

Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.

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

The evaluation rubric that will be used to score your request can be downloaded [here](#).

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

Organization Name*

Rebuilding Together Tampa Bay

Proposal Name*

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

Small ARPA 2023

EIN*

593664580

Incorporation Year*

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

2000

Organizational Mission Statement*

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

Established in 2000, the mission of Rebuilding Together Tampa Bay (RTTB) is to repair homes, revitalize communities, and rebuild lives. We provide underserved families access to imperative home repairs, new affordable housing, education, and other forms of assistance. RTTB is a 501(c)(3) and a licensed General Contractor (CGC1522294), dedicated to preserving and creating affordable housing, ensuring that our most vulnerable, low-income neighbors can live in health, safety, comfort, and independence. We currently offer the following programs: Safe and Healthy Homes, Disaster Readiness and Recovery, Residential Repairs and Rehabilitation, and Affordable Housing Opportunity.

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

SN3VL5MNKJN5

Annual Operating Budget Size*

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

\$5,701,578.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

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

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

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

\$15,954.75

Request Specifics

Priority Areas*

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

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

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

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

Yes

Organization Programmatic Background*

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

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

With over 20 years of experience providing home rehabilitation and modification services to eligible low-income beneficiaries, RTTB delivers critical services to vulnerable homeowners in the Tampa and St. Petersburg Metropolitan Areas through these key programs:

Safe and Healthy Homes Program: provides families with free critical home repairs and education, leading to a reduction in asthma and allergy symptoms and improving the overall home environment.

Affordable Housing Opportunity Program: offers new single-family homes, providing 2-4 bedroom, 2-bath, single-family homes to low-income homeowners in need who would not otherwise be able to afford homeownership.

Residential Repairs and Rehabilitation Program: provides home repairs to low-income homeowners ensuring the home is healthy, safe, and energy efficient. Repairs include replacing roofs, HVACs, windows, plumbing, electrical, etc.

Disaster Readiness and Recovery Program: provides disaster mitigation, preparedness, response, and long-term recovery support to help families and communities affected by natural disasters rebuild their homes and lives. We have a four-focus area approach, including mitigation, preparedness, response, and recovery.

Safe and Healthy Homes: Aging-in-Place Program: creates safe and healthy living environments for our low-income neighbors in need, who are seniors 65 and older, to age in place. Repairs can include, converting bathtubs to showers, installing wheelchair ramps, replacing leaking roofs, widening doorways, placing non-slip flooring, and installing grip bars.

Homeowner Education Program: engages homeowners through a series of workshops led by home repair, financial, and legal experts who equip homeowners with the knowledge and skills needed to independently maintain a safe and healthy home for years to come. The four categories of the curriculum are, Home Self-Assessment, Living Healthier in My Home, Financial Literacy for and in the Home, and Maintaining My Home.

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.

It can feel impossible to find housing stability in Florida, which is now the hardest state in the U.S. to find affordable housing; rent and home prices continue to soar. For example, in February 2023, St. Pete home prices were up 13.7% compared to last year, selling for a median price of \$410,000. Low-income homeowners are finding it extremely difficult to justify staying in their homes, especially when they are unable to afford much-needed home repairs. This leads to the displacement of the elderly, veterans, families with children, and disabled individuals at an alarming rate. Lack of affordable housing is a driving force behind undesirable gentrification, leading to the racial and economic makeup of entire neighborhoods changing, erasing histories, and eradicating generational wealth. Greater numbers of families are experiencing precarious housing than ever, leading to substandard and unsafe housing, educational deficits due to children missing class and changing schools, and lapsing health from unsafe living conditions and limited funds for medical care. Homeownership leads to safer communities, creates jobs, revitalizes neighborhoods, attracts employers, increases consumer spending and government revenues, and lowers the risk of foreclosure, bringing transformative benefits to local families. RTTB is working hard to preserve homeownership rates, maintain the existing housing stock, and achieve greater equity through access, something residents of St. Pete are calling for, "The affordability and availability of quality housing is a re-occurring theme heard from community residents in nearly all the StPete2050 public engagement and outreach events. Most residents are concerned with the lack of choice in available housing stock, the associated cost of ownership/rental burden versus employment incomes, and the ability for multi-generational residents to stay and age in place within their neighborhoods and city." (PG 52 St.Pete 2050)

Negative Economic Impact on Organization*

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

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

include:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

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

COVID ARPA 2023.pdf

COVID-19 adversely impacted us in a number of ways; RTTB experienced weakened revenue streams and heightened demand for our services and support. A confluence of events - including soaring construction demand, record high inflation, COVID-related restrictions, supply chain disruptions, labor shortages, and the war in Ukraine - have spurred rising costs and uncertainty across the construction industry since the start of the pandemic. Inflation has driven up the cost of building supplies, machinery rental charges, skilled labor, and other construction resources. It may disrupt the supply chain and project completion resulting in lower margins for subcontractors. We experienced an increase in restricted pandemic-related revenue. Allocated our resources to meet a pandemic-related increase in demand for services, resulting in a lack of resources to purchase necessary capital assets. The use of reserves for pandemic-related unbudgeted expenses and a need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC occurred. At our Kickoff to Rebuild event during the Super Bowl (for which we were a "sanctioned event" partner) we were unable to host multiple corporate volunteer days which are a major source of revenue for us at \$10,000-\$50,000 per corporation. We purchased, at our own cost, PPE equipment to distribute to our most vulnerable citizens and clients and had to work remotely making technological accommodations for staff which also lead to increased wear and tear on our agency's technology.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

Rebuilding Together Tampa Bay respectfully requests funds to purchase much-needed new laptops. The new laptops will allow for increased efficiency and productivity, streamlining processes and improving mission delivery; through enhanced work efficiency, we will see an increased capacity to reach and serve more people. Our goal is to increase efficiency, reduce the risk of hacking, protect data, and decrease the opportunity for lost files, documents, and databases. New laptops and monitors will allow for the aggregation

and wide-scale distribution of knowledge and information, both internally and externally, allowing us to better serve our clients. The updated technology will enable us to more efficiently manage a myriad of essential tasks, including direct programming, communications, marketing, grants management, and fundraising. Improving our technology will also be a long-term cost-saver, due to increased efficiency and fewer funds needing to be allocated to fix and replace our current, outdated technology.

