$1,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$1,500.00  | \$0.00   |     |
| 6                     | 52                               | TRIM LABOR   | \$950.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$950.00  | \$0.00   |     |
| 6                     | 53                               | APPLIANCE PACKAGE NEW KITCHEN  | \$4,000.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$4,000.00  | \$0.00   |     |
| 6                     | 54                               | WATER HEATER   | \$2,359.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$2,359.00  | \$0.00   |     |
| 6                     | 55                               | CABINET MATERIALS  | \$4,500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$4,500.00  | \$0.00   |     |
| 6                     | 56                               | CABINET INSTALL  | \$1,439.40   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$1,439.40  | \$0.00   |     |
| 6                     | 57                               | PAINT INTERIOR AREAS OF WORK   | \$2,355.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$2,355.00  | \$0.00   |     |
| 6                     | 67                               | HVAC FINAL   | \$5,568.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$5,568.00  | \$0.00   |     |
| 6                     | 68                               | ELECTRICAL TRIM MATERIALS  | \$825.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$825.00  | \$0.00   |     |
| 6                     | 69                               | ELECTRICAL FINAL   | \$350.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$350.00  | \$0.00   |     |
| 6                     | 70                               | STRUCTURE WIRING FINAL   | \$250.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$250.00  | \$0.00   |     |
| 6                     | 71                               | MIRRORS/SHELVING   | \$450.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$450.00  | \$0.00   |     |
| 6                     | 72                               | PLUMBING FINAL   | \$850.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$850.00  | \$0.00   |     |
| 6                     | 73                               | PLUMBING TRIM MATERIALS  | \$550.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$550.00  | \$0.00   |     |
| 6                     | 74                               | INTERIOR ROUGH CLEAN   | \$350.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$350.00  | \$0.00   |     |
| 6                     | 77                               | INTERIOR DOOR HARDWARE   | \$650.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$650.00  | \$0.00   |     |
| 6                     | 80                               | TRIM PAINT FINAL   | \$500.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$500.00  | \$0.00   |     |
| 6                     | 81                               | FINAL CLEAN  | \$250.00   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$250.00  | \$0.00   |     |
|                       |                                  | <b>GRAND TOTALS</b>  | \$197,115.44   | \$0.00   | \$0.00      | \$0.00   | \$0.00  | 0% | \$197,115.44  | \$0.00   |     |

*ACT*

**FW: 608 N Garden Fees**

fcornier@cnhs1.org &lt;fcornier@cnhs1.org&gt;

Mon 1/16/2023 6:56 PM

To: 'Jennifer Smethers' &lt;jwsmethers@msn.com&gt;

Here is the other architectural estimate for services.

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**From:** Michael Arrigo <marrigo@asi-fl.com>  
**Sent:** Monday, January 16, 2023 1:18 PM  
**To:** Frank Cornier <fcornier@cnhs1.org>  
**Cc:** Tracy Settle-koch <tsettle-koch@asi-fl.com>  
**Subject:** 608 N Garden Fees

Frank,

Need the following fees for the 608 N Garden office renovation/reconfiguration based on the following info from Tracy's meeting with you last week:

- Reconfigure office space for better flow throughout (multiple interior bearing walls so need to limit if possible), Need work space for 6 current employees + 4 incoming (including administrative), Existing training room can be open office/cubicles, Upgrade 1 toilet room for ADA, Update 1 toilet room for staff only, Existing kitchen to be break room , Need file room space, Show general intent for interior finishes (reflected ceiling/flooring layouts/finish schedule), New mechanical units, Electrical appears to be have been combined when addition was added, Façade updates (coastal) – new paint, potential covered area at entry, New windows (old structure – match windows on addition), Metal roof, Existing handrails at ramp are non-compliant
- Permit Submittal by others. Any civil, landscape, Interior Designer fees are by others. Fee does not include any 3D renderings. Surveys' soil reports, low voltage by others.
- PME Fee is just a place holder that I may be able to adjust lower. We really will not know the extent of their services until we are further along with the preliminaries so I have a worst case number shown now.
- I do not have a Construction Administration Budget. On smaller projects like this we typically provide the CA hourly as needed. My rate is \$150 per hr. Tracy is a \$100 per hr.

Fees:

|   |          |
|---|----------|
| Field Measure and Generate as-built plans | \$1,200  |
| Preliminary Design                        | \$3,800  |
| Architectural and minor Structural CD's   | \$3,000  |
| PME Engineering (Estimate)                | \$8,000  |
| Total Renovation Drawing Budget           | \$16,000 |

If these work I will send you a more formal proposal. As for timing right now Tracy would need a couple weeks to schedule in the initial measure.

Sincerely,

**Michael Arrigo**

Vice President, Architect



**Architectonics Studio, Inc.**

2600 Dr. Martin Luther King, Jr. Street North

Suite 600

St. Petersburg, FL 33704

Phone: 727-323-5676

Cell: 727-439-0515

e-mail: [MArrigo@asi-fl.com](mailto:MArrigo@asi-fl.com)

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



**Project Name: TBNHS Office Renovations**

| CATEGORY OF EXPENSE         | GRANT FUNDS        | MATCH FUNDS - City of Clearwater CDBG | MATCH %        | OTHER FUNDS - TBNHS |
|-----------------------------|--------------------|---------------------------------------|----------------|---------------------|
| Scoping and Pre-Development | \$0.00             | \$800.00                              | 100.00%        | \$0.00              |
| Design                      | \$0.00             | \$16,000.00                           | 100.00%        | \$0.00              |
| Acquisition                 | \$0.00             | \$0.00                                | 0.00%          | \$0.00              |
| Construction                | \$82,000.00        | \$68,976.00                           | 84.12%         | \$0.00              |
| Administration              | \$0.00             | \$1,874.00                            | 100.00%        | \$3,826.00          |
| Working Capital/Reserves    | \$0.00             | \$0.00                                | 0.00%          | \$0.00              |
| Other                       | \$0.00             | \$0.00                                | 0.00%          | \$100.00            |
| <b>TOTAL</b>                | <b>\$82,000.00</b> | <b>\$87,650.00</b>                    | <b>106.89%</b> | <b>\$3,926.00</b>   |

| SCOPING AND PRE-DEVELOPMENT TYPE/DESCRIPTION | AMOUNT          |
|--|-----------------|
| Advertising                                  | \$600.00        |
| Permits                                      | \$200.00        |
| <b>TOTAL</b>                                 | <b>\$800.00</b> |

| DESIGN - TYPE/DESCRIPTION | AMOUNT             |
|---------------------------|--------------------|
| Architect Drawings        | \$16,000.00        |
| <b>TOTAL</b>              | <b>\$16,000.00</b> |

| ACQUISITION - TYPE DESCRIPTION | AMOUNT   |
|--------------------------------|----------|
| Not applicable                 | 0        |
| <b>TOTAL</b>                   | <b>0</b> |

| CONSTRUCTION - TYPE/DESCRIPTION        | AMOUNT              |
|--|---------------------|
| Roof                                   | \$23,925.00         |
| Windows                                | \$23,800.00         |
| Soffit, fascia, and gutters            | \$11,550.00         |
| Exterior wood deck for door entrance   | \$1,375.00          |
| Exterior painting                      | \$3,750.00          |
| 2 HVAC condensor and air handler units | \$21,500.00         |
| Bathroom improvements (2)              | \$14,750.00         |
| Davis-Bacon increase (CDBG) - 25%      | \$25,163.00         |
| Construction contingency 20%           | \$25,163.00         |
| <b>TOTAL</b>                           | <b>\$150,976.00</b> |

| ADMINISTRATION - TYPE/DESCRIPTION  | AMOUNT     |
|------------------------------------|------------|
| Frank Cornier - \$50/hr x 50       | \$2,500.00 |
| Ron Wade - \$27/hr x 100 hrs       | \$2,700.00 |
| Finance Officer - \$25/hr x 20 hrs | \$500.00   |
|                                    |            |
| <b>TOTAL</b>                       | \$5,700.00 |

| WORKING CAPITAL/RESERVES -<br>TYPE/DESCRIPTION | AMOUNT |
|--|--------|
| Not applicable                                 | 0      |
|  |        |
| <b>TOTAL</b>                                   |        |

| OTHER - TYPE/DESCRIPTION | AMOUNT   |
|--------------------------|----------|
| Office Supplies          | \$100.00 |
|                          |          |
|                          |          |
|                          |          |
| <b>TOTAL</b>             | \$100.00 |

|              |
|--------------|
| <b>TOTAL</b> |
| \$800.00     |
| \$16,000.00  |
| \$0.00       |
| \$150,976.00 |
| \$1,874.00   |
| \$0.00       |
| \$100.00     |
| \$173,576.00 |



# Tampa Bay Neighborhood Housing Services

GUIDING COMMUNITIES TOWARD A BETTER TOMORROW SINCE 1979.

|  | FY2023<br>Budget   |
|--|--------------------|
| <b>A Administration</b>                            |                    |
| Grants/Contributions - Bank & Individuals          | \$53,200           |
| NeighborWorks                                      | \$150,000          |
| HEART 2.0  | \$223,502          |
| City of Clearwater - Capital Improvement Grant     | \$90,000           |
| Other Income/Board Led Funding                     | \$5,000            |
| Misc Income  | \$2,500            |
| <b>Total Administration Income</b>                 | <b>\$524,202</b>   |
| Salaries   | \$262,640          |
| Payroll Expenses                                   | \$35,000           |
| Consultants  | \$65,000           |
| Audit, Services & Bookkeeping                      | \$35,000           |
| Marketing  | \$5,000            |
| Legal  | \$12,000           |
| Insurance - Gen Liability, D&O                     | \$22,000           |
| Office Expenses                                    | \$75,240           |
| Office Mortgage                                    | \$11,400           |
| Technology   | \$40,000           |
| HEART 2.0 Expenses                                 | \$193,344          |
| Capital Improvement                                | \$90,000           |
| Misc   | \$1,000            |
| <b>Total Administration Expenses</b>               | <b>\$847,624</b>   |
| <b>Administration Profit (Loss)</b>                | <b>(\$323,422)</b> |
| <b>B Rental Properties</b>                         |                    |
| BDC I (Head Start)                                 | \$46,116           |
| BDC I (Head Start) Roof Grant                      | \$0                |
| Triplex  | \$27,460           |
| Rental Income (608)                                | \$1,200            |
| <b>Total Rental Income</b>                         | <b>\$74,776</b>    |
| EQ2 Loan Interest                                  | \$5,000            |
| BDC I - Roof Replacement                           | \$0                |
| BDC I - Mortgage                                   | \$1,790            |
| BDC I - Maintenance/Repairs                        | \$2,000            |
| Property Management Fee - Triplex                  | \$0                |
| Repairs - Triplex                                  | \$20,000           |
| Insurance - Triplex                                | \$6,500            |
| Property Taxes - Triplex                           | \$1,800            |
| Rent Refund (overpayment) - Triplex                | \$0                |
| <b>Total Rental Expenses</b>                       | <b>\$37,090</b>    |
| <b>Rental Properties Profit (Loss)</b>             | <b>\$37,686</b>    |
| <b>C Education &amp; DPA</b>                       |                    |
| Education Fees/Grants                              | \$140,100          |
| City of Clearwater Down Payment Assistance Program | \$651,000          |
| Credit Report Fees                                 | \$2,200            |
| <b>Total Education &amp; DPA Income</b>            | <b>\$793,300</b>   |
| Salaries   | \$169,069          |
| Consultant   | \$15,000           |
| Down Payment Assistance                            | \$630,000          |
| Credit Reports                                     | \$2,000            |
| Education Supplies & Materials                     | \$7,500            |
| <b>Total Education &amp; DPA Expenses</b>          | <b>\$823,569</b>   |
| <b>Education &amp; DPA Profit (Loss)</b>           | <b>(\$30,269)</b>  |
| <b>D Real Estate Development</b>                   |                    |
| Single Family Sales                                | \$2,100,000        |
| Acquisition Rehab Resale Sales                     | \$265,000          |
| Façade Program - Seniors                           |                    |
| Third Federal Foundation                           | \$100,000          |
| <b>Total Real Estate Income</b>                    | <b>\$2,365,000</b> |

|  |                    |
|--|--------------------|
| Salaries                                     | \$101,000          |
| Consultant                                   | \$10,000           |
| Single Family/Expenses/COGS                  | \$1,680,000        |
| Acquisition Rehab Resale/Expenses/COGS       | \$220,000          |
| Real Estate Commissions                      | \$5,000            |
| Vacant Property Maintenance                  | \$7,000            |
| Insurance                                    | \$8,000            |
| Property Tax                                 | \$6,000            |
| Façade Program - Seniors                     |                    |
| <b>Total Real Estate Expenses</b>            | <b>\$2,037,000</b> |
| <b>Real Estate Development Profit (Loss)</b> | <b>\$328,000</b>   |
| <b>Administration Profit (Loss)</b>          | <b>(\$323,422)</b> |
| <b>Rental Properties Profit (Loss)</b>       | <b>\$37,686</b>    |
| <b>Education &amp; DPA Profit (Loss)</b>     | <b>(\$30,269)</b>  |
| <b>Real Estate Development Profit (Loss)</b> | <b>\$328,000</b>   |
| <b>Total Profit (Loss)</b>                   | <b>\$11,995</b>    |
| <b>Total Income</b>                          | <b>\$3,757,278</b> |

# Tampa Bay Neighborhood Housing Services Board of Directors

## CHAIRMAN

Jeffery Jones ® At Large

Term: 2020-2023

Prudential Financial

11802 Brighton Knoll Loop

Riverview, Florida 33579

PH: (727) 656-8227

[ijonesj1@msn.com](mailto:ijonesj1@msn.com)

Board Start Date: 2020

## 1<sup>ST</sup> VICE CHAIRMAN

Jennifer Jessie (B)

Term: 2020-2023

Vice President/Private Client Manager

Raymond James Bank

710 Carillon Parkway

St. Petersburg, Florida 33716

PH: (727) 567-4194

[jennifer.jessie@raymondjames.com](mailto:jennifer.jessie@raymondjames.com)

Board Start Date: 2020

## 2<sup>ND</sup> VICE CHAIRMAN

W. Pearl Johnson (R)

Term: 2022-2025

1001 Mohawk Street

Clearwater, Florida 33755

Home: (727) 447-8701

Board Start Date: 1984

## SECRETARY

Teresa Conte (B)

Term: 2019-2022

Executive Director

Clearwater Bar Association

800 Drew Street

Clearwater, Florida 33755

Work: (727) 461-4869

Cell: (727) 403-4534

[tc120613@gmail.com](mailto:tc120613@gmail.com)

Board Start Date: 2006

## ASSISTANT SECRETARY

Norma H. Brooks-Parks (R)

Term: 2020-2023

Retired

1626 N. Madison Avenue

Clearwater, Fla. 33755

Home: (727) 442-9379

[nbrooks1626@gmail.com](mailto:nbrooks1626@gmail.com)

Board Start Date: 2001

Donna Evans (R)

Term: 2019-2022

Pinellas County

Work Quality Manager

704 Pennsylvania Avenue

Clearwater, Florida 33755

Cell: (727) 686-1504

[donty914@yahoo.com](mailto:donty914@yahoo.com)

Board Start Date: 2012

## TREASURER

Frank Cassara (B)

