## **Application Form**

## Organization Information

### **Brief Project Descriptor**

Please briefly describe this organization's request.

Technology upgrades

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\*

Ronald McDonald House Charities of Tampa Bay, Inc.

## **Proposal Name\***

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

Safety and Security Upgrades

### EIN\*

59-1835985

### Incorporation Year\*

Printed On: 18 April 2023

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

1979

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

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

The mission of Ronald McDonald House Charities of Tampa Bay (RMHCTB) is to create, find and support programs that directly improve the health and well-being of children.

### **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 XTPLMKWJABY5

### Annual Operating Budget Size\*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization. \$4,387,053.00

### 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.

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\$70,876.00

## 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
  - o Dental Care
  - o Substance Use Disorders
- Housing

Not offering programming in these areas does <u>not</u> 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.

Ronald McDonald House Charities (RMHC) of Tampa Bay serves children and families as they seek medical treatment, which lessens the financial burden of finding funding for housing during a vulnerable and potentially traumatic time in their lives. Since opening our St. Pete house doors in 1980 as the first Ronald McDonald House in the State of Florida, we have grown from one to four Houses (3 in St. Petersburg and 1 in Tampa) and have supported over 50,000 families. Our houses provide a total of 80 bedrooms per night (66 bedrooms of 80 are in Pinellas) to families receiving treatment at Johns Hopkins All Children's, Tampa General, St. Joseph's Children's and other local pediatric care centers.

We support the family holistically. Particularly, we provide housing, meals, mental health and wellness support to provide a home away from home experience for families. All of these services are offered at no cost to families, and they stay for free, for as long as needed.

Many families have children that do not have a timetable to be discharged which leads to stress and poor eating habits. This ties into our ability to provide wellness for parents and siblings and give them a safe space to call a home away from home. We provide hot meals on site. We also provide mental health services through a partnership with Better Help to connect our parents with licensed therapists.

Our families also stay with us for a variety of treatments which includes inpatients and outpatients. In 2022 we had 3,160 caregivers, family members and patients staying in our Pinellas County RMHC houses. In 2022, the longest stay of a Pinellas County family was 71 nights. The average stay is 19 nights. Thus, we support families with diverse medical needs, and for varied lengths of time.

### 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.

When a parent finds out the child may have an issue, parents go to great constraints to get them the best treatment. Even during a pandemic, childhood illnesses occur, babies are born early, and families try to navigate through the toughest days of their lives. Family members never think about where they will stay, how they will eat, or how long this may take. We serve children from 0 to 21 years old. These children come to us for a variety of conditions which include everything from premature births to specialty treatments. Unfortunately, the cost of medical care can vary per stay in addition to the cost of food and length of the parents stay.

RMHC takes the burden off these families by providing a safe place no matter the length of time and does it at no cost. The individuals that stay with us are parents, grandparents, extended family, adoptive parents, and guardians. More importantly, they are the lifeline to their child. In 2022 we have nearly doubled the number of individuals we are serving in our Pinellas County homes (2021-1,677 people, 2022-3,160 people). RHMC values our services at \$100 a night, and families who stay an average of 19 nights save \$1,900, which is extremely difficult when seeking medical support through Medicaid.

Additionally, we have a portion of our families that stay with us multiple times. 45% of our families returned during the course of the year to stay with us because these issues are so critical. RMHC promotes an inclusive and equitable space that caters to diverse needs and where families are supported by each other. Hence, we support families thereby fostering equitable outcomes for individuals seeking healthcare services.

### **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.

RMHC Tampa Bay Covid Impact Report- ARPA Grant.pdf

Covid-19 and the aftermath created a unique combination of negative impacts for RMHC Tampa Bay. While our organization did an excellent job at managing the budget, it comes at an expense to the organization that is now realized in addition to new economic factors.

Our charity, which owns 4 properties in Pinellas County, paused all capital improvement projects to conserve resources. This includes pausing any general maintenance and repair to these properties. Deferred maintenance is costly because the problems get worse over time if not handled. In 2020 we budgeted \$300,480 and none of those funds were spent due to the uncertainty of COVID. In 2021 we budgeted \$57,500 in capital expenses hoping we could complete much-needed capital projects, but we also did not spend any funds. During 2020 and 2021 our maintenance and repair budget was under budget by \$63,549. Although we had intended these funds for these projects, we had to reallocate the funds to cover operational costs in order to provide optimal service to our community.

Resources that were slated for capital improvement were redirected to purchasing Covid tests, masks, sanitizing stations and other safety supplies, as well as, serving our constituents differently to meet the extra demand for food across a broader population.

Due to our community living environment, social distancing, and other safety requirements, 1,530 parents and children had to stay at hotels at our expense costing \$96,520 in 2020, \$172,145 in 2021 and, \$42,793 in 2022. All of our food had to be purchased as opposed to previously having community groups donate and cook causing \$238,885 in expenses since 2020.

As an offset of these expenses, we also allowed for the natural attrition of jobs. New employees have inherited significant challenges. Rehiring employees has been challenging and levels of living wages have increased significantly due to wage laws and cost of living increases, which we have applied to existing and new staff members, increasing our annual budget.

Given that RMHC caters to a diverse audience, accessibility is critical and we are also ensuring our highest safety standards. We also want to provide easier access through a key fob system in all our houses and update security system cameras which are at the end of life. Thus, having capital assets to fund and maintain functional homes is essential to promote an inclusive and equitable environment.

## 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?

The world has vastly changed throughout the pandemic, and we have discovered that our current IT and security infrastructure has aged into obsoletion and failure. Large parts of our infrastructure were last upgraded in the early 2000s (security system) and recent changes to the number of people for each individual family support team have increased. This means there are more people accessing the house as approved overnight families, but also as visitors to the premises. Families with newfound possibilities for remote work are now allowing both parents to be present for their child's care, but with more people in the house, it raises our level of security risk.