Guiding Principles - Client Impact*

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

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

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

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

Rebuilding Together Tampa Bay exists to help low-income homeowners maintain and keep their home. We understand that performing this work means confronting the many social, economic, and health inequities that have been levied on communities of color from decades of discriminatory development methods, redlining, and vast displacement practices. Understanding this context helps us develop and deploy our programs in ways that maximize their impact on both individual homeowners and the neighborhoods they call home. We have made strides to decelerate the negative consequences of gentrification through the stabilization of affordable homeownership. As an organization, we have always rooted our housing work in equity and inclusion, and we know that we still have work to do to overcome racial inequality and injustice. RTTB works diligently to help our neighbors in need stay in their homes, raise their families in safe and healthy housing, so they can pass what they’ve worked so hard to have, their homes, on to their children who benefit from the economic growth taking place around them. Our work in this space aims to address deep rooted inequities in the housing market, “Black Americans [have] a homeownership rate of 46.4% compared to 75.8% [for] white families. Compounding matters, homes in predominately Black neighborhoods across the country are valued at \$48,000 less than predominately white neighborhoods for a cumulative loss in equity of approximately \$156 billion.” (Brookings 2021) As St. Pete and Pinellas County changes, it will take a multipronged approach to preserve and expand affordable housing for our communities, work of this complexity and sensitivity requires functional and effective technology to carry out, we hope the foundation will support us in acquiring this technology as we strive for a more equitable St. Pete and Pinellas County through the preservation of affordable housing.

Number Served*

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

750

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

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

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

Unduplicated

Other (Explanation Required)

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

Geographic Impact & Priority Populations

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

Examples of disproportionately impacted communities include those who:

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

Benefits and Geography of Purchase*

Please describe the following:

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

The communities and clients we serve are by definition low-income (80% AMI and below) and tend to be historically marginalized. Approximately 80% of the clients we serve are BIPOC, and many are seniors with disabilities who qualify for Federal assistance. Our clients were disproportionately affected by the pandemic, the inflationary pressures due to supply chain delays, rising supply-side costs, and labor shortages, made their fixed-incomes worth far less than pre-pandemic. They also had to shelter-in-place in homes that were in great need of rehab and repairs in order to be safe and healthy environments for them and their families, this more often than not exacerbated existing health issues and/or gave rise to new ones.

Our current Pinellas County headquarters, which is an office that we rent and from and split with Habitat for Humanity of Pinellas and West Pasco, is located in a QCT; the address is 1350 22nd St. South St. Petersburg FL 33711.

Headquarters Location*

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

3914 N US 301 Hwy, Ste 700, Tampa, FL 33619

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Further determination required

Community Connection

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

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

Community Representation and Connection*

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

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

RTTB is a diverse organization. Our staff represents a plurality of experiences, backgrounds, and identities and has significant ties to the communities we serve. Our Board of Directors is similarly diverse and engaged.

The projects we undertake often engage our funders, community volunteers, staff, Board members, and the neighbors we serve through hands-on projects in the community during which we paint, landscape, and rehab the homes of those we serve. RTTB is working diligently to remain a community-based resource in Pinellas County for many years to come, while expanding our impact and services throughout the Southside of St. Petersburg and Lealman where we have our most concentrated presence. We are doing this by working, over the years, with other community organizations including John Hopkins All Children's Hospital, Humana, Pinellas County Schools, Reach, United HealthCare, the Tampa Bay Asthma Coalition, Tampa Bay HealthCare Collaborative, Pinellas Falls Free Coalition, Pinellas Home Modification Coalition, and Lealman's Community Redevelopment Area (CRA).

Leadership Demographics - Board Membership*

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

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

BIPOC

Leadership Demographics - Executive Level Leadership Team*

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

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

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

BIPOC

Leadership Demographics - CEO/Executive Director*

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

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

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

BIPOC

Proposal Costs

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

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

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

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

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

Bid/Estimate #1*

PDF files are accepted.

ARPA 2023 Small _ ThinkPad T14s Gen 2 Intel (14") - Black _ Lenovo US.pdf

Bid/Estimate #2*

PDF files are accepted.

ARPA 2023 Small Lenovo Bid 2- Office Depot.pdf

Bid/Estimate #3

PDF files are accepted.

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below, and contact Rose Cervantes at rcervantes@pinellascf.org.

Otherwise, write "N/A" below.

N/A

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties

Budget Summary*

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

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

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

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

ARPA 2023 Budget-Template-Small-Capital-Purchases (2).xlsx

Other Funding Sources*

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

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

grants or in-kind contributions you may have obtained.

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

N/A

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

The affect of this purchase will be to lower our operating costs, as we will no longer need to lean on expensive IT contractors to fix our current outdated and worn out laptops and will allow us to work efficiently and effectively without the repeated hurdle of technological issues.

Corrective and Investigative Action/Grant Recall

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

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

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

Insurance RTTB General Liability_001.pdf

Insurance Requirement*

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

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

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

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

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

Organization Documentation

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

Organization Budget*

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

RTTB FY 21-22 Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board 2021.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

RTTB 990 Tax Return YE063021 (002).pdf

Most Recent Financial Statements*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

RTTB Statement of Activities and Financial Position.pdf

Our audit is slightly delayed due to turnover with our Director of Finance position, it has been completed as of this week and will be available shortly.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

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

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

Additional Information

Additional Upload

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

Anything else to share?

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

Agreements

Affirmation of Application Materials*

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

Yes

Public Application and Grant Process*

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

Yes, I understand.

Final Approval for Grant Award*

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

Yes, I understand.