Term: 2022-2025

Commercial Loan Officer III

Central Florida Region

Centennial Bank

4301 Barclay Avenue

Spring Hill, Florida 34606

Work: (352) 610-5206

Cell: (352) 573-0016

Fax: (352) 683-3706

[fcassara@my100bank.com](mailto:fcassara@my100bank.com)

Board Start Date: 2001

Kenvin Downes (B)

Term: 2022-2025

Third Federal Savings & Loan

29247 US Highway 19, N.

Clearwater, Florida 33761

PH: (727) 771-6341

[kenvindownes@gmail.com](mailto:kenvindownes@gmail.com)

Board Start Date: 2015

Victor Lucas (B)

Term: 2019-2022

Branch Manager

South State Bank

2100 Main Street

Dunedin, Florida 34698-5604

PH: (727) 614-4321

Fax: (727) 210-4960

[victor.lucas@centerstatebank.com](mailto:victor.lucas@centerstatebank.com)

Board Start Date: 2019

Annie T. Larkin (R)

Term: 2020-2023

Retired

1421 Barbara Avenue

Clearwater, Florida 33755

Home: (727) 906-7228

[larkina74@icloud.com](mailto:larkina74@icloud.com)

Board Start Date: 2005

Letitia A. Bryant (R)

At Large Term: 2022-2025

CITI, Tampa, Florida

6930 124<sup>th</sup> Terrace

Largo, Florida 33773

Cell: (727) 641-3851

[Labryant777@gmail.com](mailto:Labryant777@gmail.com)

Board Start Date: 2020

Elise K. Winters P. A. (B)

Term: 2022-2025

1006 Drew Street Clearwater,

Florida 33755

PH: (727) 442-3888

FAX: (727) 443-6944

[ewinters@elisekwinters.com](mailto:ewinters@elisekwinters.com)

Board Start Date: 2021

Barbara Sorey-Love (R) Term:

2019-2022

The Bulletin News

2001 World Parkway Blvd. #31

Clearwater, Florida 33763 PH:

(727) 485-3137

[stpetebulletin@gmail.com](mailto:stpetebulletin@gmail.com)

Board Start Date: 2021

Jeff Blake (B)

Term: 2022-2025

Achieva Credit Union

4059 Ligustrum Drive

Palm Harbor, Florida 34685

Cell: (937) 219-1835

[jblake10129@gmail.com](mailto:jblake10129@gmail.com)

Board Start Date: 2021

Charles E. Harris Jr. (R)

Term: 2022-2025

1110 Palm Bluff Street

Clearwater, Florida 33756

Cell: (727) 481-8888

[charliebcutn@gmail.com](mailto:charliebcutn@gmail.com)

Board Start Date: 2022

Charles Young Jr. (B)

Term: 2022-2025

5287 Greystone Drive

Spring Hill, Florida 34609

Cell: (352) 610-1760

[cyoungjr@youngandson.org](mailto:cyoungjr@youngandson.org)

Board Start Date: 2022

Frank Cornier

President/CEO

[fcornier@tbnhs.org](mailto:fcornier@tbnhs.org)

## BOARD MAKE-UP

6 – LOW INCOME REPS (R OR B)

2- AT LARGE REPS (R OR B)

9 – BUSINESS (R OR B)

## VACANCY

1 Business Term (2022-2025)

NOTE: (ELECTIONS ARE HELD IN  
NOVEMBER OF EACH YEAR)

Revised 10/1/2022

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2020 calendar year, or tax year beginning **10/01/20**, and ending **09/30/21**

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>Clearwater Neighborhood Housing Services, Inc.</b>                   |  | <b>D</b> Employer identification number<br><b>59-1898543</b>  |
|  | Doing business as<br><b>Tampa Bay Neighborhood Housing Serv</b>  |  | <b>E</b> Telephone number<br><b>727-442-4155</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)<br><b>608 N Garden Avenue</b> |  |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>Clearwater FL 33755</b>   |  | <b>G</b> Gross receipts \$ <b>674,354</b>   |
| <b>F</b> Name and address of principal officer:<br><b>Jeffery Jones</b>  |  |  | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |   |
| <b>J</b> Website: ▶ <b>n/a</b>   |  |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |  | <b>L</b> Year of formation: <b>1979</b>   |
|  |  |  | <b>M</b> State of legal domicile: <b>FL</b>   |

**Part I Summary**

|                             |   |  |                           |                  |
|-----------------------------|---|--|---------------------------|------------------|
| Activities & Governance     | 1 Briefly describe the organization's mission or most significant activities:<br><b>To revitalize through home ownership, rehabilitation, and economic development.</b> |  |                           |                  |
|                             | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                               |  |                           |                  |
|                             | 3   | Number of voting members of the governing body (Part VI, line 1a)                  | <b>15</b>                 |                  |
|                             | 4   | Number of independent voting members of the governing body (Part VI, line 1b)      | <b>15</b>                 |                  |
|                             | 5   | Total number of individuals employed in calendar year 2020 (Part V, line 2a)       | <b>6</b>                  |                  |
|                             | 6   | Total number of volunteers (estimate if necessary)                                 | <b>0</b>                  |                  |
|                             | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12               | <b>0</b>                  |                  |
| 7b                          | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <b>0</b>   |                           |                  |
| Revenue                     |   |  | Prior Year                | Current Year     |
|                             | 8   | Contributions and grants (Part VIII, line 1h)                                      | <b>224,286</b>            | <b>282,323</b>   |
|                             | 9   | Program service revenue (Part VIII, line 2g)                                       | <b>53,423</b>             | <b>52,229</b>    |
|                             | 10  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | <b>12</b>                 | <b>13</b>        |
|                             | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | <b>21,770</b>             | <b>88,094</b>    |
|                             | 12  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <b>299,491</b>            | <b>422,659</b>   |
| Expenses                    | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   |                           | <b>0</b>         |
|                             | 14  | Benefits paid to or for members (Part IX, column (A), line 4)                      |                           | <b>0</b>         |
|                             | 15  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>179,460</b>            | <b>208,073</b>   |
|                             | 16a   | Professional fundraising fees (Part IX, column (A), line 11e)                      |                           | <b>0</b>         |
|                             | 16b   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>               |                           |                  |
|                             | 17  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | <b>164,623</b>            | <b>170,988</b>   |
| 18                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>344,083</b>   | <b>379,061</b>            |                  |
| 19                          | Revenue less expenses. Subtract line 18 from line 12  | <b>-44,592</b>   | <b>43,598</b>             |                  |
| Net Assets or Fund Balances |   |  | Beginning of Current Year | End of Year      |
|                             | 20  | Total assets (Part X, line 16)   | <b>1,555,654</b>          | <b>1,607,371</b> |
|                             | 21  | Total liabilities (Part X, line 26)  | <b>633,508</b>            | <b>574,517</b>   |
| 22                          | Net assets or fund balances. Subtract line 21 from line 20  | <b>922,146</b>   | <b>1,032,854</b>          |                  |

**Part II Signature Block**

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

|  |  |                               |                                |                 |   |                  |
|--|--|-------------------------------|--------------------------------|-----------------|---|------------------|
| Sign Here  | Signature of officer   |                               | Date                           |                 |   |                  |
|  | <b>Jeffery Jones</b>   |                               | <b>Board Chairman</b>          |                 |   |                  |
| Paid Preparer Use Only                             | Print/Type preparer's name                                       |                               | Preparer's signature           | Date            | Check <input type="checkbox"/> if self-employed | PTIN             |
|  | <b>Guy VanMiddlesworth, CPA, PFS</b>                             |                               |                                | <b>08/10/22</b> | <input type="checkbox"/>                        | <b>P00359433</b> |
|  | Firm's name ▶ <b>Van Middlesworth &amp; Company, P.A., CPA's</b> |                               | Firm's EIN ▶ <b>59-3026738</b> |                 |   |                  |
| Firm's address ▶ <b>Saint Petersburg, FL 33701</b> |  | Phone no. <b>727-821-2006</b> |                                |                 |   |                  |

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To improve the quality of life in the neighborhoods which it services by promoting revitalization through homeownership, rehabilitation, and economic development.

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

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

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

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

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

4a (Code: ) (Expenses \$ **98,169** including grants of \$ ) (Revenue \$ **69,995** )

See Schedule O

4b (Code: ) (Expenses \$ **62,563** including grants of \$ ) (Revenue \$ **129,019** )

Community Outreach Program - The organization offers a variety of consumer education programs and supports youth education. The organization, in partnership with a national bank, established a Make A Difference Center. The center is an on-site, after-school facility for children living in the Palmetto Park Apartment Complex f/k/a Greenwood Apartments. The Center includes a library, tutorial area, and computer lab that are free for residents to use. The Center reaffirms the organization's strong commitment to helping children succeed by providing the residents and their families with a positive, nurturing, and safe environment where children can learn and grow. The Center serves children ages 6 to 12.

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

N/A

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

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

4e Total program service expenses **160,732**



**Part IV Checklist of Required Schedules**

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

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

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

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

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

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| 1a |  |     | 6  |
| b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| 1b |  |     | 0  |
| c  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |     | X  |
| 1c |  |     | X  |

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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**Frank Cornier**  
**Clearwater**

**608 N Garden Avenue**

**FL 33755**

**727-442-4155**

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

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

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

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

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

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

| (A)<br>Name and title    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                          |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Jeff Blake           | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Director                 | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (2) Norma H Brooks-Parks | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Assistant Secretary      | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (3) Letitia A. Bryant    | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Director                 | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) Frank Cassara        | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Treasurer                | 0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (5) Teresa Conte         | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Secretary                | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) Kenvin Downes        | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Director                 | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) Donna Evans          | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Director                 | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) Jennifer Jessie      | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Director                 | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) Jeffery Jones        | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Board Chairman           | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) Annie T Larkin      | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Director                 | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |
| (11) Victor Lucas        | 2.00   |   |                       |         |              |                              |        |  |   |   |
| Director                 | 0.00   | X   |                       |         |              |                              | 0      | 0  | 0   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (12) W Pearl Johnson (See 2nd Vice Chairman)                   | 2.00<br>0.00   |   |                       | Sch. O  |              |                              |        |  |   |   |
| (13) Dexter Rutledge (Director)                                | 2.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) Barbara Sorey-Love (Director)                             | 2.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (15) Elise K. Winters (Director)                               | 2.00<br>0.00   | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (16) Joyce Aldridge (Interim President)                        | 40.00<br>0.00  |   |                       |         | X            |                              |        | 0  | 0   | 0   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|  |                                 |  | (A)<br>Total revenue   | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |        |
|--|---------------------------------|--|--|--|--------------------------------------|---|--------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a                              | Federated campaigns  |  |  |                                      |   |        |
|  | 1b                              | Membership dues  |  |  |                                      |   |        |
|  | 1c                              | Fundraising events   |  |  |                                      |   |        |
|  | 1d                              | Related organizations  |  |  |                                      |   |        |
|  | 1e                              | Government grants (contributions)  |  |  |                                      | 3,490   |        |
|  | 1f                              | All other contributions, gifts, grants, and similar amounts not included above                                     |  |  |                                      | 278,833   |        |
|  | 1g                              | Noncash contributions included in lines 1a-1f  | \$   |  |                                      |   |        |
|  | <b>h Total. Add lines 1a-1f</b> |  |  | <b>282,323</b>                               |                                      |   |        |
| Program Service Revenue                                |                                 |  | Business Code  |  |                                      |   |        |
|  | 2a                              | Make A Difference Center   | 624100   | 51,867                                       | 51,867                               |   |        |
|  | b                               | Loan Revenue   | 531390   | 362  | 362                                  |   |        |
|  | c                               |  |  |  |                                      |   |        |
|  | d                               |  |  |  |                                      |   |        |
|  | e                               |  |  |  |                                      |   |        |
|  | f                               | All other program service revenue  |  |  |                                      |   |        |
| <b>g Total. Add lines 2a-2f</b>                        |                                 |  | <b>52,229</b>  |  |                                      |   |        |
| Other Revenue  | 3                               |  | Investment income (including dividends, interest, and other similar amounts) | 13   |                                      | 13  |        |
|  | 4                               |  | Income from investment of tax-exempt bond proceeds                           |  |                                      |   |        |
|  | 5                               |  | Royalties  |  |                                      |   |        |
|  | 6a                              |  |  | (i) Real                                     |                                      |   |        |
|  |                                 | 6a   | Gross rents  | 81,092                                       |                                      |   |        |
|  |                                 | 6b   | Less: rental expenses  | 42,780                                       |                                      |   |        |
|  | 6c                              | Rental inc. or (loss)  | 38,312   |  |                                      |   |        |
|  | d                               |  |  | Net rental income or (loss)                  | 38,312                               |   | 38,312 |
|  | 7a                              |  |  | (i) Securities                               |                                      |   |        |
|  |                                 | 7a   | Gross amount from sales of assets other than inventory                       |  |                                      |   |        |
|  |                                 | 7b   | Less: cost or other basis and sales exps.                                    |  |                                      |   |        |
|  | 7c                              | Gain or (loss)   |  |  |                                      |   |        |
|  | d                               |  |  | Net gain or (loss)                           |                                      |   |        |
|  | 8a                              |  |  |  |                                      |   |        |
| 8a   |                                 | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 |  |  |                                      |   |        |
| 8b   |                                 | Less: direct expenses  |  |  |                                      |   |        |
| c  |                                 |  | Net income or (loss) from fundraising events                                 |  |                                      |   |        |
| 9a   |                                 |  |  |  |                                      |   |        |
|  | 9a                              | Gross income from gaming activities. See Part IV, line 19  |  |  |                                      |   |        |
|  | 9b                              | Less: direct expenses  |  |  |                                      |   |        |
| c  |                                 |  | Net income or (loss) from gaming activities                                  |  |                                      |   |        |
| 10a  |                                 |  |  |  |                                      |   |        |
|  | 10a                             | Gross sales of inventory, less returns and allowances  | 238,000  |  |                                      |   |        |
|  | 10b                             | Less: cost of goods sold   | 208,915  |  |                                      |   |        |
| c  |                                 |  | Net income or (loss) from sales of inventory                                 | 29,085                                       | 29,085                               |   |        |
| Miscellaneous Revenue                                  |                                 |  | Business Code  |  |                                      |   |        |
|  | 11a                             | Loan Loss Recoveries   |  | 20,697                                       | 20,697                               |   |        |
|  | b                               |  |  |  |                                      |   |        |
|  | c                               |  |  |  |                                      |   |        |
|  | d                               | All other revenue  |  |  |                                      |   |        |
| e  |                                 |  | Total. Add lines 11a-11d   | 20,697                                       |                                      |   |        |
| 12   |                                 |  | Total revenue. See instructions  | 422,659                                      | 102,011                              | 0   |        |
|  |                                 |  |  |  |                                      | 38,325  |        |