RMHC is in desperate need to upgrade failing security systems, which include security cameras, and recording devices (East and West House). Additionally, we are running into safety and security issues as it relates to the West House being the only property that still utilizes hard physical keys to gain access to the building and guest rooms. When keys are lost/stolen or otherwise misplaced, this presents safety and security challenges and presents operational challenges in our ability to quickly turnover rooms to serve other families. It also presents additional demands on budgetary and maintenance team labor that are no longer cost effective. Without a Paxton Access Control system, we cannot quickly turn off access for safety reasons.

The estimated life span for both the security and Paxton Access System is 5-10 years. This will help mitigate the costs and time associated with continually remaking hard keys and changing out locks. It will also create a safer campus by having security camera systems that work – currently the systems are failing. At West House, the systems are obsolete and no longer efficient by today's security standards. At East House, multiple components of the system have failed and no longer provide any video feed.

NOTE: Proposals are included for the security system and Paxton Access Control systems. For the systems to function appropriately, they must be supported by a robust wi-fi network. Included in the budget is an estimate from our IT provider for up to five additional cable drops, should we need to install additional components to expand the reach of the wi-fi network should the new systems require it. This will be determined once the systems are installed, and the operational status is tested.

### **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?

Our need for safety and securities upgrades is critical to equity. The security of our buildings for the safety of our families, staff, and visitors remains our number one priority, but as our systems have aged and are now failing, this is affecting our promise to our clients. As the pandemic has changed the landscape of work/school, it has allowed more flexibility for parents (both parents in some cases) to work remotely and stay in the house. Siblings can attend virtual school to ensure they maintain academic proficiency. All these conditions allow for more people in-house, and more visitors to campus than ever before. When our houses are at capacity, we have difficulty maintaining proper safety and security standards with our current failing

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systems. This increase in people in the houses also places more urgency for us to finally upgrade West House with a Paxton Access Control system in lieu of hard physical keys that present room turnover delays, and budgetary and facilities burdens.

Our facilities are the closest living facilities to our hospital partners. We value our services at \$100 per night which, if using the 2022 average stay of 19 nights, equals \$1,900. This is 37% of the monthly household income for an average family in Pinellas County. This average stay affects our families even more; 59% (423) of our families are receiving Medicaid. We cater to individuals with diverse religious, ethnic, racial, cultural, linguistic, and socio-economic backgrounds. The family structures are also diverse and include traditional nuclear families, extended families, multi-generational, single-parent, stepfamilies, same-sex and adoptive families. We also have age differences from newborns to the elderly.

Additionally, 57% of families are Caucasian, 20% are Latino/a, %11 are African American, and 12% identify as other. Our services combat healthcare inequities by increasing the support offered to families seeking medical care for their children.

### Number Served\*

How many people will directly benefit from this capital purchase annually? 1738

### 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
  - o 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 lefthand 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 affected are those navigating through the unexpected challenges of a child that has health issues. We gave our families the opportunity to answer if they are receiving Medicaid. Since August 15, 2022, (approx. 6 months) we have served 783 families and 59% (423) of our families are receiving Medicaid. Children are eligible for Medicaid if the household income is below 200% of the federal poverty level.

We value our services at \$100 per night which if using the 2022 average stay of 19 nights, equals \$1,900. This is 37% of the monthly household income for an average family in Pinellas County. You have to remember that this cost of food and accommodations would be in addition to any monthly costs (rent, food, car, etc.).

We are the only organization that provides these services. The activities will take place within our 2 properties in Pinellas County that are next to Johns Hopkins All Children's hospital. 401 7th Ave S. St. Petersburg, FL 33701 and 702 8th Avenue S. St. Petersburg, FL 33701.

Most families (78%) indicated that staying at RMHC greatly reduced their stress. While all families (100%) rated their overall experience at RMHC optimally. At RMHC, we embrace diversity and promote equity to create an equitable and inclusive environment for all.

## 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/

35 Davis Blvd. Tampa, FL 33606

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### QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

No

## 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.

RMHC Tampa Bay started in St. Petersburg because the All Children's Hospital president Dennis J. Sexton knew that he needed to find a community provider to care for families that were staying longer and could not afford the costs of hotels nearby. Johns Hopkins All Children's and medical partners such as Lampert Therapy Group are critical to our success and vice versa. Without RMHC Tampa Bay these children would not get the best treatment to improve their quality of life.

We have also built a program relationship with Feeding Tampa Bay. In 2021, 4231 pounds of food were donated from Fresh Market. From January until August 26, 2022, 3,094 pounds have been donated thus far. Feeding America is another source of food for RMHCTB families. Through our Feeding America partnership, we receive Starbucks donations as well.

We also have other wellness partners such as the local sports organizations (Lightning, Rays, Rowdies, Buccaneers), Museums (Museum of Fine Arts, Imagine Museum, The James, Children's Museum Great Explorations), Attractions (Clearwater and Florida Aquariums, Sunken Gardens), Pinellas County Urban League and Junior League of St. Petersburg. The wellness partners provide value to the experiences our families have during their stay at RMHC Tampa Bay. Their impact is to support a family's well-being through activities or working with us onsite for meals and needed house chores.

Through these various partnerships, we are able to meet the holistic needs of the family which include staying with us during medical treatment, receiving food, and attending activities.

### 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 LGBTQ+

## 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." None of the above

## **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.

MCS-Pro.pdf

### Bid/Estimate #2\*

PDF files are accepted.

Southern Integrated Systems Final.pdf

#### Bid/Estimate #3

PDF files are accepted.

Big Sur - Additional Cable Drop Estimate.pdf

#### Sole Source\*

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

Otherwise, write "N/A" below.

We contacted 2 security companies to receive bids. This includes MCS-Pro, Southern Integrated Systems, and Big Sur for technology support integrating the wifi (if needed). We believe MCS- Pro is the best option

because it is significantly more cost-effective and meets our needs. Big Sur has already conducted the assessment of technology upgrades.