File Attachment Summary

Applicant File Uploads

- COVID ARPA 2023.pdf
- ARPA 2023 Small _ ThinkPad T14s Gen 2 Intel (14



COVID-19 adversely impacted us in a number of ways; RTTB experienced weakened revenue streams and heightened demand for our services and support. A confluence of events - including soaring construction demand, record high inflation, COVID-related restrictions, supply chain disruptions, labor shortages, and the war in Ukraine - have spurred rising costs and uncertainty across the construction industry since the start of the pandemic. Inflation has driven up the cost of building supplies, machinery rental charges, skilled labor, and other construction resources. It may disrupt the supply chain and project completion resulting in lower margins for subcontractors. We experienced an increase in restricted pandemic-related revenue. Allocated our resources to meet a pandemic-related increase in demand for services, resulting in a lack of resources to purchase necessary capital assets. The use of reserves for pandemic-related unbudgeted expenses and a need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC occurred. At our Kickoff to Rebuild event during the Super Bowl (for which we were a "sanctioned event" partner) we were unable to host multiple corporate volunteer days which are a major source of revenue for us at \$10,000-\$50,000 per corporation. We purchased, at our own cost, PPE equipment to distribute to our most vulnerable citizens and clients and had to work remotely making technological accommodations for staff which also lead to increased wear and tear on our agency's technology.

Lenovo's Privacy Statements were updated on March 22. Please click [here](#) to review our updated privacy statements.



Lenovo Pro Business Store

Lenovo Education Store



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SERVERS & STORAGE

SMART DEVICES

SERVICES & SOLUTIONS

SUPPORT

What are you looking for today?

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- Workstations
- Tablets & Phones
- Accessories & Software
- Monitors
- Gaming
- Business
- Students
- SALE

Need it today? Buy online, pick up select products at Best Buy. [Shop Pick Up >](#)

Home > Laptops > ThinkPad > T Series > T14s Gen 2 (14" Intel)

STUDENTS SAVE 10%

ThinkPad T14s Gen 2 Intel (14") - Black

★★★★★ 4.5 (675)

Part Number: 20WM01SDUS

Save \$1,975.35 65% off

Est Value ~~\$3,039.00~~

\$1,063.65

OR

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Compare

System Specs:

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Processor

11th Generation Intel® Core™ i5-1145G7 vPro® Processor (2.60 GHz up to 4.40 GHz)

Operating System

Windows 11 Pro 64

Graphic Card

Integrated Intel® Iris® Xe Graphics

Memory

16 GB LPDDR4X 4933MHz (Soldered)



○ ○ ○ ○ ○ ○ ○ ○ +10

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14" FHD (1920 x 1080), IPS, Anti-Glare, Non-Touch, 45%NTSC, 300 nits,
LED Backlight

Camera

720P HD with Dual Array Integrated Digital Microphone and ThinkShutter

Fingerprint Reader

Fingerprint Reader

Keyboard

Backlit, Black - English (US)

WLAN

Intel® Wi-Fi 6 AX201 2x2 AX vPro® & Bluetooth® 5.1 or above

WWAN

None

Warranty

Three Year Premier

Docking

Mechanical Docking Support

Networking

Integrated Ethernet

Features

Compatible Accessories

Services

Reviews

Features



Work never looked so good

Whether it's a touchscreen you prefer or a traditional display, the ThinkPad T14s Gen 2 laptop gives you a number of 14 inch screen choices based on your needs—and all options include thin bezels that enhance the display. Choose the low-power FHD panel for ultimate battery life, or go with the FHD wide-angle touchscreen. For refined details, increased brightness, and amazingly accurate colors, dramatic Dolby Vision™ IPS high-dynamic-range (HDR) technology is available on the 4K display.

Responsive power

With the Intel® Evo™ platform*, the ThinkPad T14s delivers a powerhouse combination of performance, responsiveness, battery life, and stunning visuals. With up to 11th Gen Intel® Core™ i7 vPro® processors, you can count on an exceptional experience, anywhere.

*Select models



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Windows Hello, and facial recognition. Modern Standby lets you wake your system in one second and be online a second later. Plus, you can improve productivity with call-control keys, which let you easily answer, make, and disconnect from conference calls on your device by using the F9-F11 function keys.

Handles whatever comes your way

ThinkPad T14s Gen 2 laptops are tested against [12 military-grade requirements and more than 200 quality checks](#) to ensure they run in extreme conditions. From the Arctic wilderness to desert dust storms, from zero-gravity to spills and drops, you can trust these PCs to handle whatever life throws your way.

Prioritizing privacy & security

The updated suite of built-in [ThinkShield security solutions](#) safeguards your ThinkPad T14s Gen 2 and your data. Biometrics provide an extra-secure fingerprint reader* that's integrated with the power button—so you can log in and boot up instantaneously. Human-presence detection* automatically locks your device when you move away, and in combination with the IR camera*, it enables zero-touch login even from sleep. Plus, choose the PrivacyGuard display panel to ensure wandering eyes can't see what's on your screen.

*Optional / select systems



Unplug & hit the road

With a starting weight of just 2.83lbs / 1.28kg, the T14s Gen 2 laptop is ideal for work on the go. It delivers epic battery life, which means you'll likely run out of energy long before it does. But if you do run low, rapid-charge technology provides 0-80% battery capacity in just an hour—so a lunch break can easily boost your battery significantly.

Cut the cord & connect

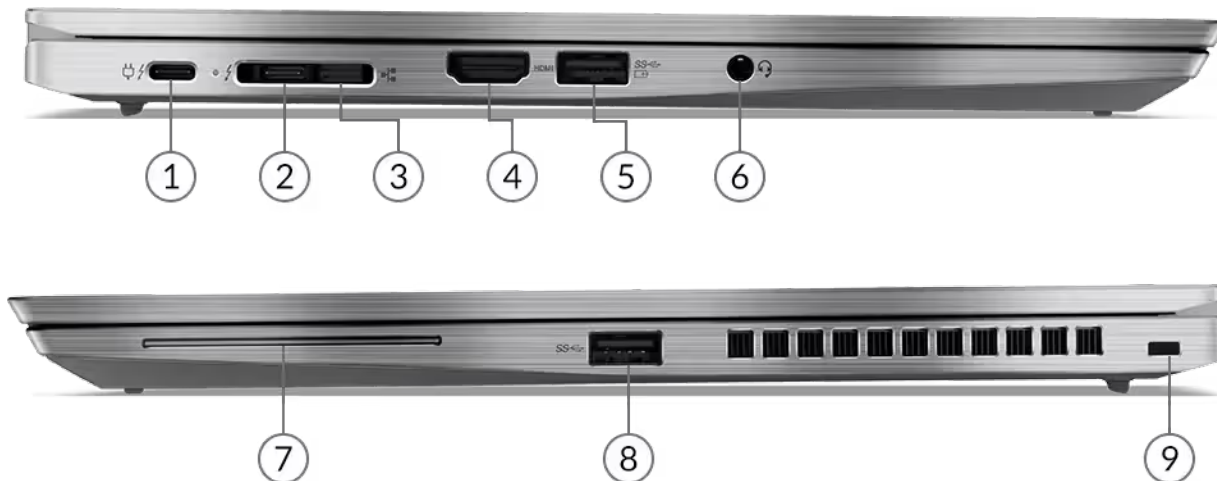
Whether you're out in the world or working from home, the T14s Gen 2 laptop keeps you connected. Speedy WiFi 6 lets you jump on crowded public platforms fast while avoiding lag-time and buffering. And with the optional 5G WWAN*, you can enjoy faster, more secure access to your network and uninterrupted video streaming. Stay connected to what matters most, no matter where you are.