**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| 7 Other salaries and wages  | 188,496               | 87,502                          | 100,994                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   | 1,450                 |                                 | 1,450                                  |                             |
| 10 Payroll taxes  | 18,127                | 8,415                           | 9,712                                  |                             |
| 11 Fees for services (nonemployees):  |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 3,331                 | 190                             | 3,141                                  |                             |
| c Accounting  | 14,025                |                                 | 14,025                                 |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 27,459                | 12,996                          | 14,463                                 |                             |
| 12 Advertising and promotion  | 766                   | 472                             | 294                                    |                             |
| 13 Office expenses  | 12,395                | 155                             | 12,240                                 |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 61,718                | 41,135                          | 20,583                                 |                             |
| 17 Travel   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   | 12,783                | 2,522                           | 10,261                                 |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 8,228                 |                                 | 8,228                                  |                             |
| 23 Insurance  | 12,791                | 510                             | 12,281                                 |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                       |                                 |  |                             |
| a <b>Fines &amp; Penalties</b>  | 3,255                 |                                 | 3,255                                  |                             |
| b <b>Education &amp; Training</b>   | 2,932                 | 2,932                           |  |                             |
| c <b>Program Expenses</b>   | 2,791                 | 2,791                           |  |                             |
| d <b>Dues &amp; Subscriptions-MGA</b>   | 2,655                 |                                 | 2,655                                  |                             |
| e All other expenses  | 5,859                 | 1,112                           | 4,747                                  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 379,061               | 160,732                         | 218,329                                | 0                           |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |



**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |                | (B)<br>End of year |                |
|------------------------------------|---|---|----------------|--------------------|----------------|
| <b>Assets</b>                      | 1   | Cash—non-interest-bearing   | 289,451        | 1                  | 95,552         |
|                                    | 2   | Savings and temporary cash investments  | 75,671         | 2                  | 192,272        |
|                                    | 3   | Pledges and grants receivable, net  |                | 3                  |                |
|                                    | 4   | Accounts receivable, net  | 21,246         | 4                  | 13,502         |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                | 5                  |                |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                | 6                  |                |
|                                    | 7   | Notes and loans receivable, net   | 239,023        | 7                  | 229,832        |
|                                    | 8   | Inventories for sale or use   | 183,571        | 8                  | 363,547        |
|                                    | 9   | Prepaid expenses and deferred charges   | 14,413         | 9                  | 13,200         |
|                                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a 1,288,867  |                    |                |
|                                    | b   | Less: accumulated depreciation  | 10b 590,859    | 10c 730,540        | 698,008        |
|                                    | 11  | Investments—publicly traded securities  |                | 11                 |                |
|                                    | 12  | Investments—other securities. See Part IV, line 11  |                | 12                 |                |
|                                    | 13  | Investments—program-related. See Part IV, line 11   |                | 13                 |                |
|                                    | 14  | Intangible assets   | 1,739          | 14                 | 1,458          |
|                                    | 15  | Other assets. See Part IV, line 11  |                | 15                 |                |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)  | <b>1,555,654</b>  | <b>16</b>      | <b>1,607,371</b>   |                |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   | 17,304         | 17                 | 24,674         |
|                                    | 18  | Grants payable  |                | 18                 |                |
|                                    | 19  | Deferred revenue  |                | 19                 |                |
|                                    | 20  | Tax-exempt bond liabilities   |                | 20                 |                |
|                                    | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |                | 21                 |                |
|                                    | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |                | 22                 |                |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties  | 206,353        | 23                 | 174,843        |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties  |                | 24                 |                |
|                                    | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 409,851        | 25                 | 375,000        |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | <b>633,508</b> | <b>26</b>          | <b>574,517</b> |
| <b>Net Assets or Fund Balances</b> | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. |   |                |                    |                |
|                                    | 27  | Net assets without donor restrictions   | 828,524        | 27                 | 929,232        |
|                                    | 28  | Net assets with donor restrictions  | 93,622         | 28                 | 103,622        |
|                                    | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.          |   |                |                    |                |
|                                    | 29  | Capital stock or trust principal, or current funds  |                | 29                 |                |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund  |                | 30                 |                |
|                                    | 31  | Retained earnings, endowment, accumulated income, or other funds  |                | 31                 |                |
| 32                                 | <b>Total net assets or fund balances</b>  | <b>922,146</b>  | <b>32</b>      | <b>1,032,854</b>   |                |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>   | <b>1,555,654</b>  | <b>33</b>      | <b>1,607,371</b>   |                |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |           |
|----|--|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 422,659   |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 379,061   |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 43,598    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 922,146   |
| 5  | Net unrealized gains (losses) on investments   | 5  |           |
| 6  | Donated services and use of facilities   | 6  |           |
| 7  | Investment expenses  | 7  |           |
| 8  | Prior period adjustments   | 8  |           |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 67,110    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,032,854 |

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Clearwater Neighborhood Housing Services, Inc.**

Employer identification number

**59-1898543**

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 203,120  | 252,375  | 195,339  | 224,286  | 282,323  | 1,157,443 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  | 203,120  | 252,375  | 195,339  | 224,286  | 282,323  | 1,157,443 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          | 96,205    |
| 6 Public support. Subtract line 5 from line 4   |          |          |          |          |          | 1,061,238 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4  | 203,120  | 252,375  | 195,339  | 224,286  | 282,323  | 1,157,443 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 67,355   | 65,879   | 73,343   | 57,798   | 81,105   | 345,480   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   | 4,468    |          |          |          |          | 4,468     |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | 2,227    | 38,686   |          |          |          | 40,913    |
| 11 Total support. Add lines 7 through 10   |          |          |          |          |          | 1,548,304 |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       | 594,349   |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

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

|   |    |        |
|---|----|--------|
| 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))   | 14 | 68.54% |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14   | 15 | 68.96% |
| 16a 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 box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>  |    |        |
| 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 <input type="checkbox"/>  |    |        |
| 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 <input type="checkbox"/>    |    |        |
| 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 <input type="checkbox"/> |    |        |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>  |    |        |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b> Total. Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8</b> Public support. (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| <b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |
| <b>14</b> First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |          |          |          |          |           |

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

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

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

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

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| 3b  | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| 3c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| 4b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
| 4c  | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| 5b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9b  | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9c  | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|   |   | Yes | No |
|---|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
|   | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
|   | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
|   | 3  |     |    |

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

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

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

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

| Section A – Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B – Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | Discount claimed for blockage or other factors (explain in detail in Part VI):  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C – Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

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



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

| Section D – Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 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. |              |
| 9 Distributable amount for 2020 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E – Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2020 from Section C, line 6  |                             |  |   |
| 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)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| 4 Distributions for 2020 from Section D, line 7: \$   |                             |  |   |
| 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  |                             |  |   |

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

Part II, Line 10 - Other Income Detail

Other Income \$ 3,315

Deferred Developer Fees \$ 37,598

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

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

|   |   |
|---|---|
| Name of the organization<br><b>Clearwater Neighborhood Housing Services, Inc.</b> | Employer identification number<br><b>59-1898543</b> |
|---|---|

Organization type (check one):

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

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

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

**General Rule**

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

**Special Rules**

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

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

|  |   |
|--|---|
| Name of organization<br><b>Clearwater Neighborhood Housing</b> | Employer identification number<br><b>59-1898543</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | NeighborWorks Reinvestment Corp<br>1325 G Street NW<br>Ste 800<br>Washington DC 20005 | \$ 171,500                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Pinellas Community Foundation<br>17755 US Hwy 19 N 150<br>Clearwater FL 33764         | \$ 10,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | Raymond James Financial<br>880 Carillon Way<br>St. Petersburg FL 33716                | \$ 25,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Third Federal<br>7007 Broadway Ave<br>Cleveland OH 44105                              | \$ 28,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | Home Free USA<br>8401 Corporate Drive, Suite 600<br>Landover MD 20785                 | \$ 21,500                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | Bank of America<br>100 N Tyron St.<br>Charlotte NC 28202                              | \$ 15,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Clearwater Neighborhood Housing Services, Inc.

Employer identification number

59-1898543

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance .....                     | 93,622           | 924,013        | 933,976            | 955,476              | 1,201,377           |
| b Contributions .....                                  | 56,500           |                | 26,037             | 12,000               |                     |
| c Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| d Grants or scholarships .....                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs ..... | 46,500           | 830,391        | 36,000             | 33,500               | 245,901             |
| f Administrative expenses .....                        |                  |                |                    |                      |                     |
| g End of year balance .....                            | 103,622          | 93,622         | 924,013            | 933,976              | 955,476             |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ **7.36 %**
  - c Term endowment ▶ **92.64 %**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                   | Yes | No       |
|-----------------------------------|-----|----------|
| (i) Unrelated organizations ..... |     | <b>X</b> |
| (ii) Related organizations .....  |     | <b>X</b> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land .....  |                                      | 75,000                          |                              | 75,000         |
| b Buildings .....  |                                      | 1,117,549                       | 497,574                      | 619,975        |
| c Leasehold improvements .....   |                                      |                                 |                              |                |
| d Equipment .....  |                                      |                                 |                              |                |
| e Other .....  |                                      | 96,318                          | 93,285                       | 3,033          |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ |                                      |                                 |                              | <b>698,008</b> |

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>Subordinated Debt</b>  | <b>375,000</b> |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | <b>375,000</b> |

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

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

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

|   |   |    |       |         |
|---|---|----|-------|---------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1     | 436,842 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |       |         |
| a | Net unrealized gains (losses) on investments                                    | 2a |       |         |
| b | Donated services and use of facilities  | 2b | 9,050 |         |
| c | Recoveries of prior year grants   | 2c |       |         |
| d | Other (Describe in Part XIII.)  | 2d | 5,133 |         |
| e | Add lines 2a through 2d   |    | 2e    | 14,183  |
| 3 | Subtract line 2e from line 1  |    | 3     | 422,659 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |       |         |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |       |         |
| b | Other (Describe in Part XIII.)  | 4b |       |         |
| c | Add lines 4a and 4b   |    | 4c    |         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5     | 422,659 |

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

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

|   |  |    |       |         |
|---|--|----|-------|---------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1     | 393,387 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |       |         |
| a | Donated services and use of facilities   | 2a | 9,050 |         |
| b | Prior year adjustments   | 2b |       |         |
| c | Other losses   | 2c |       |         |
| d | Other (Describe in Part XIII.)   | 2d | 5,276 |         |
| e | Add lines 2a through 2d  |    | 2e    | 14,326  |
| 3 | Subtract line 2e from line 1   |    | 3     | 379,061 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |       |         |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |       |         |
| b | Other (Describe in Part XIII.)   | 4b |       |         |
| c | Add lines 4a and 4b  |    | 4c    |         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5     | 379,061 |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, Line 4 - Intended Uses for Endowment Funds**

CNHS has restricted net assets related to a community development block grant CDBG program, Maggie Cazares Loan Fund, Raymond James Fund, and a Pinellas Community Foundation facade improvements for seniors program. The CDBG funds are related to funding that was passed through the City of Clearwater. The program was terminated in a prior year and the City of Clearwater took back cash and loans receivable related to the funding. The amount remaining is comprised of property held for sale. The Maggie Cazares Loan Fund was established with the donation of a lot by a private donor, and the proceeds from the sale were permanently restricted. The proceeds were then used to provide down payment assistance or assistance to clean up derogatory credit for an individual qualifying for home purchase with a



**Part XIII Supplemental Information** *(continued)*

maximum amount of \$1,500 per client. The Pinellas Community Foundation Senior Citizen Services Grant provided \$10,000 to CNHS to provide facade improvements for senior citizens in the community.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

**CONTRIBUTED INTEREST INCOME** \$ **5,133**

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

**CONTRIBUTED INTEREST EXPENSE** \$ **5,133**

**Book / Tax Depreciation Difference** \$ **143**

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

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

|                          |   |                                |                   |
|--------------------------|---|--------------------------------|-------------------|
| Name of the organization | <b>Clearwater Neighborhood Housing Services, Inc.</b> | Employer identification number | <b>59-1898543</b> |
|--------------------------|---|--------------------------------|-------------------|

**Form 990, Part III, Line 4a - First Accomplishment**

**Community Development Program** - The mission of the organization is to revitalize the neighborhoods it serves by promoting home ownership, housing rehabilitation, education, and economic development. The success of the organization is attributed to the partnership support that includes local governments, NeighborWorks America, Pinellas County, the financial and business community as well as residents and other partners. The activities of the organization are funded through contributions, grants and contracts.

**Homebuyer Education Classes** - Classes are offered free to prospective first-time homebuyers. The overall objective of the class is to provide information to first-time homebuyers about the home buying process and to create better-informed consumers and responsible homeowners.

**Down Payment / Closing Cost Assistance Programs** - CNHS provides assistance to applicants seeking home ownership. In addition to meeting other qualifications, the applicant must attend the home buyer education class.

**Home Repair Program** - CNHS provides loans to income eligible households to help rehabilitate their homes. Rehabilitation plans must address all code related repairs and health and safety issues found in the home.

**Foreclosure Counseling** - CNHS assists homeowners that are in urgent need of foreclosure counseling and support by providing outreach, education, counseling, and mediation assistance. CNHS also assists in addressing the underlying issues that are keeping the homeowner from making timely monthly mortgage payments as agreed. Foreclosure counseling sessions assist homeowners in assessing their current situation and empowering them to make

Name of the organization

Clearwater Neighborhood Housing

Employer identification number

59-1898543

decisions to rectify current and future homeownership situations.

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

Form 990 is reviewed and approved by the audit committee and then presented to the Board of Directors prior to filing.

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

Staff and board members are required to disclose annually any conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Board of Directors reviews and approves compensation amounts based on performance and comparable salary ranges for the position. The CEO reviews key employees' compensation and makes recommendations to the Board. The Board has final approval.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Board of Directors reviews and approves compensation amounts based on performance and comparable salary ranges for the position. The CEO reviews key employees' compensation and makes recommendations to the Board. The Board has final approval.

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

The organization's Form 990, governing documents, conflict of interest policy and financial statements are available to the public upon request.

Form 990, Part VII - Additional Information

|  |   |
|--|---|
| Name of the organization<br><b>Clearwater Neighborhood Housing</b> | Employer identification number<br><b>59-1898543</b> |
|--|---|

W. Pearl Johnson was chair from 5/1/18 through 12/31/18 and 2nd Vice Chair from 1/1/18 through 9/30/19. Annette Feazell assumed the office of Chair as of 1/1/19.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

|                                     |           |
|-------------------------------------|-----------|
| PPP Loan Forgiveness                | \$ 67,254 |
| Book vs tax depreciation adjustment | \$ -142   |
| Rounding Adjustment                 | \$ -2     |
| <b>Total</b>                        | \$ 67,110 |

Form **4562**

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

OMB No. 1545-0172

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment Sequence No. **179**

Name(s) shown on return **Clearwater Neighborhood Housing Services, Inc.**

Identifying number  
**59-1898543**

Business or activity to which this form relates

**Indirect Depreciation**

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

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

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

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

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

|    |  |    |       |
|----|--|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |       |
| 15 | Property subject to section 168(f)(1) election   | 15 |       |
| 16 | Other depreciation (including ACRS)  | 16 | 7,947 |

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

**Section A**

|    |   |                            |   |
|----|---|----------------------------|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020  | 17                         | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> |   |

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

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

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

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

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

|    |  |    |       |
|----|--|----|-------|
| 21 | Listed property. Enter amount from line 28   | 21 |       |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 7,947 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |       |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29 for depreciation calculations.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36 for mileage and availability questions.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with columns Yes, No. Includes rows 37-41 for employer policy questions.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

Form **4562**

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

OMB No. 1545-0172

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment Sequence No. **179**

Name(s) shown on return **Clearwater Neighborhood Housing Services, Inc.**

Identifying number  
**59-1898543**

Business or activity to which this form relates

**RENTAL INCOME - BDC**

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

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

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

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

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

|    |  |    |        |
|----|--|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |        |
| 15 | Property subject to section 168(f)(1) election   | 15 |        |
| 16 | Other depreciation (including ACRS)  | 16 | 18,245 |

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

**Section A**

|    |   |    |     |
|----|---|----|-----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020  | 17 | 401 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |     |

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

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

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

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

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

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 21 |        |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 18,646 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA

There are no amounts for Page 2

Form **4562**

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

OMB No. 1545-0172

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment Sequence No. **179**

Name(s) shown on return **Clearwater Neighborhood Housing Services, Inc.** Identifying number **59-1898543**

Business or activity to which this form relates

**RENTAL INCOME - TRIPLEX**

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

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

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

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

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

|    |  |    |       |
|----|--|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 |       |
| 15 | Property subject to section 168(f)(1) election   | 15 |       |
| 16 | Other depreciation (including ACRS)  | 16 | 5,372 |

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

**Section A**

|    |   |    |     |
|----|---|----|-----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2020  | 17 | 425 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶  |     |

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

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

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

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

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

|    |  |      |       |
|----|--|------|-------|
| 21 | Listed property. Enter amount from line 28   | 21   |       |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22   | 5,797 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | ▶ 23 |       |

For Paperwork Reduction Act Notice, see separate instructions.