### 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, we do not have any related parties involved.

### **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.

Copy of ARPA-Budget-Template-Small-Purchases (002).xlsx

RMHC proposes the purchase and installation of components that enable a functioning and secure security system, fob system, and as-needed technology to manage these new upgrades. The main components include:

- Acccess control key fob upgrades
- •Upgraded camera system
- •Additional Cable Drop- manage wifi needs for new camera and access control system (If needed)

### 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

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grants or in-kind contributions you may have obtained.

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

We did receive a \$10,000 gift in 2019 to assist with initially addressing these security needs. The goal was to find additional funding to finish this capital project in 2020. While this has been a critical project, our priority has been to raise revenue for operational expenses. This was our largest focus throughout COVID, to keep our operations going and provide our services for free.

### Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

This project will decrease ongoing operating costs because it will a) significantly reduce staff time in trying to recall security footage when needed on failing systems, which does not yield usable video feed, b) reduce labor costs of team members in creating new keys and changing locks when guests lose hard physical keys, c) reduce service calls to security system vendors to repair systems, which has become very frequent, or continuing to throw money towards end-of-life systems that do not provide an acceptable return on investment. Constant calls to our IT and security companies are billed for time and materials, in addition to transportation fees. Keys costs are at a premium to work correctly with our "unified master key" system for guest rooms. If families/staff ever need to access video feed for safety concerns for even simple issues such as minor incidents within the parking lot, staff often spend time trying to assist families with no useful results and frustration all around.

### 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"

Printed On: 18 April 2023

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.

2022 -2023 RMHC Tampa Bay Property Insurance Summary.pdf

We are insured through Besnard & Associates. They have been a long-time partner of RMHC Tampa Bay.

### 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\*

Printed On: 18 April 2023

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

2023 Condensed Budget for Grants.xlsx

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

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

2023 Board List.xlsx

### IRS Form 990\*

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

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

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

Only PDF files are permitted.

Ronald McDonald House Charities of Tampa 2021 Form 990 PDC.pdf You will find our most recent 990 forms attached.

### Most Recent Financial Statements\*

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

2021 Audited Financials.pdf

You will find the 2021 audited financials attached.

## **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**

- RMHC Tampa Bay Covid Impact Report- ARPA Grant.pdf
- MCS- Pro.pdf
- Southern Integrated Systems Final.pdf
- Big Sur Additional Cable Drop Estimate.pdf
- Copy of ARPA-Budget-Template-Small-Purchases (002).xlsx
- 2022 -2023 RMHC Tampa Bay Property Insurance Summary.pdf
- 2023 Condensed Budget for Grants.xlsx
- 2023 Board List.xlsx

Printed On: 18 April 2023

- Ronald McDonald House Charities of Tampa 2021 Form 990 PDC.pdf
- 2021 Audited Financials.pdf

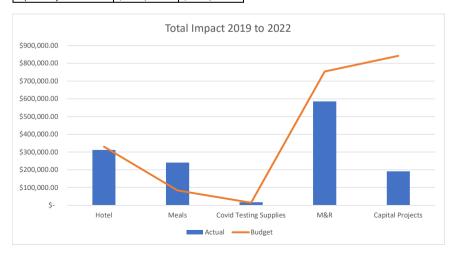
RMHC Tampa Bay COVID Impact												
ACTUAL	UAL 2019 2020 %Change 2021 %Change						(AS OF 9.7.22)		%Change			
Hotel	\$	-	\$	96,520.31	96520%	\$	172,145.94	78%	\$	42,793.98		-75%
Meals	\$	-	\$	78,811.04	78811%	\$	95,540.11	21%	\$	66,234.96		-319
Covid Testing Supplies	\$	-	\$	-	0%	\$	3,063.09	3063%	\$	14,004.47		357%
M&R	\$	177,040.75	\$	123,689.66	-30%	\$	106,950.70	-14%	\$	178,181.26		679
Capital Projects	\$	16,920.00	\$	23,990.00	42%	\$	67,197.00	180%	\$	82,980.45		239
BUDGET		2019		2020			2021			2022	%Change	
Hotel	\$	-	\$	-	0%	\$	240,000.00	240000%	\$	90,000.00		-63%
Meals	\$	-	\$	-	0%	\$	42,000.00	42000%	\$	42,000.00		0%
<b>Covid Testing Supplies</b>	\$	-	\$	-	0%	\$	6,250.00	6250%	\$	8,000.00		28%
M&R	\$	185,300.00	\$	150,000.00	-19%	\$	145,000.00	-3%	\$	274,000.00		89%
Capital Projects	\$	300,480.00	\$	300,480.00	0%	\$	77,500.00	-74%	\$	164,000.00		1129
IMPACT		2019		2020	%Change		2021	%Change		2022	%Change	
Hotel Impact	\$	-	\$	96,520.31	96520%	\$	(67,854.06)	-170%	\$	(47,206.02)		-30%
Meals Impact	\$	-	\$	78,811.04	78811%	\$	53,540.11	-32%	\$	24,234.96		-55%
Covid Testing supplies	\$	-	\$	-	0%	\$	(3,186.91)	-3187%	\$	6,004.47		-2889
M&R Impact	\$	(8,259.25)	\$	(26,310.34)	219%	\$	(38,049.30)	45%	\$	(95,818.74)		1529
Capital Projects Impact	\$	(283,560.00)	\$ (	276,490.00)	-2%	\$	(10,303.00)	-96%	\$	(81,019.55)		6869



2019 Capital Budget carried over to 2020 and then halted due to Covid. Budget decreased to account for emergency repairs only so funds could be allocated to program expenses to cover family needs for stays, meals, and supplies.