* Optional WWAN availability varies by region and must be configured at time of purchase; additionally, it requires a network service provider.

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Ports & Slots



- 1 USB-C Thunderbolt™ 4 power in
- 2 USB-C Thunderbolt 4
- 3 Optional Network extension for Ethernet / side-mechanical docking
- 4 HDMI 2.0
- 5 USB-A 3.2 Gen 1
- 6 Headphone/mic combo
- 7 Optional Smart card reader
- 8 USB-A 3.2 Gen 1
- 9 Kensington Nano Security Slot™

Compare Similar Products



CURRENTLY VIEWING



ThinkPad T14s Gen 2 Intel (14") - Black

★★★★★ 4.5 (675)

\$1,063.65

\$89/mo suggested payments w/12 mo



ThinkPad T14s Gen 3 (14") Intel) Laptop

★★★★★ 4.5 (141)

Starting at **\$1,319.79**

\$110/mo suggested payments w/12 mo



ThinkPad T14s Gen 3 (14") AMD) Laptop

★★★★★ 4.3 (121)

Starting at **\$1,136.73**

\$95/mo suggested payments w/12 mo



ThinkPad T14 Gen 3 (14") Intel) Laptop

★★★★★ 4.4 (235)

Starting at **\$1,236.95**

\$104/mo suggested payments w/12 mo

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| | | | | |
|-------------------------|---|---|--|---|
| Processor | GHz up to 4.40 GHz) Windows 11 Pro 64 | Up to Windows 11 Pro | Up to Windows 11 Pro | Up to Windows 11 Pro |
| Operating System | | | | |
| Memory | 16 GB LPDDR4X-4266MHz (Soldered) | Up to 32GB LPDDR5 | Up to 32GB LPDDR5 | Up to 48GB DDR4 |
| Display | 14" FHD (1920 x 1080), IPS, Anti-Glare, Non-Touch, 45%NTSC, 300 nits, LED Backlight | Up to 14" 2.8K OLED 16:10 (2880 x 1800) IPS, DisplayHDR™ True Black 500, Dolby® Vision™ | Up to 14" 2.8K (2880 x 1800) OLED, antiglare | Up to 14" WQUXGA (3840 x 2400) IPS, Touchscreen, AGARAS, 500 nits |

Compatible Accessories

READY TO SHIP 🕒



ThinkPad Universal Thunderbolt 4 Dock - US

Save \$68.00 20% off

Est Value ⓘ ~~\$339.99~~

\$271.99


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ThinkPad Hybrid USB-C

Save \$59.40 20% off

Est Value ⓘ ~~\$296.99~~

\$237.59


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Lenovo 65W AC Power Adapter

Save \$5.00 8% off

Est Value ⓘ ~~\$59.99~~

\$54.99


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ThinkPad Universal USB-C Dock

Save \$48.00 20% off

Est Value ⓘ ~~\$239.99~~

\$191.99


Lenovo Financing \$32/mo suggested payments w/6 mo promo financing [See How](#) [Prequalify](#)

[Add To Cart](#)

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ThinkPad Wireless Mouse

Save \$2.00 10% off

Est Value ⓘ ~~\$19.99~~

\$17.99

Lenovo Financing \$3/mo suggested payments w/6 mo promo financing [See How](#) [Prequalify](#)

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Reviews

Write a review

Average Customer Ratings

| | | |
|-------------|------------|-----|
| Overall | ★★★★★ | 4.6 |
| Performance | ██████████ | 4.7 |
| Features | ██████████ | 4.6 |
| Value | ██████████ | 4.5 |
| Reliability | ██████████ | 4.6 |

1-3 of 711 Reviews

Sort by: Most Recent ▾

★★★★★ KristyRR · 7 hours ago

Happy Camper

This is my 5th ThinkPad. I have also been happy with them. I tried an HP last year and was not happy with it at all. I will stick qith my ThinkPads.

What is the Primary Use of this Product? Work
What is the secondary use of this product? Browsing/Streaming
Sweepstakes Entry: Yes

Recommends this product ✓ Yes

Originally posted on [ThinkPad T14s Gen 2 Intel \(14"\) - Black](#)

Helpful? Yes · 0 No · 0 Report

★ Verified Purchaser **My Lenovo Rewards**

| | |
|-------------|------------|
| Performance | ██████████ |
| Value | ██████████ |
| Reliability | ██████████ |

★★★★★ DaMaVa · a day ago

In A Bind, Got Peace Of Mind

Beautiful, slim, functional piece of work! Bought this in a pinch to replace my studio computer that was deliberately damaged by my ex. Runs all the software just as well or better! Very glad I ran across this opportunity. And the payment plan is easy and affordable.