DAA



## Federal Asset Report

## Form 990, Page 1

| Asset                      | Description                  | Date<br>In Service | Cost         | Bus<br>% | Sec<br>179 | Bonus | Basis<br>for Depr | PerConv | Meth     | Prior        | Current  |
|----------------------------|------------------------------|--------------------|--------------|----------|------------|-------|-------------------|---------|----------|--------------|----------|
| <b>Prior MACRS:</b>        |                              |                    |              |          |            |       |                   |         |          |              |          |
| 109                        | Computer equipment           | 5/27/20            | 1,423        |          |            | X     | 0                 | 5       | HY 200DB | 1,423        | 0        |
|                            |                              |                    | <u>1,423</u> |          |            |       | <u>0</u>          |         |          | <u>1,423</u> | <u>0</u> |
| <b>Other Depreciation:</b> |                              |                    |              |          |            |       |                   |         |          |              |          |
| 1                          | Building - F/Y capitalize    | 6/30/93            | 28,148       |          |            |       | 28,148            | 30      | MO S/L   | 25,567       | 939      |
| 2                          | Building - F/Y capitalize    | 2/15/94            | 20,629       |          |            |       | 20,629            | 30      | MO S/L   | 18,337       | 687      |
| 3                          | Building                     | 6/30/93            | 66,775       |          |            |       | 66,775            | 30      | MO S/L   | 60,654       | 2,226    |
| 4                          | Training room                | 5/31/96            | 12,905       |          |            |       | 12,905            | 30      | MO S/L   | 10,467       | 430      |
| 5                          | Roof repair                  | 7/17/96            | 3,020        |          |            |       | 3,020             | 10      | MO S/L   | 3,020        | 0        |
| 6                          | New 5-ton A/C unit           | 4/23/02            | 3,300        |          |            |       | 3,300             | 10      | MO S/L   | 3,300        | 0        |
| 7                          | Office Expansion             | 9/30/08            | 124,425      |          |            |       | 124,425           | 40      | MO S/L   | 37,328       | 3,110    |
| 8                          | Grey fire proof file cabinet | 6/15/82            | 500          |          |            |       | 500               | 5       | MO S/L   | 500          | 0        |
| 9                          | Brown table/chrome legs      | 6/15/82            | 45           |          |            |       | 45                | 5       | MO S/L   | 45           | 0        |
| 10                         | Metal typing stand           | 6/15/82            | 15           |          |            |       | 15                | 5       | MO S/L   | 15           | 0        |
| 11                         | Plastic floor mats (4)       | 12/15/84           | 90           |          |            |       | 90                | 5       | MO S/L   | 90           | 0        |
| 12                         | Wooden Bookcase/2            | 12/15/84           | 20           |          |            |       | 20                | 5       | MO S/L   | 20           | 0        |
| 13                         | Dark brown four drawer       | 12/15/84           | 125          |          |            |       | 125               | 5       | MO S/L   | 125          | 0        |
| 14                         | Brown folding table/blk      | 12/15/84           | 250          |          |            |       | 250               | 5       | MO S/L   | 250          | 0        |
| 15                         | Brown 4/D file cabinets      | 8/15/79            | 114          |          |            |       | 114               | 5       | MO S/L   | 114          | 0        |
| 16                         | Leather chairs (2)           | 9/15/79            | 187          |          |            |       | 187               | 5       | MO S/L   | 187          | 0        |
| 17                         | Wooden computer star         | 4/15/79            | 50           |          |            |       | 50                | 5       | MO S/L   | 50           | 0        |
| 18                         | Swintec #8014 Typewriter     | 2/26/87            | 384          |          |            |       | 384               | 5       | MO S/L   | 384          | 0        |
| 19                         | Brown executive desk         | 3/17/91            | 374          |          |            |       | 374               | 5       | MO S/L   | 374          | 0        |
| 20                         | Dark brown executive         | 3/17/91            | 118          |          |            |       | 118               | 5       | MO S/L   | 118          | 0        |
| 21                         | Beige 2/D file cabinet       | 3/17/91            | 60           |          |            |       | 60                | 10      | MO S/L   | 60           | 0        |
| 22                         | Wooden roll top computer     | 3/17/91            | 273          |          |            |       | 273               | 5       | MO S/L   | 273          | 0        |
| 23                         | Wooden 5/D 2/door cr         | 3/17/91            | 184          |          |            |       | 184               | 5       | MO S/L   | 184          | 0        |
| 24                         | Brown fire proof 4/D file    | 3/17/91            | 490          |          |            |       | 490               | 5       | MO S/L   | 490          | 0        |
| 25                         | IBM printer                  | 3/17/91            | 220          |          |            |       | 220               | 5       | MO S/L   | 220          | 0        |
| 26                         | Casio calculators (4)        | 3/17/91            | 160          |          |            |       | 160               | 5       | MO S/L   | 160          | 0        |
| 27                         | Stacking trays (4)           | 3/17/91            | 14           |          |            |       | 14                | 5       | MO S/L   | 14           | 0        |
| 28                         | Framed Paintings (8)         | 3/17/91            | 320          |          |            |       | 320               | 10      | MO S/L   | 320          | 0        |
| 29                         | AST Bravo 486/25s Co         | 9/03/93            | 2,145        |          |            |       | 2,145             | 5       | MO S/L   | 2,145        | 0        |
| 30                         | Computer System-Int          | 4/26/94            | 8,207        |          |            |       | 8,207             | 5       | MO S/L   | 8,207        | 0        |
| 31                         | Walnut Desks (4)             | 2/11/94            | 800          |          |            |       | 800               | 5       | MO S/L   | 800          | 0        |
| 32                         | Walnut Returns (4)           | 2/11/94            | 600          |          |            |       | 600               | 5       | MO S/L   | 600          | 0        |
| 33                         | Grey 2-Drawer Lateral F      | 2/11/94            | 150          |          |            |       | 150               | 5       | MO S/L   | 150          | 0        |
| 34                         | Computer memory upgrade      | 9/26/94            | 1,070        |          |            |       | 1,070             | 5       | MO S/L   | 1,070        | 0        |
| 35                         | NEC PowerMate/Hewlett        | 12/31/96           | 2,500        |          |            |       | 2,500             | 10      | MO S/L   | 2,500        | 0        |
| 36                         | Le'Azon Tech Printer         | 1/15/98            | 3,150        |          |            |       | 3,150             | 5       | MO S/L   | 3,150        | 0        |
| 37                         | AA SYS NETWORK               | 5/10/99            | 4,333        |          |            |       | 4,333             | 5       | MO S/L   | 4,333        | 0        |
| 38                         | AA SYS NETWORK/SER           | 5/10/99            | 11,880       |          |            |       | 11,880            | 5       | MO S/L   | 11,880       | 0        |
| 39                         | AA SYS COMPAQ #1             | 5/10/99            | 1,508        |          |            |       | 1,508             | 5       | MO S/L   | 1,508        | 0        |
| 40                         | AA SYS COMPAQ #2             | 5/10/99            | 1,508        |          |            |       | 1,508             | 5       | MO S/L   | 1,508        | 0        |
| 41                         | AA SYS COMPAQ #3             | 5/10/99            | 1,508        |          |            |       | 1,508             | 5       | MO S/L   | 1,508        | 0        |
| 42                         | 10 PHONES/VOICE M            | 3/30/99            | 3,032        |          |            |       | 3,032             | 5       | MO S/L   | 3,032        | 0        |
| 43                         | Brown folding table          | 6/18/80            | 25           |          |            |       | 25                | 5       | MO S/L   | 25           | 0        |
| 44                         | Grey 4/D file cabinets       | 7/22/81            | 267          |          |            |       | 267               | 5       | MO S/L   | 267          | 0        |
| 45                         | Beige 4/D file cabinets      | 6/15/82            | 500          |          |            |       | 500               | 5       | MO S/L   | 500          | 0        |
| 46                         | HP 1200N Laser Jet           | 4/18/02            | 820          |          |            |       | 820               | 5       | MO S/L   | 820          | 0        |
| 47                         | HP 1200N Laser Jet           | 4/18/02            | 820          |          |            |       | 820               | 3       | MO S/L   | 820          | 0        |
| 48                         | Compaq Evo D500 w/           | 4/18/02            | 1,565        |          |            |       | 1,565             | 3       | MO S/L   | 1,565        | 0        |
| 49                         | Compaq Evo D500 w/           | 4/18/02            | 1,850        |          |            |       | 1,850             | 3       | MO S/L   | 1,850        | 0        |
| 50                         | Compaq Evo                   | 8/04/03            | 535          |          |            |       | 535               | 3       | MO S/L   | 535          | 0        |
| 51                         | Compaq Evo                   | 8/04/03            | 535          |          |            |       | 535               | 3       | MO S/L   | 535          | 0        |
| 52                         | Compaq Evo                   | 8/04/03            | 535          |          |            |       | 535               | 3       | MO S/L   | 535          | 0        |
| 53                         | Compaq Evo                   | 8/04/03            | 535          |          |            |       | 535               | 3       | MO S/L   | 535          | 0        |
| 54                         | UPS Backup                   | 4/01/03            | 575          |          |            |       | 575               | 3       | MO S/L   | 575          | 0        |
| 55                         | Tape Drive Backup            | 8/15/03            | 735          |          |            |       | 735               | 3       | MO S/L   | 735          | 0        |
| 56                         | NRC N-Step Software          | 11/03/04           | 2,039        |          |            |       | 2,039             | 3       | MO S/L   | 2,039        | 0        |
| 57                         | Server Computer #1           | 11/03/04           | 1,499        |          |            |       | 1,499             | 3       | MO S/L   | 1,499        | 0        |
| 58                         | Server Computer #2           | 11/03/04           | 1,499        |          |            |       | 1,499             | 3       | MO S/L   | 1,499        | 0        |
| 59                         | Server Upgrade               | 11/03/04           | 5,912        |          |            |       | 5,912             | 3       | MO S/L   | 5,912        | 0        |
| 60                         | Ricoh 3045 Digital Copier    | 7/01/06            | 14,600       |          |            |       | 14,600            | 3       | MO S/L   | 14,600       | 0        |
| 61                         | Dell Latitude L Notebook     | 12/31/06           | 1,198        |          |            |       | 1,198             | 3       | MO S/L   | 1,198        | 0        |
| 62                         | Dell C521 Computer           | 12/31/06           | 768          |          |            |       | 768               | 3       | MO S/L   | 768          | 0        |
| 63                         | Dell C521 Computer           | 12/31/06           | 768          |          |            |       | 768               | 3       | MO S/L   | 768          | 0        |

## Federal Asset Report

## Form 990, Page 1

| Asset                                    | Description                | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179B | Bonus | Basis<br>for Depr | PerConv<br>Meth | Prior          | Current      |
|--|----------------------------|--------------------|----------------|----------|-------------|-------|-------------------|-----------------|----------------|--------------|
| 64                                       | Notebook A205-S4577        | 5/03/07            | 1,000          |          |             |       | 1,000             | 3 MO S/L        | 1,000          | 0            |
| 65                                       | Projector                  | 3/19/07            | 756            |          |             |       | 756               | 3 MO S/L        | 756            | 0            |
| 66                                       | Website                    | 3/06/07            | 2,300          |          |             |       | 2,300             | 3 MO S/L        | 2,300          | 0            |
| 67                                       | Computer                   | 12/04/07           | 899            |          |             |       | 899               | 3 MO S/L        | 899            | 0            |
| 68                                       | Desk                       | 9/03/08            | 500            |          |             |       | 500               | 5 MO S/L        | 500            | 0            |
| 69                                       | 608-610 Garden Lots        | 8/31/92            | 7,000          |          |             |       | 7,000             | 0 -- Land       | 0              | 0            |
| 70                                       | Parking lot & landscaping  | 2/15/94            | 11,101         |          |             |       | 11,101            | 20 MO S/L       | 10,361         | 555          |
| 71                                       | Chair - Blue Cloth Side    | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 72                                       | Chair - Computer (3)       | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 73                                       | Chair - Desk high back     | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 74                                       | Chair - Desk blue leather  | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 75                                       | Chair - Blue cloth w/ H    | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 76                                       | Chair - training room      | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 77                                       | Tables - training room     | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 78                                       | Bookcase                   | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 79                                       | 36" lateral cabinet w/     | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 80                                       | Shredder                   | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 81                                       | 20" Sylvania Combo         | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 82                                       | Executive marker board     | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 83                                       | Projection screen          | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 84                                       | 52" glass top coffee table | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 85                                       | Tables - end table (3)     | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 86                                       | Table - half moon          | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 87                                       | Table - secretary style    | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 88                                       | Black Armoire              | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 89                                       | Sofa                       | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 90                                       | Love Seat                  | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 91                                       | Chairs - Wing Back (2)     | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 92                                       | Lamp Tall Gold Trim (2)    | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 93                                       | Lamp Red                   | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 94                                       | Lamp Pineapple Shape       | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 95                                       | Lamp Brass (2)             | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 96                                       | Paintings & Wall Art (28)  | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 97                                       | Foot locker                | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 98                                       | Vase & plant (2)           | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 99                                       | Vase w/ balls              | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 100                                      | Candle Holders (2)         | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 101                                      | Bowl Decorative            | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 102                                      | Rug 7x5                    | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 103                                      | Microwave                  | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 104                                      | Trash Cans (2)             | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 105                                      | Desk 70" w/ return (7)     | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 106                                      | Credenza (8)               | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| 107                                      | Printer Table (2)          | 9/30/08            | 0              |          |             |       | 0                 | 0 HY            | 0              | 0            |
| <b>Total Other Depreciation</b>          |                            |                    | <u>366,722</u> |          |             |       | <u>366,722</u>    |                 | <u>258,453</u> | <u>7,947</u> |
| <b>Total ACRS and Other Depreciation</b> |                            |                    | <u>366,722</u> |          |             |       | <u>366,722</u>    |                 | <u>258,453</u> | <u>7,947</u> |
| <b>Amortization:</b>                     |                            |                    |                |          |             |       |                   |                 |                |              |
| 108                                      | SunTrust Loan Costs        | 9/30/16            | 4,216          |          |             |       | 4,216             | 15 MO Amort     | 2,477          | 281          |
|  |                            |                    | <u>4,216</u>   |          |             |       | <u>4,216</u>      |                 | <u>2,477</u>   | <u>281</u>   |
| <b>Grand Totals</b>                      |                            |                    | 372,361        |          |             |       | 370,938           |                 | 262,353        | 8,228        |
| <b>Less: Dispositions and Transfers</b>  |                            |                    | 0              |          |             |       | 0                 |                 | 0              | 0            |
| <b>Less: Start-up/Org Expense</b>        |                            |                    | 0              |          |             |       | 0                 |                 | 0              | 0            |
| <b>Net Grand Totals</b>                  |                            |                    | <u>372,361</u> |          |             |       | <u>370,938</u>    |                 | <u>262,353</u> | <u>8,228</u> |