2022 Actual to Budget reflects projects not yet completed and the result shows \$81,019.55 under the budget year to date. 2021 we were over \$10,000 under budget. With upcoming capital projects needed, we anticipate the overall percentage change to drastically decrease and result in a negative change which will indicate increased capital project expenditures.

		tual	Budget		
Hotel	\$	311,460.23	\$	330,000.00	
Meals	\$	240,586.11	\$	84,000.00	
Covid Testing Supplies	\$	17,067.56	\$	14,250.00	
M&R	\$	585,862.37	\$	754,300.00	
Capital Projects	\$	191,087.45	\$	842,460.00	





Quote: 202934 / Date: 10/5/2022

Project Number: 202928

Customer

3 ea

MCS-Pro 4700 140th Ave. N, Suite 102 Clearwater, Florida 33762-3834, United States 727-935-5445

Prepared By: Russell McIntyre 727-935-5445 rmcintyre@mcs-pro.com Ronald McDonald House Charities of St. Pete 702 8th Avenue South St. Petersburg, Florida 33701, USA

> Melody Mendoza 727.767.8125 mmendoza@rmhctampabay.org

Project: Ronald McDonald House Charities West House

### Scope of Work

Install new camera, access control system, cabling and conduit.

### Access Control

2 MP Fixed Network Dome Camera

	Quantity
NUC Mini PC/HTPC, Intel Quad-Core J3455 Upto 2.3GHz, Windows 10 Professional 64Bit (8GB Ram + 256GB SSD)	1 ea
Net2 Software - Pro	1 ea
Paxton Net2 Proximity Cards (10pk)	2 ea
Rack mounted shelf double-sided 19" x 9" x 17"	1 ea
Paxton Access Door - Magnetic Lock - Single Door	4 ea
Net2 PaxLock	19 ea
Net2 Air Bridge	5 ea
Cat 6, plenum cable, blue	2,000 ft
Misc. Material	1 ea
Programming System	1 ea
Camera System	
	Quantity
8-ch Plug and Play Network Video Recorder with AcuSense 4 TB	1 ea
3 MP Network Fisheye Camera	1 ea
180° Stitched 8 MP PanoVu Camera	2 ea
Wall mount PTZ - Long	2 ea
	•



Quote: 202934 / Date: 10/5/2022

Project Number: 202928

	Quantity
Misc. Material	1 ea
Programming System	1 ea

#### **Notes**

MCS-PRO Sales Proposal General Terms and Conditions Including the following but not limited to:

**Material Delays:** In order to meet customer timelines, MCS-Pro may need to substitute products based on manufacturer availability. These substitutions will be based on like for like specifications and quality.

**Contact Person:** MCS-PRO requires that the customer provide ONE representative that can be contacted before and during the installation to schedule times, make decisions for equipment placement, provide access to all areas necessary to complete the installation and has the authority to provide a final installation sign off.

**Hours of Work:** Performance Unless otherwise specified in the scope of work, all work will be performed during normal daily working hours of 8:00AM to 4:00PM, Monday through Friday. Work performed during other daily hours or on weekends or holidays will incur additional labor costs unless specified in the proposal.

**Delays:** Additional costs may be incurred if the MCS-PRO installation crew cannot work in the area during the scheduled time. If the MCS-PRO crew has to vacate the room or facility because of a meeting, construction or other use of the room which will delay the completion of the installation within the scheduled time, additional labor costs will be charged for the cleanup of the room, down time of the installers and setting back up to continue the installation.

**Cancelled Orders:** All orders cancelled after equipment orders have been placed with the manufacturer are subject to cancellation and/or restock fees including freight charges if equipment has already shipped. Custom orders or changes are not eligible for credit.

**Drawings:** If pdf drawings of the facility exist, files will be provided to MCS-PRO at no charge for purposes of showing locations of communication outlets, racks, devices, conduit and electrical box requirements. If drawings cannot be provided, MCS-Pro will utilize the documents provided by the client to identify communication outlet locations and IDs. MCS-PRO will also include copies of these modified drawings as part of the close-out documents for future reference.

**Terms of Sale:** The prices quoted above will be honored for ten (10) days at which time MCS-PRO reserves the right to increase prices based on increased costs to provide the services quoted. There is a 3% processing charge on all credit cards charges. At the award of the project the client will be invoiced for the cost of the materials. This invoice shall be net 15. Upon receipt of payment and delivery of the materials, MCS-Pro will then schedule the project. Invoicing will be based on progress of the work being performed. All payments are due Net 15 from date of Invoice. MCS-PRO reserves the right to add a 1 ½% Service Charge per month for overdue balances. Acceptance of Proposal The prices and terms and conditions contained herein, including the attached page(s), are hereby accepted. MCS-PRO is authorized to do work as specified above.

**Additional Work/Change:** Orders Any additional work that is agreed to by both parties and not addressed in the scope of work as provided in this agreement will be considered outside the scope of the Services and must be approved by the client before any additional work is started. Work for Change Orders will only commence when authorized signatures from representatives from MCS-Pro and the Client are obtained.

**Notice to Owner:** MCS-Pro reserves the right to submit a Notice to Owner for all projects above \$2,500 including change orders. During which the MCS-Pro will provide the necessary Release of Liens upon final payments.



Quote: 202934 / Date: 10/5/2022

Project Number: 202928

**Insurance:** Insurance at no additional cost is as follows; • Workers Comp - \$1,000,000.00 • General Liability - \$1,000,000.00 per occurrence • General Aggregate - \$2,000,000.00 • Automobile Policy - \$1,000,000.00 Additional Insured Endorsement any increase of insurance limits required by the customer or contractor will be priced and added to the cost of the project. If a Letter of Subrogation is required a cost of \$250.00 will be added to the cost of the project.

**Permit Fees:** All requirements and costs for acquiring a permit will be added to the cost of the project if required.

**Warranty/Limitation of Liability:** MCS-Pro warrants that its services provided herein shall be performed in a workman like manner in accordance with all applicable industry standards. All work performed shall be warranted by MCS-Pro for a period of 12 months. MCS-Pro shall have no liability with respect to changes made to Client's system by persons other than authorized MCS-Pro personnel.