What is the Primary Use of this Product? Work
What is the secondary use of this product? Browsing/Streaming
Sweepstakes Entry: Yes

Recommends this product ✓ Yes

Originally posted on [ThinkPad T14s Gen 2 Intel \(14"\) - Black](#)

Helpful? Yes · 0 No · 0 Report

★ Verified Purchaser **My Lenovo Rewards**

| | |
|-------------|------------|
| Performance | ██████████ |
| Features | ██████████ |
| Value | ██████████ |
| Reliability | ██████████ |

★★★★★ Israel D · a day ago

Easy

★ Verified Purchaser

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Originally posted on [ThinkPad T14s Gen 2 Intel \(14"\) - Black](#)

Helpful? **Yes - 0** **No - 0** [Report](#)

1-3 of 711 Reviews



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- Servers, Storage, & Networking
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- Services & Warranty
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- Outlet
- Deals
- Lenovo Coupons
- Cloud Security Software
- Windows 11 Upgrade

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- Large Enterprise Solutions
- Government Solutions
- Healthcare Solutions
- K-12 Solutions
- Higher Education Solutions
- Student & Teacher Discounts
- Healthcare Discounts
- First Responder Discount
- Senior Discounts

Resources

- Gaming Community
- LenovoEDU Community
- LenovoPRO Community
- LenovoPRO Small Business
- MyLenovo Rewards
- Lenovo Financing
- Trade-in Program
- Customer Discounts
- Affiliate Program
- Legion Influencer Program
- Student Influencer Program
- Affinity Program
- Employee Purchase Program
- Laptop Buying Guide
- Where to Buy

Customer Support

- Contact Us
- Policy FAQs
- Return Policy
- Shipping Information
- Order Lookup
- Register a Product
- Replacement Parts
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- Forums
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Search

FIND YOUR STORE

Lenovo® ThinkPad T14 Laptop, 14" Touchscreen, Intel® Core™ i7, 16GB Memory, 512GB Solid State Drive, Windows® 10 Pro, WiFi 6

Item #6153501 |

★★★★★ 4.6 (212)

~~\$2024.99~~/each

1

Add To Cart

Estimated 3-7 Business Day Delivery
28 in Stock



1 / 16

Description

Non-Returnable

Eco Conscious

T Series

We've got your back

Built to perform and engineered to endure, our flagship laptops have you covered in the office, out in the field, and everywhere in between. Productivity-rich features like epic battery life, blazing-fast USB -C Thunderbolt® ports, and powerful processing keep you up and running.

A lot of Think

ThinkPad has been to the top of Mount Everest, the depths of the ocean, and the canopies of rain forests. NASA embraced the ThinkPad on both the International and the Mir Space Stations. It's even in the permanent collection at the Museum of Modern Art in NY. No small wonder then, that we've

sold well over 100 million and counting of these reliable devices—thanks in part to loyal T Series customers.

- ENERGY STAR certified — meets federal guidelines for energy efficiency.
- EPEAT Gold certified — reduced environmental impact from multiple eco-attributes. Ranked in three tiers: Bronze, Silver or Gold.
- Energy efficient — designed to use less energy than alternative products, potentially helping you save money and reduce your carbon footprint.

Specifications

| | |
|------------------------------------|-----------------|
| Item # | 6153501 |
| Manufacturer # | 20S0002VUSEXCSS |
| Backlit Keyboard | Yes |
| Color | Black |
| Depth | 8-9/10 in. |
| Height | 7/10 in. |
| Screen Size (Diagonal) | 14 in. |
| Width | 13 in. |
| 64 Bit Processor | Yes |
| Battery Life (Maximum) | 16.5 hr |
| Peripherals Included | Camera |
| Built-In Webcam | Yes |
| Display Type | LCD |
| Fingerprint Reader | Yes |
| Gpu Series | UHD Graphics |
| Graphics Type | Shared |
| Maximum Resolution | 1920 x 1080 |
| Maximum Turbo Speed | 4.9 GHz |
| Memory | 16 GB |
| Memory Type | DDR4 SDRAM |
| Model | 20S0002VUS |
| Native Resolution | 1920 x 1080 |
| Number Of HDMI Ports | 1 |
| Number Of USB Ports | 2 |
| Operating System Version (Details) | Windows 10 Pro |

| | |
|---------------------------|---|
| Optical Drive Type | None |
| Ports | USB-C; USB 3.0 |
| Processor | Intel Core i7 |
| Processor Brand | Intel |
| Processor Cache | 8 MB |
| Processor Generation | 10th Gen |
| Processor Model | i7-10610U |
| Processor Number Of Cores | Quad Core |
| Product Series | ThinkPad |
| Processor Series | T14 Gen 1 |
| Processor Speed (Base) | 2 GHz |
| Security Lock Slot | No |
| Storage Capacity | 512 GB |
| Storage Interface | NVMe |
| System Memory (RAM) | 16 GB |
| Touch Screen | Yes |
| Warranty | 3-Year Limited |
| Wired Connectivity | 10/100/1000 Ethernet |
| Wireless Connectivity | Bluetooth; 802.11b; 802.11n; 802.11a; 802.11g; 802.11ac |
| Brand Name | Lenovo |
| Eco-Conscious | Energy Efficient |
| Eco Label Standard | TCO Certified; Energy Star 8.0; EPEAT Gold |
| Laptop Battery Life Range | 8+ hr |
| Manufacturer | LENOVO, INC. |
| Operating System | Windows 10 |
| Product Type | Laptop |



Save \$10 instantly



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COMMERCIAL GENERAL LIABILITY DECLARATIONS

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

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

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

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

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


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

| CLASSIFICATION AND PREMIUM | | | | | | | |
|----------------------------|----------------|----------|--------------|-----------|---------------|-----------------|---------------|
| LOCATION NUMBER | CLASSIFICATION | CODE NO. | PREMIUM BASE | RATE | | ADVANCE PREMIUM | |
| | | | | Prem/ Ops | Prod/Comp Ops | Prem/ Ops | Prod/Comp Ops |
| 1 | Contractors | 91580 | \$50,000 | 43.025 | Included | \$2,151 | Included |
| 1 | Contractors | 91583 | \$1,800,000 | 4.726 | 4.693 | \$8,507 | \$8,447 |

| | | |
|---|--|--|
| BALANCE TO MINIMUM APPLIED (If Applicable) | \$ | _____ |
| STATE TAX OR OTHER (if applicable) | \$ | _____ |
| POLICY FEE (if applicable) | \$ | 500 |
| INSPECTION FEE (if applicable) | \$ | 150 |
| TOTAL PREMIUM (SUBJECT TO AUDIT) | \$ | 19,105.00 |
| PREMIUM SHOWN IS PAYABLE: | AT INCEPTION | \$ 19,105.00 |
| | AT EACH ANNIVERSARY | \$ _____ |
| (IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS) | | |
| AUDIT PERIOD (IF APPLICABLE) | <input checked="" type="checkbox"/> ANNUALLY | <input type="checkbox"/> SEMI-ANNUALLY |
| | <input type="checkbox"/> QUARTERLY | <input type="checkbox"/> MONTHLY |