## Federal Asset Report

## RENTAL INCOME - BDC

| Asset                      | Description                              | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179Bonus | Basis<br>for Depr | PerConv Meth | Prior          | Current       |
|----------------------------|--|--------------------|----------------|----------|-----------------|-------------------|--------------|----------------|---------------|
| <b>Prior MACRS:</b>        |  |                    |                |          |                 |                   |              |                |               |
| 7                          | Telephone System                         | 9/30/17            | 2,785          |          | X               | 602               | 5 HY 200DB   | 2,183          | 401           |
|                            |  |                    | <u>2,785</u>   |          |                 | <u>602</u>        |              | <u>2,183</u>   | <u>401</u>    |
| <b>Other Depreciation:</b> |  |                    |                |          |                 |                   |              |                |               |
| 1                          | 1045 MLK Ave ("Bar")                     | 9/30/02            | 80,000         |          |                 | 80,000            | 40 MO S/L    | 36,729         | 2,000         |
| 2                          | Development Center B                     | 9/29/05            | 241,229        |          |                 | 241,229           | 40 MO S/L    | 90,461         | 6,030         |
| 3                          | Development Center B                     | 9/29/05            | 406,924        |          |                 | 406,924           | 40 MO S/L    | 152,597        | 10,173        |
| 4                          | Final Building Costs                     | 11/30/05           | 1,679          |          |                 | 1,679             | 40 MO S/L    | 623            | 42            |
| 5                          | Unit Mail Box                            | 12/13/05           | 1,015          |          |                 | 1,015             | 5 MO S/L     | 1,015          | 0             |
| 6                          | 1045 MLK Ave ("Bar") Land                | 9/30/02            | 45,000         |          |                 | 45,000            | 0 -- Land    | 0              | 0             |
|                            | <b>Total Other Depreciation</b>          |                    | <u>775,847</u> |          |                 | <u>775,847</u>    |              | <u>281,425</u> | <u>18,245</u> |
|                            | <b>Total ACRS and Other Depreciation</b> |                    | <u>775,847</u> |          |                 | <u>775,847</u>    |              | <u>281,425</u> | <u>18,245</u> |
|                            | <b>Grand Totals</b>                      |                    | 778,632        |          |                 | 776,449           |              | 283,608        | 18,646        |
|                            | <b>Less: Dispositions and Transfers</b>  |                    | 0              |          |                 | 0                 |              | 0              | 0             |
|                            | <b>Less: Start-up/Org Expense</b>        |                    | 0              |          |                 | 0                 |              | 0              | 0             |
|                            | <b>Net Grand Totals</b>                  |                    | <u>778,632</u> |          |                 | <u>776,449</u>    |              | <u>283,608</u> | <u>18,646</u> |

**Federal Asset Report****RENTAL INCOME - TRIPLEX**

| Asset                      | Description                              | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | PerConv Meth | Prior         | Current      |
|----------------------------|--|--------------------|----------------|----------|------------------|-------------------|--------------|---------------|--------------|
| <b>Prior MACRS:</b>        |  |                    |                |          |                  |                   |              |               |              |
| 3                          | Sewer Line Replacement                   | 5/19/20            | 5,850          |          |                  | 5,850             | 27 MMS/L     | 80            | 213          |
| 4                          | Water heater/lines/doors/etc             | 8/04/20            | 5,810          |          |                  | 5,810             | 27 MMS/L     | 26            | 212          |
|                            |  |                    | <u>11,660</u>  |          |                  | <u>11,660</u>     |              | <u>106</u>    | <u>425</u>   |
| <b>Other Depreciation:</b> |  |                    |                |          |                  |                   |              |               |              |
| 1                          | Pennsylvania Triplex - Land              | 10/01/17           | 23,000         |          |                  | 23,000            | 0 -- Land    | 0             | 0            |
| 2                          | Pennsylvania Triplex                     | 10/01/17           | 107,433        |          |                  | 107,433           | 20 MO S/L    | 16,115        | 5,372        |
|                            | <b>Total Other Depreciation</b>          |                    | <u>130,433</u> |          |                  | <u>130,433</u>    |              | <u>16,115</u> | <u>5,372</u> |
|                            | <b>Total ACRS and Other Depreciation</b> |                    | <u>130,433</u> |          |                  | <u>130,433</u>    |              | <u>16,115</u> | <u>5,372</u> |
|                            | <b>Grand Totals</b>                      |                    | 142,093        |          |                  | 142,093           |              | 16,221        | 5,797        |
|                            | <b>Less: Dispositions and Transfers</b>  |                    | 0              |          |                  | 0                 |              | 0             | 0            |
|                            | <b>Less: Start-up/Org Expense</b>        |                    | 0              |          |                  | 0                 |              | 0             | 0            |
|                            | <b>Net Grand Totals</b>                  |                    | <u>142,093</u> |          |                  | <u>142,093</u>    |              | <u>16,221</u> | <u>5,797</u> |

|  |   |   |
|--|---|---|
| Form <b>990</b>                                | <b>Event Income and Deduction Worksheet</b> | <b>2020</b>   |
| Name<br><b>Clearwater Neighborhood Housing</b> |   | Taxpayer Identification Number<br><b>59-1898543</b> |
| Description <b>PROPERTIES HELD FOR SALE</b>    |   |   |

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ.

**Income & Expense Summary:**

|  |     |         |
|--|-----|---------|
| 1. Gross receipts or sales                 | 1.  | 238,000 |
| 2. Advertising income                      | 2.  |         |
| 3. Circulation income                      | 3.  |         |
| 4. Other income                            | 4.  |         |
| 5. Returns and allowances                  | 5.  |         |
| 6. Contributions received                  | 6.  |         |
| 7. Total revenue. Add lines 1 through 6    | 7.  | 238,000 |
| 8. Cost of Goods Sold                      | 8.  | 208,915 |
| 9. Employment Expense                      | 9.  |         |
| 10. Fees for services                      | 10. |         |
| 11. Indirect Expense                       | 11. |         |
| 12. Depreciation Expense                   | 12. |         |
| 13. Exempt Activity Expense                | 13. |         |
| 14. Fundraising Expense                    | 14. |         |
| 15. Total expenses. Add lines 8 through 14 | 15. | 208,915 |
| 16. Net Income/Loss. Line 7 minus Line 15  | 16. | 29,085  |

**Expense Details - Indirect Expense:**

|                                  |       |
|----------------------------------|-------|
| Advertising and promotion        | _____ |
| Office                           | _____ |
| Printing/publication/postage     | _____ |
| Info technology/Maintenance      | _____ |
| Royalties & License Fees         | _____ |
| Occupancy/Real Estate Taxes      | _____ |
| Travel & Repairs                 | _____ |
| Travel/entertainment (officials) | _____ |
| Conferences/meetings             | _____ |
| Interest                         | _____ |
| Insurance                        | _____ |
| <b>Total Indirect Expense</b>    | _____ |

**Expense Details - Depreciation Expense:**

|                                   |       |
|-----------------------------------|-------|
| On investment property            | _____ |
| On non-investment property        | _____ |
| Amortization                      | _____ |
| Depletion                         | _____ |
| <b>Total Depreciation Expense</b> | _____ |

**Expense Details - Cost of Goods Sold:**

|                                 |         |
|---------------------------------|---------|
| Beginning inventory             | _____   |
| Purchases                       | _____   |
| Labor                           | _____   |
| Section 263A costs              | _____   |
| Other costs                     | 208,915 |
| Ending inventory                | _____   |
| <b>Total Cost of Goods Sold</b> | 208,915 |

**Expense Details - Exempt Activity Expense:**

|                                      |       |
|--------------------------------------|-------|
| Repairs and Maintenance              | _____ |
| Bad debts                            | _____ |
| Taxes/licenses                       | _____ |
| Charitable contributions             | _____ |
| Dividend recd deductions             | _____ |
| Readership costs                     | _____ |
| Other expenses                       | _____ |
| <b>Total Exempt Activity Expense</b> | _____ |

**Expense Details - Employment Expense:**

|                                 |       |
|---------------------------------|-------|
| Compensation of officers        | _____ |
| Other salaries and wages        | _____ |
| Pension plan contributions      | _____ |
| Other employee benefits         | _____ |
| Payroll taxes                   | _____ |
| <b>Total Employment Expense</b> | _____ |

**Expense Details - Fundraising Expense:**

|                                  |       |
|----------------------------------|-------|
| Cash prizes                      | _____ |
| Non-cash prizes                  | _____ |
| Rent and facility costs          | _____ |
| Food & beverages (Part II only)  | _____ |
| Entertainment (Part II only)     | _____ |
| Other direct expenses            | _____ |
| <b>Total Fundraising Expense</b> | _____ |

**Expense Details - Fees for Services:**

|                                |       |
|--------------------------------|-------|
| Management                     | _____ |
| Legal                          | _____ |
| Accounting                     | _____ |
| Lobbying                       | _____ |
| Professional fundraising       | _____ |
| Investment management          | _____ |
| Other                          | _____ |
| <b>Total Fees for Services</b> | _____ |

**Allocation of Expense to Program Service Accomplishments:**

|           |       |
|-----------|-------|
| First     | _____ |
| Second    | _____ |
| Third     | _____ |
| All other | _____ |

**Information is indicated for use on Form 990-T, Schedule A:**

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

|  |  |             |
|--|--|-------------|
| Form <b>990/990PF</b>                  | <b>Rent Income and Deduction Worksheet</b> | <b>2020</b> |
| Description <b>RENTAL INCOME - 608</b> |  |             |

|  |   |
|--|---|
| Name<br><b>Clearwater Neighborhood Housing</b> | Taxpayer Identification Number<br><b>59-1898543</b> |
|--|---|

Use this summary worksheet to verify data entered for a specific activity for your rental information

|   |    |       |
|---|----|-------|
| 1. Gross rents .....                            | 1. | 3,139 |
| Expenses (see details on worksheets below):     |    |       |
| 2. Fees for services .....                      | 2. |       |
| 3. Depreciation Expense .....                   | 3. |       |
| 4. Direct Expense .....                         | 4. |       |
| 5. Total expenses. Add lines 8 through 12 ..... | 5. |       |
| 6. Net Income/Loss. Line 7 minus Line 13 .....  | 6. | 3,139 |

**Expense Details - Fees for Services:**

|                                      |       |
|--------------------------------------|-------|
| Accounting .....                     | _____ |
| Legal .....                          | _____ |
| Commissions .....                    | _____ |
| Management .....                     | _____ |
| Other Professional Fees .....        | _____ |
| <b>Total Fees for Services</b> ..... | _____ |

**Expense Details - Depreciation Expense:**

|   |       |
|---|-------|
| On non-investment property .....        | _____ |
| On investment property .....            | _____ |
| Amortization .....                      | _____ |
| Depletion .....                         | _____ |
| <b>Total Depreciation Expense</b> ..... | _____ |

**Expense Details - Direct Expense:**

|                                   |       |
|-----------------------------------|-------|
| Interest .....                    | _____ |
| Taxes/licenses .....              | _____ |
| Occupancy Expenses .....          | _____ |
| Repairs & Maintenance .....       | _____ |
| Travel/conferences/meetings ..... | _____ |
| Printing & Publication .....      | _____ |
| Advertising .....                 | _____ |
| Insurance .....                   | _____ |
| Utilities .....                   | _____ |
| Supplies .....                    | _____ |
| Other expenses .....              | _____ |
| <b>Total Direct Expense</b> ..... | _____ |

**Information is indicated for use on Form 990-T, Schedule A:**

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

**Expense Allocation to Program Service Accomplishments for 990/990E2**

|                 |       |
|-----------------|-------|
| First .....     | _____ |
| Second .....    | _____ |
| Third .....     | _____ |
| All other ..... | _____ |

|  |  |   |
|--|--|---|
| Form <b>990/990PF</b>                          | <b>Rent Income and Deduction Worksheet</b> | <b>2020</b>   |
| Name<br><b>Clearwater Neighborhood Housing</b> |  | Taxpayer Identification Number<br><b>59-1898543</b> |
| Description <b>RENTAL INCOME - BDC</b>         |  |   |

Use this summary worksheet to verify data entered for a specific activity for your rental information

|   |    |        |
|---|----|--------|
| 1. Gross rents .....                            | 1. | 46,116 |
| Expenses (see details on worksheets below):     |    |        |
| 2. Fees for services .....                      | 2. |        |
| 3. Depreciation Expense .....                   | 3. | 18,646 |
| 4. Direct Expense .....                         | 4. | 1,949  |
| 5. Total expenses. Add lines 8 through 12 ..... | 5. | 20,595 |
| 6. Net Income/Loss. Line 7 minus Line 13 .....  | 6. | 25,521 |

**Expense Details - Fees for Services:**

|                                      |       |
|--------------------------------------|-------|
| Accounting .....                     | _____ |
| Legal .....                          | _____ |
| Commissions .....                    | _____ |
| Management .....                     | _____ |
| Other Professional Fees .....        | _____ |
| <b>Total Fees for Services</b> ..... | _____ |

**Expense Details - Depreciation Expense:**

|   |        |
|---|--------|
| On non-investment property .....        | 18,646 |
| On investment property .....            | _____  |
| Amortization .....                      | _____  |
| Depletion .....                         | _____  |
| <b>Total Depreciation Expense</b> ..... | 18,646 |

**Expense Details - Direct Expense:**

|                                   |       |
|-----------------------------------|-------|
| Interest .....                    | _____ |
| Taxes/licenses .....              | 130   |
| Occupancy Expenses .....          | _____ |
| Repairs & Maintenance .....       | 1,819 |
| Travel/conferences/meetings ..... | _____ |
| Printing & Publication .....      | _____ |
| Advertising .....                 | _____ |
| Insurance .....                   | _____ |
| Utilities .....                   | _____ |
| Supplies .....                    | _____ |
| Other expenses .....              | _____ |
| <b>Total Direct Expense</b> ..... | 1,949 |

Information is indicated for use on Form 990-T, Schedule A:

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ

- First .....
- Second .....
- Third .....
- All other .....

|  |  |             |
|--|--|-------------|
| Form <b>990/990PF</b>                      | <b>Rent Income and Deduction Worksheet</b> | <b>2020</b> |
| Description <b>RENTAL INCOME - TRIPLEX</b> |  |             |

|  |   |
|--|---|
| Name<br><b>Clearwater Neighborhood Housing</b> | Taxpayer Identification Number<br><b>59-1898543</b> |
|--|---|

Use this summary worksheet to verify data entered for a specific activity for your rental information

|   |    |        |
|---|----|--------|
| 1. Gross rents .....                            | 1. | 31,837 |
| Expenses (see details on worksheets below):     |    |        |
| 2. Fees for services .....                      | 2. | 4,868  |
| 3. Depreciation Expense .....                   | 3. | 5,797  |
| 4. Direct Expense .....                         | 4. | 11,520 |
| 5. Total expenses. Add lines 8 through 12 ..... | 5. | 22,185 |
| 6. Net Income/Loss. Line 7 minus Line 13 .....  | 6. | 9,652  |

**Expense Details - Fees for Services:**

|                                      |              |
|--------------------------------------|--------------|
| Accounting .....                     |              |
| Legal .....                          |              |
| Commissions .....                    |              |
| Management .....                     | 4,868        |
| Other Professional Fees .....        |              |
| <b>Total Fees for Services</b> ..... | <b>4,868</b> |

**Expense Details - Depreciation Expense:**

|   |              |
|---|--------------|
| On non-investment property .....        | 5,797        |
| On investment property .....            |              |
| Amortization .....                      |              |
| Depletion .....                         |              |
| <b>Total Depreciation Expense</b> ..... | <b>5,797</b> |

**Expense Details - Direct Expense:**

|                                   |               |
|-----------------------------------|---------------|
| Interest .....                    |               |
| Taxes/licenses .....              | 1,511         |
| Occupancy Expenses .....          |               |
| Repairs & Maintenance .....       | 9,809         |
| Travel/conferences/meetings ..... |               |
| Printing & Publication .....      |               |
| Advertising .....                 |               |
| Insurance .....                   |               |
| Utilities .....                   |               |
| Supplies .....                    |               |
| Other expenses .....              | 200           |
| <b>Total Direct Expense</b> ..... | <b>11,520</b> |

Information is indicated for use on Form 990-T, Schedule A:

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ

- First .....
- Second .....
- Third .....
- All other .....