<b>Summary</b> Subtotal		\$ 50,926.50		
	\$ 50,926.50		Accepted By	Date



Quote: 202932 / Date: 10/5/2022

Project Number: 202930

Customer

O. . . . . . . . . . . .

MCS-Pro 4700 140th Ave. N, Suite 102 Clearwater, Florida 33762-3834, United States 727-935-5445

Prepared By: Russell McIntyre 727-935-5445 rmcintyre@mcs-pro.com Ronald McDonald House Charities of St. Pete 702 8th Avenue South St. Petersburg, Florida 33701, USA

> Melody Mendoza 727.767.8125 mmendoza@rmhctampabay.org

Project: Ronald McDonald House Charities East House

#### Scope of Work

Remove and replace existing analog camera system with new digital NVR, IP cameras and Cat6 cabling

### Camera System Change Out

	Quantity
32-ch 1U AcuSense 4K NVR	1 ea
4 MP AcuSense Fixed Dome Network Camera	25 ea
24-Port 100Mbps PoE Switch Smart Managed	1 ea
Leviton 1-port, cat 6 Camera drop RJ45	25 ea
Cat 6, plenum cable, blue	6,000 ft
Miscellaneous Labor for Video Surveillance	1 ea

#### **Notes**

MCS-PRO Sales Proposal General Terms and Conditions Including the following but not limited to:

**Material Delays:** In order to meet customer timelines, MCS-Pro may need to substitute products based on manufacturer availability. These substitutions will be based on like for like specifications and quality.

**Contact Person:** MCS-PRO requires that the customer provide ONE representative that can be contacted before and during the installation to schedule times, make decisions for equipment placement, provide access to all areas necessary to complete the installation and has the authority to provide a final installation sign off.

**Hours of Work:** Performance Unless otherwise specified in the scope of work, all work will be performed during normal daily working hours of 8:00AM to 4:00PM, Monday through Friday. Work performed during other daily hours or on weekends or holidays will incur additional labor costs unless specified in the proposal.

**Delays:** Additional costs may be incurred if the MCS-PRO installation crew cannot work in the area during the scheduled time. If the MCS-PRO crew has to vacate the room or facility because of a meeting, construction or other use of the room which will delay the completion of the installation within the scheduled time, additional labor



Quote: 202932 / Date: 10/5/2022

Project Number: 202930

costs will be charged for the cleanup of the room, down time of the installers and setting back up to continue the installation.

**Cancelled Orders:** All orders cancelled after equipment orders have been placed with the manufacturer are subject to cancellation and/or restock fees including freight charges if equipment has already shipped. Custom orders or changes are not eligible for credit.

**Drawings:** If pdf drawings of the facility exist, files will be provided to MCS-PRO at no charge for purposes of showing locations of communication outlets, racks, devices, conduit and electrical box requirements. If drawings cannot be provided, MCS-Pro will utilize the documents provided by the client to identify communication outlet locations and IDs. MCS-PRO will also include copies of these modified drawings as part of the close-out documents for future reference.

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**Notice to Owner:** MCS-Pro reserves the right to submit a Notice to Owner for all projects above \$2,500 including change orders. During which the MCS-Pro will provide the necessary Release of Liens upon final payments.

**Insurance:** Insurance at no additional cost is as follows; • Workers Comp - \$1,000,000.00 • General Liability - \$1,000,000.00 per occurrence • General Aggregate - \$2,000,000.00 • Automobile Policy - \$1,000,000.00 Additional Insured Endorsement any increase of insurance limits required by the customer or contractor will be priced and added to the cost of the project. If a Letter of Subrogation is required a cost of \$250.00 will be added to the cost of the project.

**Permit Fees:** All requirements and costs for acquiring a permit will be added to the cost of the project if required.

**Warranty/Limitation of Liability:** MCS-Pro warrants that its services provided herein shall be performed in a workman like manner in accordance with all applicable industry standards. All work performed shall be warranted by MCS-Pro for a period of 12 months. MCS-Pro shall have no liability with respect to changes made to Client's system by persons other than authorized MCS-Pro personnel.

#### Summary

Subtotal \$ 17,948.75



Quote: 202932 / Date: 10/5/2022 Project Number: 202930

,	\$ 17,948.75		
	\$ 17.948 75	Accepted By	Date



March 31, 2023

RONALD MCDONALD HOUSE CHARITIES OF ST. PETE 702 8th Avenue South St. Petersburg, FL 33701 Attn: Christopher Lauth

RE: - Security Systems Proposal For Ronald McDonald House Charities - West House

Southern Integrated Systems is pleased to submit pricing for the below scope as requested for above listed property. Below is a detailed breakdown of scope and pricing options:

#### **CCTV SYSTEM OPTION:**

Remove existing analog camera system & replace with new IP based

- Furnish & Install (8) Paxton 10 Network Cameras
  - o (3) Fixed Dome Cameras
  - (1) Fisheye Camera
  - o (2) 180 Cameras
  - (2) Turret Cameras (THESE ARE NOT PTZ TYPE CAMERAS)
- (Lot) Free-Air Cabling, Mounting Hardware, mounting, labeling, terminations, set-up & testing
- (Lot) Head-end Equipment To be mounted in the existing customer rack: Patch panel & Unmanaged Switch
- (1) Paxton Video Controller & Server
- (Lot) Paxton Web-based Software
- (Lot) Start-up, Programming & Customer Training

#### ACCESS CONTROL SYSTEM:

- Furnish & Install (1) Laptop Windows 10 or 11 64bit 8GB Ram + 256 GB SSD
- Furnish & Install (4) Paxton NET2 Door Controller POE
  - (4) Door Locations
- Furnish & Install (4) Mag Locks To be powered off the controller

(Note: use of electric strike in lieu of maglock)

- Furnish & Install (4) Paxton card reader surface mtd.
- Furnish & Install (19) Net2 PaxLocks
  - o (19) Interior Door Locations
- Furnish & Install (5) Net2 Air Bridge
- Furnish (20) Paxton proximity keyfobs
- Furnish (1) desktop USB FOB programmer
- (Lot) Free-air Cabling, Mounting Hardware, mounting, terminations, set-up & testing
- (Lot) Start-Up, Programming, Customer Training
- (1) Net2 Software PRO
- Furnish & Install Head-End: Rack, Unmanaged Switch, Patch Panel, 120v 15 amp plug surge strip
   \*\*\*NOTE: DUE TO EXISTING SPACE INSTALLTION OF CARD READER & ELECTRIC STRIKE WILL REQUIRE DRYWALL REPAIR AND IS