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

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

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

NOTE

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

Rebuilding Together Tampa Bay, Inc
Budget

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

| OFFICERS | |
|---|---|
| <p>President Jerry Mason Business Development / Community Relations Officer, SVP JMason@pilot.bank</p> | <p>Treasurer Mitchell A. Gerson Small Business Relationship Manager, VP Tampa Bay Market anthony.baldo@gmail.com</p> |
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| | <p>Executive Director – Not voting member Jose Garcia jose@rttb.org</p> |
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| <p>Norma Cohen - Special Events and Public Relations Smith & Associates Normacohen4@gmail.com Expertise: Real Estate Sales</p> | <p>Victor Langston The Home Depot Regional Pro Sales Manager Victor_langston@homedepot.com Southeast Region Expertise: Construction</p> |
| | |

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

February 26, 2022

CONFIDENTIAL

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

Dear Mr. Garcia:

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

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

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

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

Sincerely,



Prida Guida & Perez, P.A.

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

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

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

| | | |
|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization REBUILDING TOGETHER TAMPA BAY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3914 US 301 N. UNIT 700 City or town, state or province, country, and ZIP or foreign postal code TAMPA FL 33619 | D Employer identification number 59-3664580 E Telephone number 813-878-9000 G Gross receipts \$ 5,698,883 |
|--|--|---|

F Name and address of principal officer:
JOSE GARCIA
3914 US 301 N. UNIT 700
TAMPA FL 33619

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

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

J Website: **WWW.RTTB.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2000** **M** State of legal domicile: **FL**

Summary

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

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 JOSE GARCIA Type or print name and title | Date EXECUTIVE DIRECTOR |
| | Print/Type preparer's name GEORGE K. GUIDA | Preparer's signature <i>[Signature]</i> Date 2-26-22 |
| Paid Preparer Use Only | Firm's name ▶ PRIDA GUIDA & PEREZ, P.A. Firm's address ▶ 1106 N FRANKLIN ST TAMPA, FL 33602-3813 | Firm's EIN ▶ 59-1978917 Phone no. 813-226-6091 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

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

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

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

N/A

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

N/A

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

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

4e Total program service expenses **4,990,837**

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

| | | Yes | No |
|----|--|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 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? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | <input checked="" type="checkbox"/> | |
| 8b | b Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |

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? | | <input checked="" type="checkbox"/> |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| 11b | 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 | <input checked="" type="checkbox"/> | |
| 12b | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| 12c | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | <input checked="" type="checkbox"/> |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 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? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| 15b | b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | <input checked="" type="checkbox"/> | |
| 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? | | <input checked="" type="checkbox"/> |
| 16b | 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? | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JERRY MASON | 2.00 | | | | | | | | | |
| PRESIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (2) ANTHONY BALDO | 1.00 | | | | | | | | | |
| VICE PRESIDENT | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (3) MITCHELL GERSON | 1.00 | | | | | | | | | |
| TREASURER | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (4) LINDA THOMAS | 1.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | | X | | | 0 | 0 | 0 | |
| (5) CAROL AUSTIN | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (6) NICOLE BARNETT | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) CLETUS CLARK | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (8) NORMA COHEN | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (9) ALTAN CEKIN | 0.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) JASON POWELL | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) J. BRADLEY SMITH | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (12) MICHAEL SCHUH | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (13) VICTOR LANGSTON | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | 0 | 0 | 0 | |
| (14) JOSE GARCIA | 50.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0.00 | | | X | | | 137,500 | 0 | 0 | |
| 1b Subtotal | | | | | | | 137,500 | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 137,500 | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

| | Yes | No |
|----------|-----|----------|
| 3 | | X |
| 4 | | X |
| 5 | | X |

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|---|----------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 1,947,645 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,863,630 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 112,241 | | | | |
| | h | Total. Add lines 1a-1f | | 3,811,275 | | | | |
| Program Service Revenue | 2a | | | Business Code | | | | |
| | PROCEEDS FROM SALE OF HOMES | | | 236000 | 1,878,092 | 1,878,092 | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | | | | | |
| g | Total. Add lines 2a-2f | | | 1,878,092 | | | | |
| Other Revenue | 3 | | | | 46 | | 46 | |
| | 4 | | | | | | | |
| | 5 | | | | | | | |
| | 6a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | 6a | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental inc. or (loss) | 6c | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | | | | | |
| | | | (ii) Other | | | | | |
| | | | 7a | | | | | |
| | | | 7b | | | | | |
| | c | Gain or (loss) | 7c | | | | | |
| | d | Net gain or (loss) | | | | | | |
| 8a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | 8b | | | | | | |
| | | 8c | | | | | | |
| c | Net income or (loss) from fundraising events | | | | | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | 9b | | | | | | |
| | | 9c | | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | 10b | | | | | | |
| | | 10c | | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11a | | | Business Code | | | | |
| | HOME DEPOT REBATE | | | 236000 | 5,157 | | 5,157 | |
| | 11b | | | 900099 | 4,313 | | 4,313 | |
| | 11c | | | | | | | |
| | 11d | | | | | | | |
| e | Total. Add lines 11a-11d | | | 9,470 | | | | |
| 12 | Total revenue. See instructions | | | 5,698,883 | 1,878,092 | 0 | 9,516 | |