**Federal Statements****Taxable Interest on Investments**

| <u>Description</u>         | <u>Amount</u> | <u>Unrelated</u> | <u>Exclusion</u> | <u>Postal</u> | <u>Acquired after</u> | <u>US</u>            |
|----------------------------|---------------|------------------|------------------|---------------|-----------------------|----------------------|
|                            |               | <u>Business</u>  | <u>Code</u>      | <u>Code</u>   | <u>6/30/75</u>        | <u>Obs (\$ or %)</u> |
| BANK DEPOSIT INTEREST NWA  | \$ 4          |                  |                  |               |                       | 14                   |
| BANK DEPOSIT INTEREST CNHS | 9             |                  |                  |               |                       | 14                   |
| Total                      | <u>\$ 13</u>  |                  |                  |               |                       |                      |

## Federal Statements

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

| Description                   | Total Expenses   | Program Service  | Management & General | Fund Raising |
|-------------------------------|------------------|------------------|----------------------|--------------|
| Contract Grant Writer         | \$ 1,988         | \$ 1,988         | \$                   | \$           |
| Contract Grant Writer-MGA     | 2,650            |                  | 2,650                |              |
| Make A Difference Center      | 8,692            | 8,692            |                      |              |
| Contract Construction Service | 2,050            | 2,050            |                      |              |
| Contract-Other                | 266              | 266              |                      |              |
| Contract-Other MGA            | 250              |                  | 250                  |              |
| Contract-Admin Support        | 11,563           |                  | 11,563               |              |
| <b>Total</b>                  | <b>\$ 27,459</b> | <b>\$ 12,996</b> | <b>\$ 14,463</b>     | <b>\$ 0</b>  |

**Form 990, Part IX, Line 24e - All Other Expenses**

| Description               | Total Expenses  | Program Service | Management & General | Fund Raising |
|---------------------------|-----------------|-----------------|----------------------|--------------|
| Information Technology-MG | \$ 2,483        | \$              | \$ 2,483             | \$           |
| Education & Training-MGA  | 1,225           |                 | 1,225                |              |
| Miscellaneous Expenses    | 1,005           | 146             | 859                  |              |
| Information Technology    | 859             | 859             |                      |              |
| Bank Charges              | 180             |                 | 180                  |              |
| Construction Costs        | 107             | 107             |                      |              |
| <b>Total</b>              | <b>\$ 5,859</b> | <b>\$ 1,112</b> | <b>\$ 4,747</b>      | <b>\$ 0</b>  |

## Federal Statements

Schedule A, Part II, Line 1(e)

| <u>Description</u>             | <u>Amount</u>     |
|--------------------------------|-------------------|
| CITY OF CLEARWATER HBE         | \$ 3,490          |
| EDUCATION SERVICES HBE         | 3,300             |
| NEIGHBORWORKS                  | 171,500           |
| GRANT REVENUE                  | 56,500            |
| CONTRIBUTIONS FROM INDIVIDUALS | 355               |
| CONTRIBUTIONS FROM BUSINESSES  | 46,750            |
| MISCELLANEOUS                  | 428               |
| Total                          | <u>\$ 282,323</u> |

Schedule A, Part II, Line 5 - Excess Gifts

| <u>Donor Name</u> | <u>Total</u> | <u>Excess</u> |
|-------------------|--------------|---------------|
|                   | \$ 127,171   | \$ 96,205     |
| Total             | \$ 127,171   | \$ 96,205     |

## Federal Statements

Schedule A, Part II, Line 8(e)

| Description                | Amount           |
|----------------------------|------------------|
| BANK DEPOSIT INTEREST NWA  | \$ 4             |
| BANK DEPOSIT INTEREST CNHS | 9                |
| RENTAL INCOME - 608        | 3,139            |
| RENTAL INCOME - BDC        | 46,116           |
| RENTAL INCOME - TRIPLEX    | 31,837           |
| Total                      | \$ <u>81,105</u> |

Schedule A, Part II, Line 12 - Current year

| Description              | Amount            |
|--------------------------|-------------------|
| Make A Difference Center | \$ 51,867         |
| Loan Revenue             | 362               |
| Loan Loss Recoveries     | 20,697            |
| PROPERTIES HELD FOR SALE | 238,000           |
| Total                    | \$ <u>310,926</u> |

Form **8868**

**Application for Automatic Extension of Time To File an Exempt Organization Return**

OMB No. 1545-0047

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|               |  |   |
|---------------|--|---|
| Type or print | Name of exempt organization or other filer, see instructions.<br><b>Clearwater Neighborhood Housing Services, Inc.</b> | Taxpayer identification number (TIN)<br><b>59-1898543</b> |
|               | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>608 N Garden Avenue</b>                   |   |
|               | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Clearwater FL 33755</b> |   |

File by the due date for filing your return. See instructions.

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**Joyce M. Aldridge**  
**608 N Garden Avenue**

• The books are in the care of ► **Clearwater** FL 33755

Telephone No. ► **727-442-4155** Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **08/15/22** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning **10/01/20** , and ending **09/30/21** .

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |          |
|---|-----------|----|----------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | <b>0</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>0</b> |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | <b>3c</b> | \$ | <b>0</b> |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

**CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.**

**Basic Financial Statements**

**September 30, 2021 and 2020**

**(With Independent Auditor's Report Thereon)**

**Clearwater Neighborhood Housing Services, Inc.**

**September 30, 2021 and 2020**

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**Van Middlesworth & Company, PA, CPA's**

678 Fourth Street North, St. Petersburg, FL 33701

Phone: 727-821-2006 Fax: 727-822-5649 www.vmc-cpa.com

Independent Auditor's Report on Basic Financial Statements

The Board of Directors

Clearwater Neighborhood Housing Services, Inc.

Clearwater, FL

**Opinion**

We have audited the accompanying financial statements of Clearwater Neighborhood Housing Services, Inc. (a nonprofit organization), which comprise the statements of financial position as of September 30, 2021 and 2020, and the related statements of support and revenue, expenses, and other changes in net assets without donor restrictions, changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Clearwater Neighborhood Housing Services, Inc. as of September 30, 2021 and 2020 and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Clearwater Neighborhood Housing Services, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Clearwater

Neighborhood Housing Services, Inc.'s ability to continue as a going concern for one year following the date of this report.


### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decision so fusers made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Clearwater Neighborhood Housing Services, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Clearwater Neighborhood Housing Services, Inc.'s ability to continue as a going concern for a reasonable period of time.

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

 8/12/22  
Guy Van Middlesworth, CPA

St. Petersburg, FL

August 12, 2022

**' AUDITED FINANCIAL STATEMENTS**

**Clearwater Neighborhood Housing Services, Inc.**  
**Statement of Financial Position**  
**September 30, 2021 and 2020**

|   | <b>2021</b>  | <b>2020</b>  |
|---|--------------|--------------|
| <b>Assets</b>   |              |              |
| Current assets:   |              |              |
| Cash and cash equivalents (Note 6)  | \$ 286,450   | \$ 128,141   |
| Accounts receivable   | 13,502       | 21,246       |
| Current portion of loans receivable (Note 2)  | 7,566        | 16,118       |
| Properties held for sale (Note 4)   | 363,547      | 183,571      |
| Prepaid expenses and other assets   | 13,200       | 14,413       |
| Total current assets  | 684,265      | 363,489      |
| Cash restricted for lending and capital projects (Note 6)                               | 1,373        | 236,980      |
| Loans receivable, excluding current portion, less allowance<br>for loan losses (Note 2) | 22,266       | 22,905       |
| Note receivable from Greenwood Apartments, LLC  | 200,000      | 200,000      |
| Property and equipment, net   | 698,009      | 730,542      |
| Other assets, net (Note 3)  | 1,458        | 1,739        |
| Total noncurrent assets   | 923,106      | 1,192,166    |
| Total assets  | \$ 1,607,371 | \$ 1,555,655 |
| <b>Liabilities &amp; Net Assets</b>   |              |              |
| Current liabilities:  |              |              |
| Accounts payable and accrued expenses   | 15,636       | 10,016       |
| Current installments of long-term debt (Note 4)   | 9,448        | 30,800       |
| Due to funding sources  | -            | -            |
| Other liabilities   | 9,039        | 42,140       |
| Total current liabilities   | 34,122       | 82,956       |
| Long-term debt, excluding current installments (Note 4)                                 | 165,395      | 175,553      |
| Other liability - subordinated debt (Note 12)   | 375,000      | 375,000      |
| Total noncurrent liabilities  | 540,394      | 550,553      |
| Total liabilities   | 574,516      | 633,509      |
| Net assets (deficit):   |              |              |
| Without donor restrictions:   |              |              |
| Undesignated  | 408,898      | 298,189      |
| Net investment in property and equipment  | 530,335      | 530,335      |
| Total net assets without donor restrictions   | 939,233      | 828,524      |
| With donor restrictions (Note 11)   | 93,622       | 93,622       |
| Total net assets  | 1,032,855    | 922,146      |
| Total liabilities and net assets  | 1,607,371    | 1,555,655    |

**Clearwater Neighborhood Housing Services, Inc.**  
**Statement of Activities**  
**Year Ended September 30, 2021**

|  | <u>Without Donor<br/>Restrictions</u> | <u>With Donor<br/>Restrictions</u> | <u>Total</u>        |
|--|---------------------------------------|------------------------------------|---------------------|
| Support and revenue (Note 6):                          |                                       |                                    |                     |
| Contributions and grants                               | 52,238                                | 56,500                             | 108,738             |
| NeighborWorks America                                  | 171,500                               | 0                                  | 171,500             |
|  | <u>223,738</u>                        | <u>56,500</u>                      | <u>280,238</u>      |
| Revenue:   |                                       |                                    |                     |
| Sales of property                                      | 238,000                               | -                                  | 238,000             |
| Cost of sales  | (208,915)                             | -                                  | (208,915)           |
| Gross profit   | <u>29,085</u>                         | <u>-</u>                           | <u>29,085</u>       |
| Interest income on loans                               | 373                                   | -                                  | 373                 |
| Rental income (Note 10)                                | 81,092                                | -                                  | 81,092              |
| Fees and other revenue                                 | 59,085                                | -                                  | 59,085              |
| In-kind donations (Note 9)                             | 9,050                                 | -                                  | 9,050               |
|  | <u>149,600</u>                        | <u>-</u>                           | <u>149,600</u>      |
| Net assets released from restrictions:                 |                                       |                                    |                     |
| Satisfaction of donor restrictions                     | 46,500                                | (46,500)                           | -                   |
| Total support and revenue                              | <u>448,923</u>                        | <u>10,000</u>                      | <u>458,923</u>      |
| Expenses:  |                                       |                                    |                     |
| Program services                                       | 203,210                               | -                                  | 203,210             |
| Supporting services                                    | 232,955                               | -                                  | 232,955             |
| Total expenses   | <u>436,165</u>                        | <u>-</u>                           | <u>436,165</u>      |
| Increase (decrease) in net assets before other changes | 12,758                                | 10,000                             | 22,758              |
| Other Changes:   |                                       |                                    |                     |
| Forgiveness of PPP loan                                | 67,254                                | -                                  | 67,254              |
| Loan loss recovery                                     | 20,697                                | -                                  | 20,697              |
| Deferred developer fees                                | -                                     | -                                  | -                   |
| Increase (decrease) in net assets                      | <u>100,709</u>                        | <u>10,000</u>                      | <u>110,709</u>      |
| Net assets, beginning of year                          | 828,524                               | 93,622                             | 922,146             |
| Net assets, end of year                                | <u>\$ 929,233</u>                     | <u>\$ 103,622</u>                  | <u>\$ 1,032,855</u> |

**Clearwater Neighborhood Housing Services, Inc.**  
**Statement of Activities**  
**Year Ended September 30, 2020**

|  | <b>Without Donor<br/>Restrictions</b> |
|--|---------------------------------------|
| Support and revenue (Note 6):                          |                                       |
| Contributions and grants                               | 97,406                                |
| NeighborWorks America                                  | 129,400                               |
|  | 226,806                               |
| Revenue:   |                                       |
| Sales of property                                      | 230,000                               |
| Cost of sales  | (231,965)                             |
| Gross profit   | (1,965)                               |
| Interest income on loans                               | 1,568                                 |
| Rental income (Note 10)                                | 57,786                                |
| Fees and other revenue                                 | 54,808                                |
| In-kind donations (Note 9)                             | 9,050                                 |
|  | 123,212                               |
| Net assets released from restrictions:                 |                                       |
| Satisfaction of donor restrictions                     | 830,391                               |
| Total support and revenue                              | 1,178,444                             |
| Expenses:  |                                       |
| Program services                                       | 195,112                               |
| Supporting services                                    | 194,716                               |
| Total expenses   | 389,828                               |
| Increase (decrease) in net assets before other changes | 788,616                               |
| Other Changes:   |                                       |
| Forgiveness of PPP loan                                | -                                     |
| Loan loss recovery                                     | -                                     |
| Deferred developer fees                                | -                                     |
| Increase (decrease) in net assets                      | 788,616                               |
| Net assets, beginning of year                          | 39,908                                |
| Net assets, end of year                                | \$ 828,524                            |