NOT INCLUDED IN THE PROPOSAL – DRYWALL REPAIR AND PAINTING IS BY OTHERS

PROPOSAL TOTAL ..... \$109,800.00

#### PROPOSAL CLARIFICATIONS & EXCLUSIONS:

- Pricing Excludes Conduits proposal based on Free-Air Cabling
- Pricing Includes Sales Tax
- 1-Year warranty on labor from date of completion
- Pricing based on installation during normal business days & hours
- Pricing Excludes any Davis Bacon or Section 3 requirements
- Pricing Excludes engineering, revised drawings, Inspection & permit fees

\*\*\* CONTINUED ON NEXT PAGE \*\*\*



#### PAGE 2

- Pricing Excludes MDF/IDF/Equipment closets plywood backboards & ground bars
- Pricing Excludes all NETWORK/Owner Furnished Equipment Switches, Routers, etc.
- Pricing Excludes Internet service, 3<sup>rd</sup> party SIP server & service provider costs for service
- Proposal good for (10) days
- Payment Terms: NET 15 from date of invoice 1-1/2% Service Charge after

ACCEPTED BY:	DATE:

If you have any questions after reviewing this proposal, please feel free to contact me on my cell at: 941-702-0203 to discuss. I look forward to the opportunity to meet your project needs.

Sincerely,

Southern Integrated Systems

Jason Dinger

idinger@southernis.com



March 31, 2023

RONALD MCDONALD HOUSE CHARITIES OF ST. PETE 702 8th Avenue South St. Petersburg, FL 33701 Attn: Christopher Lauth

RE: - Security Systems Proposal For Ronald McDonald House Charities – East House

Southern Integrated Systems is pleased to submit pricing for the below scope as requested for above listed property. Below is a detailed breakdown of scope and pricing options:

#### **CCTV SYSTEM OPTION:**

Remove existing analog camera system & replace with new IP based

- Furnish & Install (25) Paxton 10 4MP Fixed Dome Network Cameras
- (Lot) Free-Air Cabling, Mounting Hardware, mounting, labeling, terminations, set-up & testing
- (Lot) Head-end Equipment To be mounted in the existing customer rack: Patch panel & Unmanaged Switch
- (1) Paxton Video Controller & Server
- (Lot) Paxton Web-based Software
- (Lot) Start-up, Programming & Customer Training

CCTV System Total .... \$59,700.00

#### PROPOSAL CLARIFICATIONS & EXCLUSIONS:

- Pricing Excludes Conduits proposal based on Free-Air Cabling
- Pricing Includes Sales Tax
- 1-Year warranty on labor from date of completion
- Pricing based on installation during normal business days & hours
- Pricing Excludes any Davis Bacon or Section 3 requirements
- Pricing Excludes engineering, revised drawings, Inspection & permit fees
- Pricing Excludes MDF/IDF/Equipment closets plywood backboards & ground bars
- Pricing Excludes all NETWORK/Owner Furnished Equipment Switches, Routers, etc.
   Pricing Excludes Internet service, 3<sup>rd</sup> party SIP server & service provider costs for service
- Proposal good for (10) days
- Payment Terms: NET 15 from date of invoice 1-1/2% Service Charge after

ACCEPTED BY:	DATE:
	<del></del>

If you have any questions after reviewing this proposal, please feel free to contact me on my cell at: 941-702-0203 to discuss. I look forward to the opportunity to meet your project needs.

Sincerely,

Southern Integrated Systems

Jason Dinger

jdinger@southernis.com

From: Bryan Schneider
To: Christopher Lauth
Subject: RE: East Wi-Fi

**Date:** Friday, March 17, 2023 10:53:13 AM

Attachments: <u>image001.png</u>

We have 3 vendors.. I can see which one can get out there the quickest. A cable run like that will probably cost between 100-400 dollars.

If you want to use Clark, by all means. Please let me know.

Bryan Schneider

Director of Service Operations

direct 813.405.3026 helpdesk 813.990.0637

bigsurtech.com bryan@bigsurtech.com

From: Christopher Lauth <clauth@rmhctampabay.org>

**Sent:** Friday, March 17, 2023 9:53 AM

To: Bryan Schneider <Bryan@bigsurtech.com>

Subject: RE: East Wi-Fi

Who's your vendor?

We've used Clark before, I believe.

CRL

**From:** Bryan Schneider < <u>Bryan@bigsurtech.com</u>>

Sent: Friday, March 17, 2023 9:42 AM

**To:** Christopher Lauth < <u>clauth@rmhctampabay.org</u>>

Subject: RE: East Wi-Fi

Ahh.. ok.. So that is the area I was worried about.. We purchased an AP for that area but there is no cable in that area to install it with. The first thing we need to do is have someone run a cable to that area. Do you have someone that can do the cable run or do I need to get our vendor to do that? The cable will need to be terminated to the switch in the food pantry in the kitchen area.

Bryan Schneider

Director of Service Operations

direct 813.405.3026 helpdesk 813.990.0637

bigsurtech.com bryan@bigsurtech.com

**From:** Christopher Lauth <<u>clauth@rmhctampabay.org</u>>

**Sent:** Friday, March 17, 2023 9:39 AM

**To:** Bryan Schneider < <u>Bryan@bigsurtech.com</u>>

**Subject:** RE: East Wi-Fi

No worries – I didn't expect you to come out today.

That's the backend of the building, the two rooms off of the activity room where the pool table is.

CRL

**From:** Bryan Schneider < Bryan@bigsurtech.com>

**Sent:** Friday, March 17, 2023 9:37 AM

To: Christopher Lauth < clauth@rmhctampabay.org >

Subject: RE: East Wi-Fi

I can do that.. Unfortunately not today.