Part IX Statement of Functional Expenses

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

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 699,375 | 594,469 | 104,906 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 50,203 | 42,673 | 7,530 | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 34,681 | 34,681 | | |
| b Legal | 6,697 | 6,697 | | |
| c Accounting | 104,482 | | 104,482 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 10,878 | 2,089 | 8,789 | |
| 12 Advertising and promotion | 71,413 | | 71,413 | |
| 13 Office expenses | 108,840 | | 108,840 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 28,513 | | 28,513 | |
| 17 Travel | 17,819 | | 17,819 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 93,660 | 93,660 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 15,469 | | 15,469 | |
| 23 Insurance | 54,584 | 46,396 | 8,188 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROGRAM BUILDING EXPENSES | 4,170,172 | 4,170,172 | | |
| b DUES & SUBSCRIPTIONS | 35,536 | | 35,536 | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 5,502,322 | 4,990,837 | 511,485 | 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) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 74,096 | 1 | 121,869 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 859,582 | 3 | 874,646 |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 372,259 | 8 | 322,830 |
| | 9 Prepaid expenses and deferred charges | 5,033 | 9 | 27,425 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 173,942 | | |
| | b Less: accumulated depreciation | 48,574 | 10c | 125,368 |
| | 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 | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 944,335 | 15 | 991,171 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 2,335,277 | 16 | 2,463,309 | |
| Liabilities | 17 Accounts payable and accrued expenses | 580,335 | 17 | 824,174 |
| | 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 | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 1,497,705 | 24 | 1,185,337 |
| | 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 | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 2,078,040 | 26 | 2,009,511 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 257,237 | 27 | 453,798 |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 257,237 | 32 | 453,798 | |
| 33 Total liabilities and net assets/fund balances | 2,335,277 | 33 | 2,463,309 | |

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

REBUILDING TOGETHER TAMPA BAY, INC.

Employer identification number

59-3664580

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

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

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

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 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.") | 939,726 | 1,699,022 | 1,725,429 | 2,432,293 | 3,811,275 | 10,607,745 |
| 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 | 939,726 | 1,699,022 | 1,725,429 | 2,432,293 | 3,811,275 | 10,607,745 |
| 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) | | | | | | 173,621 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 10,434,124 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 939,726 | 1,699,022 | 1,725,429 | 2,432,293 | 3,811,275 | 10,607,745 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 18 | 100 | 1,649 | 80 | 46 | 1,893 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | 6,189 | 8,191 | 9,470 | 23,850 |
| 11 Total support. Add lines 7 through 10 | | | | | | 10,633,488 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 5,568,701 |
| 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 | 98.13% |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 93.25% |
| 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 |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 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

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 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 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (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 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D – Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 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) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable 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 **\$ 14,380**

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

REBUILDING TOGETHER TAMPA BAY, INC.

59-3664580

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

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

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

Name of organization

REBUILDING TOGETHER TAMPA BAY, INC.

Employer identification number

59-3664580**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | HILLSBOROUGH COUNTY 601 E KENNEDY BLVD TAMPA FL 33602 | \$ 1,309,739 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | THE SPURLINO FOUNDATION 7214 N MOBLEY RD ODESSA FL 33556 | \$ 90,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | CHILDREN'S BOARD OF HILLSBOROUGH COUNTY 1002 E PALM AVENUE TAMPA FL 33605 | \$ 354,582 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | VOLUNTEER FLORIDA FOUNDATION 1545 RAYMOND DIEHL ROAD, SUITE 250 TALLAHASSEE FL 32308 | \$ 778,448 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | FEDERAL HOME LOAN BANK OF PITTSBURGH 601 GRANT ST PITTSBURGH PA 15219 | \$ 909,933 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | US SMALL BUSINESS ADMINISTRATION 409 3RD STREET SW WASHINGTON DC 20416 | \$ 96,400 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

REBUILDING TOGETHER TAMPA BAY, INC.

Employer identification number

59-3664580

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 7 | REBUILDING TOGETHER 999 N CAPITOL STREET NE STE 330 WASHINGTON DC 20002 | \$ 242,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

REBUILDING TOGETHER TAMPA BAY, INC.

59-3664580

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

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

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

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and monitoring details.

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 2 columns: Question, Amount. 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 Yes No

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 10,000 | | 10,000 |
| b Buildings | | 87,849 | 25,085 | 62,764 |
| c Leasehold improvements | | | | |
| d Equipment | | 30,804 | 17,558 | 13,246 |
| e Other | | 45,289 | 5,931 | 39,358 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 125,368 |

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) WORK IN PROGRESS | 989,244 |
| (2) ESCROW ACCOUNT | 1,600 |
| (3) GIFT CARD | 327 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 991,171 |

Part X Other Liabilities.

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

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

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

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

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

| | | | | |
|---|--|----|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 5,698,883 |
| 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 | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 5,698,883 |
| 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. <i>(This must equal Form 990, Part I, line 12.)</i> | | 5 | 5,698,883 |

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

Part XIII Supplemental Information.

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

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

REBUILDING TOGETHER TAMPA BAY, INC.

59-3664580

Part I Types of Property

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

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

29

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

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

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

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

b If "Yes," describe in Part II.

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

| | Yes | No |
|-----|-----|----------|
| 30a | | X |
| 31 | | X |
| 32a | | X |

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

(This area contains horizontal lines for supplemental information.)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

REBUILDING TOGETHER TAMPA BAY, INC.

Employer identification number

59-3664580

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

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

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

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return

REBUILDING TOGETHER TAMPA BAY, INC.

Identifying number

59-3664580

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 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 | 63,050 |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 1,285 |

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 | 2,013 |
| 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 | 66,348 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

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

Date Due: May 16, 2022

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

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

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

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

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

Form **8879-EO**

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

OMB No. 1545-0047

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

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

Taxpayer identification number

REBUILDING TOGETHER TAMPA BAY, INC.

59-3664580

Name and title of officer or person subject to tax

**JOSE GARCIA
EXECUTIVE DIRECTOR**

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

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

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

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

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

PIN: check one box only

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

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

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

Signature of officer or person subject to tax _____ Date 02/26/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 61947464580
Do not enter all zeros

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

ERO's signature  Date 02/26/21

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

For Paperwork Reduction Act Notice, see back of form.