**Clearwater Neighborhood Housing Services, Inc.**  
**Statement of Changes in Net Assets**  
**September 30, 2021 and 2020**

|  | <u>2021</u>                | <u>2020</u>              |
|--|----------------------------|--------------------------|
| Net assets without donor restrictions:                           |                            |                          |
| Total support and revenue  | \$ 412,423                 | \$ 348,053               |
| Total expenses   | (446,165)                  | (389,828)                |
| PPP Loan Forgiveness   | 67,254                     | -                        |
| Recovery of loan losses  | 20,697                     | -                        |
| Net assets released from restrictions                            | <u>46,500</u>              | <u>830,391</u>           |
| <br>Increase (decrease) in net assets without donor restrictions | <br>100,709                | <br>788,616              |
| Net assets with donor restrictions:                              |                            |                          |
| Grants with donor restrictions                                   | 56,500                     | -                        |
| Recovery of loan losses - NeighborWorks                          | -                          | -                        |
| Net assets released from restrictions                            | <u>(46,500)</u>            | <u>(830,391)</u>         |
| <br>Increase (decrease) in net assets with donor restrictions    | <br><u>10,000</u>          | <br><u>(830,391)</u>     |
| <br>Increase (decrease) in net assets                            | <br>110,709                | <br>(41,775)             |
| Net assets at beginning of year                                  | 922,146                    | 963,921                  |
| Net assets at end of year  | <u><u>\$ 1,032,855</u></u> | <u><u>\$ 922,146</u></u> |

**Clearwater Neighborhood Housing Services, Inc.**  
**Statement of Functional Expenses**  
**Year Ended September 30, 2021**

|   | Program Services      |                    |            | Supporting Services    |  | Total      |
|---|-----------------------|--------------------|------------|------------------------|--|------------|
|   | Community Development | Community Outreach | Total      | Management and General |  |            |
| Salaries  | 44,928                | 42,574             | 87,502     | 100,994                |  | 188,496    |
| Payroll taxes                                       | 4,321                 | 4,094              | 8,415      | 9,712                  |  | 18,127     |
| Employee benefits                                   | -                     | -                  | -          | 1,450                  |  | 1,450      |
| Total salaries and related expenses                 |                       |                    |            |                        |  | 208,074    |
| Professional fees                                   | 2,506                 | 10,679             | 13,185     | 31,628                 |  | 44,813     |
| Office supplies                                     | -                     | 517                | 517        | 10,929                 |  | 11,446     |
| Telephone   | -                     | -                  | -          | 3,785                  |  | 3,785      |
| Insurance   | 510                   | -                  | 510        | 12,281                 |  | 12,791     |
| Utilities   | 9,227                 | -                  | 9,227      | 8,057                  |  | 17,285     |
| Promotions, printing, and postage                   | -                     | 472                | 472        | 294                    |  | 766        |
| Repairs and maintenance                             | 32,245                | -                  | 32,245     | 12,526                 |  | 44,771     |
| Lease expense                                       | 18,000                | -                  | 18,000     | -                      |  | 18,000     |
| Training and education                              | 900                   | 2,032              | 2,932      | 1,225                  |  | 4,156      |
| Travel  | -                     | -                  | -          | -                      |  | -          |
| Program expenses                                    | 1,097                 | 1,801              | 2,898      | -                      |  | 2,898      |
| In-kind services (Note 9)                           | -                     | -                  | -          | 9,050                  |  | 9,050      |
| Interest expense                                    | 7,655                 | -                  | 7,655      | 10,261                 |  | 17,916     |
| Provision for loan losses                           | -                     | -                  | -          | -                      |  | -          |
| Information technology                              | 250                   | 609                | 859        | 2,483                  |  | 3,342      |
| Fines and penalties                                 | -                     | -                  | -          | 3,255                  |  | 3,255      |
| Other   | -                     | 146                | 146        | 859                    |  | 1,005      |
| Total expenses before depreciation and amortization | 121,639               | 62,924             | 184,563    | 218,789                |  | 403,352    |
| Depreciation and amortization                       | 18,647                | -                  | 18,647     | 14,166                 |  | 32,813     |
| Total expenses                                      | \$ 140,285            | \$ 62,924          | \$ 203,210 | \$ 232,955             |  | \$ 436,165 |

See accompanying independent auditor's report and notes to financial statements.



**Clearwater Neighborhood Housing Services, Inc.**  
**Statement of Functional Expenses**  
**Year Ended September 30, 2020**

|   | Program Services      |                    |                    | Total      | Supporting Services    |         | Total      |
|---|-----------------------|--------------------|--------------------|------------|------------------------|---------|------------|
|   | Community Development | Community Outreach | Community Outreach |            | Management and General | General |            |
| Salaries  | 48,301                | 24,480             | -                  | 72,781     | 90,705                 | -       | 163,486    |
| Payroll taxes                                       | 3,927                 | 1,964              | -                  | 5,891      | 7,260                  | -       | 13,151     |
| Employee benefits                                   | -                     | -                  | -                  | -          | 2,823                  | -       | 2,823      |
| Total salaries and related expenses                 | 52,228                | 26,444             | -                  | 78,672     | 100,788                | -       | 179,460    |
| Professional fees                                   | 3,647                 | 9,558              | -                  | 13,205     | 33,741                 | -       | 46,946     |
| Office supplies                                     | 370                   | 497                | -                  | 867        | 7,001                  | -       | 7,868      |
| Telephone   | -                     | -                  | -                  | -          | 4,402                  | -       | 4,402      |
| Insurance   | 6,780                 | 1,854              | -                  | 8,634      | 4,880                  | -       | 13,514     |
| Utilities   | 10,554                | -                  | -                  | 10,554     | 7,010                  | -       | 17,564     |
| Promotions, printing, and postage                   | 264                   | -                  | -                  | 264        | 1,565                  | -       | 1,829      |
| Repairs and maintenance                             | 25,530                | 370                | -                  | 25,900     | 3,910                  | -       | 29,810     |
| Lease expense                                       | 18,000                | -                  | -                  | 18,000     | -                      | -       | 18,000     |
| Training and education                              | -                     | -                  | -                  | -          | -                      | -       | -          |
| Travel  | -                     | -                  | -                  | -          | 1,400                  | -       | 1,400      |
| Program expenses                                    | 6,590                 | 895                | -                  | 7,485      | -                      | -       | 7,485      |
| In-kind services (Note 9)                           | 2,523                 | 752                | -                  | 3,275      | 5,775                  | -       | 9,050      |
| Information technology                              | -                     | -                  | -                  | -          | 2,596                  | -       | 2,596      |
| Interest expense                                    | 9,527                 | -                  | -                  | 9,527      | 9,523                  | -       | 19,050     |
| Provision for loan losses                           | -                     | -                  | -                  | -          | -                      | -       | -          |
| Fines and penalties                                 | -                     | -                  | -                  | -          | -                      | -       | -          |
| Other   | 82                    | -                  | -                  | 82         | 360                    | -       | 442        |
| Total expenses before depreciation and amortization | 136,095               | 40,370             | -                  | 176,465    | 182,951                | -       | 359,416    |
| Depreciation and amortization                       | 18,647                | -                  | -                  | 18,647     | 11,765                 | -       | 30,412     |
| Total expenses                                      | \$ 154,742            | \$ 40,370          | \$ -               | \$ 195,112 | \$ 194,716             | \$ -    | \$ 389,828 |

See accompanying auditor's report and notes to financial statements.

**Clearwater Neighborhood Housing Services, Inc.**  
**Statement of Cash Flows**  
**September 30, 2021 and 2020**

|  | 2021       | 2020       |
|--|------------|------------|
| Cash flows from operating activities:  |            |            |
| Increase in net assets   | 110,709    | (41,775)   |
| Adjustment to reconcile increase in net assets to cash provided by (used in) operating activities: |            |            |
| Depreciation and amortization  | 32,813     | 30,413     |
| Decrease (increase) in properties held for sale  | (179,976)  | (47,436)   |
| Decrease (increase) in accounts receivable   | 7,744      | (16,865)   |
| Decrease (increase) in prepaid expenses and other assets   | 1,212      | (5,793)    |
| Increase (decrease) in accounts payable and accrued expenses                                       | 5,620      | (5,553)    |
| Increase in amounts due to funding sources   | -          | (34,137)   |
| Increase (decrease) in other liabilities   | (33,101)   | 41,241     |
| Net cash provided by (used in) operating activities  | (54,979)   | (79,905)   |
| Cash flows from investing activities:  |            |            |
| Purchases of property and equipment  | -          | (13,082)   |
| Decrease in loans receivable   | 9,191      | 23,662     |
| Net decrease (increase) in cash restricted for lending purposes and capital projects               | 235,607    | (109,093)  |
| Net cash provided by investing activities  | 244,798    | (98,513)   |
| Cash flows from financing activities:  |            |            |
| Proceeds from subordinated debt  | -          | 250,000    |
| Principal payments on long-term debt   | (31,510)   | (83,984)   |
| Net cash used in financing activities  | (31,510)   | 166,016    |
| Net increase (decrease) in cash  | 158,309    | (12,402)   |
| Cash at beginning of year  | 128,141    | 140,543    |
| Cash at end of year  | \$ 286,450 | \$ 128,141 |
| Supplemental disclosure of cash flow information:  |            |            |
| Cash paid during the year for interest   | \$ 12,783  | \$ 11,318  |
| Refinancing of long-term debt  | \$ -       | \$ -       |

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements

September 30, 2021 and 2020

### 1. Description of Organization and Summary of Significant Accounting Policies

#### a. Description of Organization

Clearwater Neighborhood Housing Services, Inc. (the "Organization"), a private not-for-profit corporation, opened its doors to residents in the South Greenwood area in May 1979. This "partnership" effort was formed to provide rehabilitation assistance to residents in this community. Since inception, the Organization's boundaries and services have drastically changed due to area need assessment and demand for services. The mission of the Organization is to revitalize the neighborhoods it services by promoting home ownership, housing rehabilitation, and economic development. The success of the Organization is attributed to its "partnership" support that includes local governments, NeighborWorks America, Pinellas County, the financial and business community as well as residents and other "partners". The activities of the Organization are funded through contributions and governmental grants and contracts.

Specific services provided by the Organization include:

- Assisting clients within the areas of Pinellas, Pasco and Hillsborough counties with obtaining conventional financing for first time home-ownership;
- Assisting target area homeowners with home improvement loans;
- Guiding residents in complying with minimum City of Clearwater housing code standards;
- Originating loans to homeowners utilizing funding available through NeighborWorks America, City of Clearwater and Pinellas County;
- Developing, renovating, and selling purchased and donated properties;
- Providing consumer education programs; and
- Supporting youth education, in partnership with a national bank, through the "Make a Difference Center".

The Organization has suspended the Small Business Administration (SBA) loan program. The Organization continues to service all SBA loans that were previously funded and only makes new loans under special circumstances.

As of 5/17/21, the Organization acquired the fictitious name "Tampa Bay Neighborhood Housing Services" and began operating in the community under that name.

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### 1. Description of Organization and Summary of Significant Accounting Policies – Continued

#### **b. Financial Statement Presentation**

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP). Any reference in these notes to applicable guidance is meant to refer to the authoritative United States generally accepted accounting principles as found in the Accounting Standards Codification (ASC) and Accounting Standards Updates (ASU) of the Financial Accounting Standards Board (FASB).

In accordance with accounting standards issued by the FASB, the Organization is required to report information regarding its financial position and activities based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets Without Donor Restrictions* - Net assets that are not subject to donor-imposed stipulations. Net assets without donor restrictions may be designated for specific purposes by action of the Board of Directors or may otherwise be limited by contractual agreements with outside parties.

*Net Assets With Donor Restrictions* - Net assets whose use by the Organization is subject to donor-imposed stipulations that can be fulfilled by actions of the Organization pursuant to those stipulations or that expire by the passage of time.

Some net assets with donor restrictions include a stipulation that assets provided be maintained in perpetuity while permitting the Organization to spend the income generated by the assets for specific programs under various grant funds as more fully described in Note 7.

In addition, the Organization is required to present a statement of cash flows.

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### **1. Description of Organization and Summary of Significant Accounting Policies - Continued**

#### **c. Contributions**

In accordance with U.S. GAAP, the Organization records contributions received as net assets without donor restrictions or as net assets with donor restrictions depending on the existence or nature of any donor restrictions. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire or are otherwise satisfied in the fiscal period in which the contributions are recognized.

#### **d. Properties Held for Sale**

Properties held for sale consist of residential properties donated to the Organization and properties acquired through foreclosure, new construction, or by direct purchase. Properties held for sale are stated at the lower of cost or estimated fair market value and donated properties held for sale are stated at their estimated fair value at the date of donation. No properties were donated during fiscal year 2021 or 2020. Properties held for sale are presented net of a valuation allowance of \$292,600 at September 30, 2021 and 2020.

#### **e. 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.

#### **f. Accounts Receivable**

Accounts receivable represents uncollected funds from various grants and contracts for services provided to program participants. Accounts receivable is stated at unpaid balances, net of any allowance for doubtful accounts. The Organization provides for losses on accounts receivable using the allowance method. The allowance is based on uncollected funds from billings to governmental agencies for services provided to customers. Receivables are considered impaired if full principal payments are not received in accordance with the contractual terms. It is the Organization's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. At September 30, 2021 and 2020, no allowance for doubtful accounts was deemed necessary based on the Organization's historical experience with the related funding sources.

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### 1. Description of Organization and Summary of Significant Accounting Policies - Continued

#### g. Loans Receivable

Loans receivable represent funds advanced to individuals, families, and small businesses in the Organization's target area who qualify under its various lending programs. Loans receivable are carried at unpaid balances, less an allowance for loan losses. All loans are secured with a mortgage or security interest in other business assets. Interest rates vary, depending on the type of loan, and interest income is recognized when received. Loans receivable are determined to be past due or delinquent based on how recently payments have been received.

The allowance for loan losses is maintained at a level that, in management's judgment, is adequate to absorb credit losses inherent to the loan portfolio. The amount of the allowance is based on management's evaluation of the collectability of the loan portfolio, including the nature of the portfolio, estimated realizable value of the underlying collateral, historical loss experience, specific impaired loans, economic conditions, and other risks inherent in the portfolio. 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 all means of collection have been exhausted.

#### h. Function Expense Allocations

Expenses are shown by natural expense classification and function in the accompanying statement of functional expenses for each year presented. Expenses that are attributable to more than one program or supporting function are allocated on a reasonable basis that is consistently applied. Allocations are based on direct usage or management's estimate of the benefit derived by each activity. Management's estimates are based on factors such as time and effort or direct costs. The expenses that are allocated are office supplies, telephone, utilities, insurance and promotions, printing, and postage. Certain expenses, including salaries and related expenses, professional fees, repairs and maintenance, and depreciation, are either allocated directly or are based on time and effort, depending on the function of the expense.

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### **1. Description of Organization and Summary of Significant Accounting Policies - Continued**

#### **i. Income Taxes**

The Organization is exempt from Federal income taxes on related income under Section 501(a) of the Internal Revenue Code as an organization described in Section 501 (c)(3). FASB ASC Topic 740, Income Taxes, clarifies the accounting and recognition for income tax positions taken or expected to be taken in the Organization's income tax returns. The Organization's income tax filings are subject to audit by taxing authorities and filings for periods after fiscal year 2017 are open for examination. The Organization does not believe it has any unrecognized exposure related to uncertain tax positions at September 30, 2021.

#### **j. Donated Materials and Services**

Donated materials are reflected in the accompanying financial statements at their estimated fair market value at date of receipt. Donations of services are recorded as support at their estimated fair value if the services required specialized skills, are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

#### **k. Estimates in Financial Statements**

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of increases or decreases in net assets during the reporting period. Actual results could differ from those estimates.

#### **l. Fair Value of Financial Instruments**

The fair value of certain of the Organization's financial instruments including cash, accounts receivable and accounts payable approximate their carrying amounts as presented in the accompanying statements of financial position.