Where is the Learning Lab? Office?

Bryan Schneider

Director of Service Operations

direct 813.405.3026 helpdesk 813.990.0637

bigsurtech.com bryan@bigsurtech.com

**From:** Christopher Lauth <<u>clauth@rmhctampabay.org</u>>

Sent: Friday, March 17, 2023 9:33 AM

**To:** Bryan Schneider < <u>Bryan@bigsurtech.com</u>>

Subject: East Wi-Fi

Hi Bryan,

I'm getting multiple complaints that the wi-fi in the office and learning lab is poor, particularly for video calls.

Can we get you to come out again at some point and check it out?

Thanks,

C



Director of Operations, RMHC Tampa Bay | RMHCTampaBay.org ph: 727.767.7683 | clauth@rmhctampbay.org











## ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: RMHC of Tampa Bay
Proposal Name: Safety & Security Upgrades

Α	В	С	D	Ε		F	G	Н
Line		Price Per	Quantity of	Purchas	e	ARPA Grant Funds		
Item	Item (Description)	Item	Item	Total		Requested	Applicant Match	Funding Total
1	East - Security System	\$ 17,949.00	1	\$ 17,9	49 \$	17,949	\$ -	\$ 17,949
2	West - Security & Paxton Acces	\$ 50,927.00	1	\$ 50,9	27 \$	50,927	\$ -	\$ 50,927
3	AS NEEDED: additional cable dr	\$ 400.00	5	\$ 2,0	00 \$	2,000	\$ -	\$ 2,000
		\$ -		\$ -	\$	-	\$ -	\$ -
		\$ -		\$ -	\$	-	\$ -	\$ -
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		\$ -		\$ -	\$	-	\$ -	\$ -
		\$ -		\$ -	\$	-	\$ -	\$ -
		TOTAL	7	\$ 70,8	76 \$	70,876	\$ -	\$ 70,876

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL Columns E, H, and the "TOTAL" row are locked and cannot be edited

### Key

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

# **Insurance Proposal for**



### NAMED INSURED AND EXPOSURES

### RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.

### Named Insured Schedule:

Named Insured	FEIN
Ronald McDonald House Charities of Tampa Bay, Inc.	59-1835985

## **Exposures:**

Address	2022 Exposure Description	2022 Exposure
All Locations	Building	\$6,725,000
	Business Personal Property	\$970,000
	Business Income/Extra Expense	\$670,000
	Property Total Insured Value	\$8,365,000

## PREMIUM SUMMARY

### RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY INC.

Property:	2021	2022	
Carrier:	Mt. Hawley Insurance Co.	Mt. Hawley Insurance Co.	
A.M. Best Rating	A+ (Superior)	A+ (Superior)	
Premium	\$39,291.00	\$51,236.00	
Taxes/Fees/Surcharges	\$1,977.30	\$2,828.30	
Total Cost	\$41,443.30	\$54,064.30	
General Liability & Improper Sexual Abuse:	2021	2022	
Carrier:	Alliance of Non-Profits	Alliance of Non-Profits	
A.M. Best Rating	A+ (Excellent)	A+ (Excellent)	
Total Cost	\$7,334.00	\$7,311.56	
Business Auto: (HNOA)	2021	2022	
Carrier:	Alliance of Non-Profits	Alliance of Non-Profits	
A.M. Best Rating	A (Excellent)	A (Excellent)	
Total Cost	\$250.00	\$250.00	
Crime:	2021	2022	
Carrier:	Federal Insurance Co.	Federal Insurance Co.	
A.M. Best Rating	A++ (Superior)	A++ (Superior)	
Total Cost	\$283.00	\$283.00	
Cyber:	2021	2022	
Carrier:	Lloyd's of London	Lloyd's of London	
A.M. Best Rating	A+ (Excellent)	A+ (Excellent)	
Premium	\$1,680.00	\$1,750.00	
Taxes/Fees/Surcharges	\$40.00	\$127.50	
Total Cost	\$1,720.00	\$1,877.50	
Umbrella:	2021	2022	
Carrier:	Landmark American	Landmark American	
A.M. Best Rating	A+ (Excellent)	A+ (Excellent)	
Premium	\$4,300.00	\$4,300.00	
Taxes/Fees/Surcharges	\$219.30	\$219.30	
Total Cost	\$4,519.30	\$4,519.30	
Directors & Officers:	2021	2022	
Carrier:	Philadelphia	Philadelphia	
A.M. Best Rating	A+ (Excellent)	A+ (Excellent)	
Total Cost	\$2,909.00	\$3,013.95	
TOTAL:	\$58,458.60	\$71,319.61	

## **PROPERTY**

### RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.

Location	Description	Renewal	Deductible
835 7 <sup>th</sup> Street (Night Manager's House)	Building	\$225,000	\$5,000
	Business Personal Property	\$20,000	\$5,000
(Night Manager's House)	Business Income & Extra Expense	\$20,000	Actual Loss Sustained
700 0th A	Building	\$1,500,000	\$5,000
702 8th Avenue (St. Pete West -All Children's)	Business Personal Property	\$170,000	\$5,000
	Business Income & Extra Expense	\$150,000	Actual Loss Sustained
05 O L L D.	Building	\$1,500,000	\$5,000
35 Columbia Dr.	Business Personal Property	\$210,000	\$5,000
(Tampa General)	Business Income & Extra Expense	\$150,000	Actual Loss Sustained
00.0	Building	\$200,000	\$5,000
28 Columbia Dr. (Storage)	Business Personal Property	N/A	N/A
	Business Income & Extra Expense	\$10,000	Actual Loss Sustained
40.4 7th A	Building	\$2,800,000	\$5,000
401 7 <sup>th</sup> Avenue	Business Personal Property	\$400,000	\$5,000
(St. Pete East-All Children's)	Business Income & Extra Expense	\$250,000	Actual Loss Sustained
30 Columbia Dr. (Night Manager's House)	Building	\$200,000	\$5,000
	Business Personal Property	\$20,000	\$5,000
	Business Income & Extra Expense	\$20,000	Actual Loss Sustained
601 5 <sup>th</sup> Street (St. Pete Central)	Building	N/A	N/A
	Business Personal Property	\$100,000	\$5,000
	Business Income & Extra Expense	\$50,000	Actual Loss Sustained
	Building	\$300,000	\$5,000
35 Davis Blvd.	Business Personal Property	\$50,000	\$5,000
(Administration Office)	Business Income & Extra Expense	\$20,000	\$5,000
	Building	\$	6,725,000
TOTAL INSURED VALUE	Business Personal Property	\$970,000	
(TIV)	Business Income & Extra Expense	\$670,000	
	TOTAL	\$8,365,000	