Rebuilding Together Tampa Bay

Statement of Activity

July 1, 2022 - March 24, 2023

| | TOTAL |
|------------------------------------|-----------------------|
| Revenue | |
| 40000 Donations | 25,480.70 |
| Contributions | 177,620.01 |
| Grants | 4,234,225.60 |
| Misc Income | 1,061.40 |
| Services | 23,000.00 |
| Total Revenue | \$4,461,387.71 |
| Cost of Goods Sold | |
| 50001 Cost of Goods Sold | 456.05 |
| 52515 COGS - Affordable Housing | 730,327.63 |
| COG - Grants | 311,644.77 |
| Total Cost of Goods Sold | \$1,042,428.45 |
| GROSS PROFIT | \$3,418,959.26 |
| Expenditures | |
| 60000 Salary & Fringe | 534,074.04 |
| 61065 Automobile Expense (deleted) | 500.00 |
| Interest Expense (deleted) | 791.12 |
| Operating Expenses | 525,672.44 |
| Uncategorized Expenditure | 190.00 |
| Total Expenditures | \$1,061,227.60 |
| NET OPERATING REVENUE | \$2,357,731.66 |
| Other Revenue | |
| Other Income | 815.86 |
| Total Other Revenue | \$815.86 |
| Other Expenditures | \$ -123,431.19 |
| NET OTHER REVENUE | \$124,247.05 |
| NET REVENUE | \$2,481,978.71 |

Rebuilding Together Tampa Bay

Statement of Activity

July 2021 - June 2022

| | TOTAL |
|--|-----------------------|
| Revenue | \$4,144,698.33 |
| Cost of Goods Sold | |
| 52515 COGS - Affordable Housing | 2,006,510.65 |
| COG - Grants | 160,222.78 |
| Total Cost of Goods Sold | \$2,166,733.43 |
| GROSS PROFIT | \$1,977,964.90 |
| Expenditures | |
| 60000 Salary & Fringe | 876,262.48 |
| 62800 Facilities and Equipment (deleted) | 169.39 |
| 68500 Rent (deleted) | 634.91 |
| Marketing Supplies | 11,988.67 |
| Operating Expenses | 785,906.35 |
| Purchases | 1,231.58 |
| Total Expenditures | \$1,676,193.38 |
| NET OPERATING REVENUE | \$301,771.52 |
| Other Revenue | |
| Gain/Loss on Disposal of Fixed Asset(s) | 305,000.00 |
| Other Income | 317,861.45 |
| Total Other Revenue | \$622,861.45 |
| Other Expenditures | \$56,778.96 |
| NET OTHER REVENUE | \$566,082.49 |
| NET REVENUE | \$867,854.01 |

Rebuilding Together Tampa Bay

Statement of Financial Position

As of March 24, 2023

| | TOTAL |
|--------------------------------------|-----------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | \$1,925,985.28 |
| Accounts Receivable | \$459,501.48 |
| Other Current Assets | |
| 12050 Prepaid Insurance | 37,566.12 |
| 12055 Prepaid Expenses | 49,905.26 |
| 12150 Inventory - Land | 74,181.70 |
| 12200 Inventory - Healthy Home Kits | 182,848.99 |
| 12500 Work in Progress - Unrmbred Pr | 1,819,747.45 |
| 12800 Escrow Account | 26,600.00 |
| Lowes Gift Card | 326.97 |
| Total Other Current Assets | \$2,191,176.49 |
| Total Current Assets | \$4,576,663.25 |
| Fixed Assets | |
| Auto | 131,288.45 |
| Furniture and Equipment | 8,405.69 |
| Land and Building | 80,263.88 |
| Total Fixed Assets | \$219,958.02 |
| Other Assets | |
| Loan Closing Costs | 35,232.99 |
| Total Other Assets | \$35,232.99 |
| TOTAL ASSETS | \$4,831,854.26 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | \$998,371.83 |
| Long-Term Liabilities | |
| 20 Ford Transit 350 Cargo Loan | 13,677.67 |
| 29100 Bank of Tampa Term Loan | 8,669.40 |
| Total Long-Term Liabilities | \$22,347.07 |
| Total Liabilities | \$1,020,718.90 |
| Equity | |
| 30000 Opening Balance Equity | 102,861.80 |
| 32000 Retained Earnings | 1,226,294.85 |
| Net Revenue | 2,481,978.71 |
| Total Equity | \$3,811,135.36 |
| TOTAL LIABILITIES AND EQUITY | \$4,831,854.26 |

Rebuilding Together Tampa Bay

Statement of Financial Position

As of June 30, 2022

| | TOTAL |
|--------------------------------------|-----------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | \$518,968.11 |
| Accounts Receivable | \$185,507.55 |
| Other Current Assets | |
| 12050 Prepaid Insurance | 31,383.02 |
| 12055 Prepaid Expenses | 49,905.26 |
| 12150 Inventory - Land | 73,181.70 |
| 12200 Inventory - Healthy Home Kits | 182,348.99 |
| 12500 Work in Progress - Unrmbrsd Pr | 1,539,581.87 |
| 12800 Escrow Account | 26,600.00 |
| Lowe's Gift Card | 326.97 |
| Total Other Current Assets | \$1,903,327.81 |
| Total Current Assets | \$2,607,803.47 |
| Fixed Assets | |
| Auto | 130,305.25 |
| Furniture and Equipment | 8,100.40 |
| Land and Building | 72,763.88 |
| Total Fixed Assets | \$211,169.53 |
| Other Assets | |
| Loan Closing Costs | 35,232.99 |
| Total Other Assets | \$35,232.99 |
| TOTAL ASSETS | \$2,854,205.99 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | \$1,486,950.40 |
| Long-Term Liabilities | |
| 20 Ford Transit 350 Cargo Loan | 16,627.27 |
| 29100 Bank of Tampa Term Loan | 21,471.67 |
| Total Long-Term Liabilities | \$38,098.94 |
| Total Liabilities | \$1,525,049.34 |
| Equity | |
| 30000 Opening Balance Equity | 102,861.80 |
| 32000 Retained Earnings | 358,440.84 |
| Net Revenue | 867,854.01 |
| Total Equity | \$1,329,156.65 |
| TOTAL LIABILITIES AND EQUITY | \$2,854,205.99 |