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### 1. Description of Organization and Summary of Significant Accounting Policies - Continued

#### m. New Accounting Pronouncement

The FASB issued ASU No. 2018-11: Leases (Topic 842) in July 2018. The update seeks to increase transparency and comparability amongst organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about those transactions. The Organization acknowledges ASU 2018-11 but as of September 30, 2021 and 2020 has no operating leases with terms exceeding twelve months that would require adoption of the ASU. The Organization had a month to month lease that was ultimately cancelled by September 30, 2021. Therefore, this did not result in any reclassifications or restatements that impacted the financial statement for fiscal year 2021 or 2020.

### 2. Loans Receivable

The Organization provides financing, secured by mortgages, to qualifying home buyers for acquisition, rehabilitation, or down payment assistance. Payment terms vary from immediate amortization with varying interest rates to complete deferment until the property is sold. The Organization also provides financing for working capital and start-up costs to small businesses in targeted communities. Loans receivable as of September 30, 2021 and 2020 consist of the following:

|   | <b>2021</b>      | <b>2020</b>      |
|---|------------------|------------------|
| Housing assistance loans                    | 80,387           | 89,578           |
| Less allowance for loan losses              | (50,555)         | (50,555)         |
| Loan receivable, net                        | 29,832           | 39,023           |
| Less current portion of loans receivable    | (7,566)          | (16,118)         |
| Loans receivable, excluding current portion | <u>\$ 22,266</u> | <u>\$ 22,905</u> |

In fiscal year 2021 and 2020, the allowance for loan losses was increased by a provision for loan losses of \$0 and \$0, respectively.

No loan commitments were outstanding as of September 30, 2021 and 2020.



# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### 3. Property and Equipment and Other Assets

|                                | <u>2021</u>       | <u>2020</u>       |
|--------------------------------|-------------------|-------------------|
| Land                           | 7,000             | 7,000             |
| Land Improvements              | 11,101            | 11,101            |
| Building and improvements      | 259,202           | 259,202           |
| Property held for lease        | 917,940           | 917,940           |
| Office furniture and equipment | 93,625            | 93,625            |
|                                | <u>1,288,868</u>  | <u>1,288,868</u>  |
| Less accumulated depreciation  | <u>(590,858)</u>  | <u>(558,326)</u>  |
|                                | <u>\$ 698,010</u> | <u>\$ 730,542</u> |

Depreciation expense for the years ended September 30, 2021 and 2020 was \$32,532 and \$30,131, respectively.

|                               | <u>2021</u>     | <u>2020</u>     |
|-------------------------------|-----------------|-----------------|
| Loan closing costs            | 4,216           | 4,216           |
| Less accumulated amortization | <u>(2,758)</u>  | <u>(2,477)</u>  |
|                               | <u>\$ 1,458</u> | <u>\$ 1,739</u> |

Amortization expense for the years ended September 30, 2021 and 2020 was \$281 and \$282, respectively.

**CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.**

**Notes to Financial Statements – Continued**

**4. Long-Term Debt**

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

|  | <u>2021</u>       | <u>2020</u>       |
|--|-------------------|-------------------|
| Non-interest bearing note payable to City of Clearwater; secured by real property; deferred for three years, then payable in annual installments of \$4,167 through August 2037.   | 66,666            | 74,999            |
| Prime plus 1.5% note payable to a bank in monthly installments of \$1,633, plus interest; interest rate will not decrease below a fixed minimum rate of 5.01%; a final balloon payment of \$4,391 is due March 30, 2022; secured by real property. | 1,790             | 21,755            |
| 7.47% note payable to a bank, payable in monthly installments of \$945, including interest, through June 2023, with a final balloon payment of \$102,361 due July 2023; secured by real property.  | <u>106,387</u>    | <u>109,599</u>    |
| Total long-term debt   | 174,843           | 206,353           |
| Less current installments  | <u>(9,448)</u>    | <u>(30,800)</u>   |
| Long-term debt, excluding current installments   | <u>\$ 165,395</u> | <u>\$ 175,553</u> |

The aggregate maturities of long-term debt for each of the five years subsequent to September 30, 2021 and thereafter, are as follows:

| <u>Year Ending September 30,</u> |                   |
|----------------------------------|-------------------|
| 2022                             | 9,448             |
| 2023                             | 110,554           |
| 2024                             | 4,167             |
| 2025                             | 4,167             |
| 2026                             | 4,167             |
| Thereafter                       | <u>42,340</u>     |
|                                  | <u>\$ 174,843</u> |

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### 5. Interfund Transfers

During fiscal year 2021 and 2020, the Organization transferred \$0 and \$830,391 respectively, from the NeighborWorks America Fund to the Homeownership Center Fund. Funds transferred include unrestricted interest earned on loans receivable and funds previously released from restriction by Neighbor Works America during fiscal 2018.

### 6. Funding and Credit Concentrations

The Organization relies primarily on contributions from the public sector, including local financial institutions, for sources of funding. The absence of support of any of these sources would place the existing operations of the Organization in jeopardy.

The Organization maintains several deposit accounts with what management believes to be high credit quality financial institutions. The total balances of these accounts were covered by federal deposit insurance limits at September 30, 2021 and 2020. In addition, all capital funds received from NeighborWorks America have been placed in a "Public Funds Deposit" account or a federally insured deposit account. At September 30, 2021, these capital funds were either fully insured by the FDIC or fully secured with government securities.

### 7. Commitments and Contingencies Under Grant Contracts

Under the terms of certain existing agreements, upon dissolution of the Organization, or upon termination of the agreements, all deposits and all outstanding notes, mortgages and other instruments pledged to secure repayment of loans shall revert back to the grantor agencies. Neighbor Works America Revolving Loan and Capital Projects Grant Fund represents funds provided by NeighborWorks America for making loans and for funding capital projects. The corresponding amended grant agreement is dated September 30, 2008. All resources granted to this fund must be maintained permanently. The Organization is permitted to transfer or expend the income (or other economic benefits) derived from the capital assets in excess of the relevant Capital Fund Agreement.

The Organization maintains a blanket employee dishonesty policy with a national provided in the amount of \$250,000 to comply with the terms of the grant agreement.

***Neighbor Works America - Revolving Loan Fund (RLF) - Rehabilitation Lending Program*** represents funds provided by Neighbor Works America for making loans specifically for the rehabilitation of affordable housing units in the Organization's target area. The corresponding grant agreement is dated July 14, 2010. The funds were required to be segregated from the Organization's existing NeighborWorks Permanently Restricted Capital Fund (see above). Effective July 28, 2017, these funds have been released by NeighborWorks to the NeighborWorks America Revolving Loan and Capital Projects Grant Fund.

**CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.**

**Notes to Financial Statements – Continued**

**8. Retirement Plan**

The Organization has adopted a defined contribution simplified employee pension plan (SEP) covering all full-time employees. The Organization made matching contributions of up to 3% of employee salaries under the plan through March 2011, at which time the Board of Directors approved the discontinuance of matching employee contributions. There was no pension expense for the years ended September 30, 2021 and 2020. In addition, the Organization has established an employee-funded tax-deferred annuity plan pursuant to Internal Revenue Code section 403(b). Employee participation in the tax-deferred annuity plan is voluntary.

**9. In-Kind Contributions**

The Organization received in-kind audit services during the fiscal year. The value of these services (recorded as in-kind revenue and expense) was \$9,050 and \$9,050 for the years ended September 30, 2021 and 2020, respectively.

**10. Rental Income**

The Organization rents the BDC to an unrelated non-profit organization. Related rental income for the years ended September 30, 2021 and 2020 was \$46,116 and \$46,116, respectively. At September 30, 2021, the cost of the BDC property held for lease and related accumulated depreciation was \$778,632 and \$282,227, respectively. During fiscal year 2021 and 2020, the Organization rented units of a triplex under traditional leasing agreements. For the years ended September 30, 2021 and 2020, rental income for the single family residences was \$31,837 and \$10,437, respectively. At September 30, 2021, the cost of the property held for lease and related accumulated depreciation \$142,093 and \$22,017, respectively. At September 30, 2020, the cost of the property held for lease and related accumulated depreciation was \$142,093 and \$16,221, respectively.

**10. Rental Income - Continued**

Total minimum lease payments to be received by the Organization under non-cancellable leases as of September 30 are as follows:

| <b><u>Year Ending September 30,</u></b> |                  |
|---|------------------|
| 2022                                    | 46,116           |
| 2023                                    | 46,116           |
|   | <u>\$ 92,232</u> |

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### 11. Net Assets with Donor Restrictions

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

|   | <u>2021</u>       | <u>2020</u>      |
|---|-------------------|------------------|
| Net assets subject to donor use restrictions:                 |                   |                  |
| Raymond James Revolving Loan Fund                             | 75,000            | 75,000           |
| Clearwater Police Fund - 1822 Drew Street                     | 5,000             | 5,000            |
| Wheelchair ramps  | 6,000             | 6,000            |
| Pinellas Community Foundation Façade Improvements for Seniors | 10,000            | -                |
|   | <u>96,000</u>     | <u>86,000</u>    |
| Net assets to be held in perpetuity:                          |                   |                  |
| Community Development Block Grant                             | 3,136             | 3,136            |
| Maggie Cazares Loan Fund                                      | 4,486             | 4,486            |
|   | <u>7,622</u>      | <u>7,622</u>     |
| Total net assets with donor restrictions                      | <u>\$ 103,622</u> | <u>\$ 93,622</u> |

### 12. Other Liability

On December 31, 2013, the Organization executed an Equity Equivalent Investment (EQ2) agreement with Raymond James Bank, N.A. (RJ). The EQ2 is a capital product for non-profit organizations that allows them to strengthen their capital structure, leverage additional debt capital, and increase lending and investing in economically disadvantaged communities. RJ advanced the Organization \$125,000, at an interest rate of 0%. The investment has an indeterminate maturity date and on December 31st of each year commencing in 2013, the maturity date shall automatically be extended an additional year for a period of not less than five years. This investment and all payments of principal are subordinate to all other creditors of the Organization, except for similar investments made under similar terms.

The Organization must use the proceeds of the EQ2 as follows:

- Provide low interest home rehabilitation loans to low or moderate income (LMI) borrowers in Pinellas County, Florida.
- Extend small business loans to borrowers that fall within the LMI range or that serve the LMI community.
- Invest in foreclosed and/or abandoned property for the purpose of revitalization in Pinellas County.

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### **12. Other Liability - Continued**

As long as any part of the EQ2 is outstanding, RJ required the Organization to furnish to them an annual report detailing its community development activity. At September 30, 2021 and 2020, the balance outstanding on the EQ2 was \$375,000 and \$375,000, respectively. In March 2020, the Organization executed a second EQ2 agreement for an additional \$250,000. Proceeds from the second EQ2 agreement are available to fund activities that are similar to those described above in relation to the original EQ2 agreement.

### **13. Long-Term Employment Severance Policy**

The Organization's employee benefit policies include severance pay contingent on certain requirements being met at the date of employment termination. As of September 30, 2021, two employees had the potential to meet these requirements. Due to its contingent nature as of September 30, 2021, this amount has not been recorded as a liability in the accompanying fiscal year 2021 and 2020 financial statements.

### **14. Liquidity and the Availability of Resources**

The Organization is supported by contributions with and without donor restrictions. Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year. As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization regularly monitors liquidity to meet its operating needs and other contractual commitments.

# CLEARWATER NEIGHBORHOOD HOUSING SERVICES, INC.

## Notes to Financial Statements – Continued

### 14. Liquidity and the Availability of Resources - Continued

As of September 30, 2021, the Organization's financial assets available to meet general expenditures within one year were as follows:

|  |                   |
|--|-------------------|
| Cash and cash equivalents  | 287,823           |
| Accounts receivable  | 13,502            |
| Loans receivable   | 80,387            |
| Note receivable from Greenwood Apartments, LLC                           | 200,000           |
| Total financial assets   | 581,712           |
| Less amounts unavailable for general expenditure within one year due to: |                   |
| Contractual or donor-imposed restrictions:                               |                   |
| Cash restricted for lending and capital projects                         | (1,373)           |
| Loans receivable - NeighborWorks   | (58,121)          |
| Note receivable from Greenwood Apartments, LLC                           | (200,000)         |
| Loan fund restricted in perpetuity                                       | (4,486)           |
| Donor restricted for specific purposes                                   | (21,000)          |
| Financial assets available to meet general expenditures within one year  | <u>\$ 296,732</u> |

### 16. Subsequent Events

The Organization has evaluated subsequent events through August 31, 2022, the date the financial statements were available for issuance.

Subsequent to the balance sheet date of September 30, 2021, the retirement obligation became payable to the former CEO of Clearwater Neighborhood Housing Services, Inc.. The Organization received funds from its Note Receivable to Greenwood LLC which was sufficient to cover the retirement obligation.

Additionally, there is potential for the Organization to recognize a contingent liability concerning employee sick time and paid time off. While it is probable that some kind of liability exists it is not reasonably estimable as of September 30, 2021 due to varying versions of employment manuals in existence at the Organization. Therefore, management has elected to not recognize any corresponding liability on the financial statements as of September 30, 2021 until the Board of Directors can reach an agreement in regards to how to handle the issue.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2022

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |  |  |
|---|--|--|--|
| <b>PRODUCER</b><br>Lancaster Insurance Inc<br>510 Druid Rd E., Ste. #C<br>P O Box 2856<br>Clearwater FL 33757     |  | <b>CONTACT NAME:</b> Sherry Wilt<br><b>PHONE (A/C, No, Ext):</b> (727) 461-3704<br><b>E-MAIL ADDRESS:</b> sherry@lancins.com<br><b>FAX (A/C, No):</b> (727) 441-3298   |  |
| <b>INSURED</b><br>Clearwater Neighborhood Housing Services, Inc.<br>608 N. Garden Ave<br>Clearwater FL 33755-3826 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Scottsdale Ins. Co.<br><b>INSURER B:</b> Travelers Ins.<br><b>INSURER C:</b> Technology Insurance Company<br><b>INSURER D:</b> Houston Specialty<br><b>INSURER E:</b><br><b>INSURER F:</b> |  |

**COVERAGES**

CERTIFICATE NUMBER: CL2052610845

REVISION NUMBER:

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

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | CPS7356343    | 05/07/2022              | 05/07/2023              | EACH OCCURRENCE \$ 2,000,000  |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000  |           |          |               |                         |                         |   |
|          |   |           |          |               |                         |                         | MED EXP (Any one person) \$ 5,000   |
|          |   |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 2,000,000  |
|          |   |           |          |               |                         |                         | GENERAL AGGREGATE \$ 4,000,000  |
|          |   |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 4,000,000   |
|          |   |           |          |               |                         |                         | Abuse and Molestation \$ 300,000  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$  |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per person) \$   |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |   |           |          |               |                         |                         | \$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$  |
|          |   |           |          |               |                         |                         | AGGREGATE \$  |
|          |   |           |          |               |                         |                         | \$  |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | N/A      | TWC4061095    | 02/08/2022              | 02/08/2023              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
|          |   |           |          |               |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000   |
|          |   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000   |
|          |   |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| B        | Directors & Officers Liability<br>Cyber Crime Liability   |           |          | 107071145     | 04/02/2022              | 04/02/2023              | Per Occurrence 1,000,000  |
|          |   |           |          |               |                         |                         | Aggregate Limit 1,000,000   |
|          |   |           |          |               |                         |                         | Per Claim 1,000,000   |

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

**CERTIFICATE HOLDER****CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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