Coverage Terms & Conditions				
Perils Covered	Special Excluding Flood & Earthquake			
Valuation	Replacement Cost			
Co-Insurance	N/A			
Business Income & Extra Expense Valuation	Actual Loss Sustained			
All Other Perils Deductible	\$5,000 per occurrence Except:			
All Other Wind/Hail Deductible	\$25,000 per Occurrence			
	3% of TIV per Location at the time of loss or			
Named Storm Deductible	damage subject to a \$50,000 minimum per			
	occurrence			

#### **Additional Terms and Conditions**

35% Minimum Earned Premium

75% Minimum Earned Premium if effective for 50 or more days during June 1 through November 1

Terrorism coverage can be added for an additional premium of \$3,500 plus taxes & fees

Equipment Breakdown Included

Protective Safeguards:

- BR-1- Central Station Automatic Burglar Alarm
- SD-1- Smoke Detector Device

Roof, Roof Coatings, Roof Canopies, or any other materials or components used in conjunction with roof construction or roof re-covering including, but not limited to shingles, shakes, flashing, insulation, and membrane(s), if, at the time of loss, the roof is determined to be over 15 years old will be Actual Cash Value.

Asbestos Exclusion

Communicable Disease Exclusion

Cyber and Computer Related Loss Exclusion

Exclusion of Cosmetic Damage to Roof Surfacing

Nuclear, Biological, Chemical or Radioactive Exclusion

Total Pollution Exclusion

Water Exclusion

2023 Grants Budget									
INCOME	TOTALS								
Donations (Invdividuals & Corporations)	\$1,195,000								
McDonald's Fundraisers	\$1,078,100								
RMHCTB Fundraisers	\$711,500								
Community Fundraisers	\$220,000								
Grants - Restricted	\$150,000								
RMHC Global Fundraisers	\$96,200								
Adopt a Room	\$75,000								
Wills & Trusts	\$250,000								
Miscellaneous Income	\$30,000								
Interest Income	\$400,000								
Total Income	\$4,205,800								
EXPENSES	TOTALS								
Salaries	\$1,995,551								
Payroll Tax Expense	\$155,804								
Health Insurance	\$327,600								
Workers Comp Insurance	\$8,800								
Employee 401K	\$58,426								
Employee Reimbursement	\$12,000								
Utilities	\$160,792								
House Supplies, Repairs & Services	\$389,342								
Office Supplies & Expenses	\$110,829								
Postage	\$10,000								
Dues & Subscriptions	\$8,000								
Advertising & Promotion	\$45,159								
Cost of Items Sold	\$5,500								
Fund Raising Expense	\$452,000								
McDonald's Fundraisers Expenses	\$100,000								
Red Shoe Council Expense	\$500								
Volunteer Program	\$2,000								
Meeting & Travel	\$86,000								
House Insurance	\$79,200								
Legal & Accounting	\$40,150								
All Taxes & Licenses	\$4,200								
Bank & Credit Card Fees	\$35,200								
Capital Improvement Expense	\$300,000								
Total Expenses	\$4,387,053								

2023 RMHC Board of	Trustees Roster	
NAME	COMPANY	POSITION
Bean, Wes PRESIDENT	Catalina Marketing	SVP Global Network Development
Laravie, Janel VICE PRESIDENT	Chacka Marketing	Founder & CEO
Iwanicki, John TREASURER	Protective Life Insurance	VP Government Affairs
Lynch, Ruth SECRETARY		
O'Reilly, Kerry PAST PRESIDENT	Tampa Bay Times	Marketing Director
Ameen, Edward CHAIRMAN EMERITUS	·	5
Barber, Pam	MOR /Hearst Television	President & General Manager
Barbaro, Mike	iHeart Media Markets Group	VP of Sales
Blankenship, Eric	Mind Stone Marketing	Owner/Marketing Executive
Devile Leading	B I I	SVP, Head of Sales, Education &
Boyle, Laetitia	Raymond James	Engagment
Catoe, Lauren	AECOM Hunt	Assistant General Council
Ford, Brian	Tampa Bay Buccaneers	COO
Frost, Chris	Frost Management	McDonald's Owner/Operator
Garner, Krista	PDR CPAs + Advisors	Audit Manager
Hames, Josh	Brown & Brown Insurance	Vice President
Hampton, Caycee	Carlton Fields	Associate
Hypes, Warren	Tampa Bay Rays	Creative Director
Larsen, Eric	Allianz Global Investors	VP External Investment Consultant
Leone, Dennis	Shankman Leone	Partner
Macogay, Melissa	Johns Hopkins All Childrens Hospital	Vice President & Chief Nursing Officer
Madefind James	Marchus & Millichap   Medefind	First VP Investments; Senior Dir Nat
Medefind, James	Retail Team	Retail Group
Pelleymounter, Travis	Tampa Bay Lightning	Vice President, Tickets Sales & Service
Prado, Rachel Milan	Prado Group McDonalds	McDonald's Owner/Operator
Ramsay, Marsha MD	Virginia Pediatrics, BayCare Medical Group	Pediatrician
Sears, Dr. Ruthmae	University of South Florida	Associate Professor in Mathematics Education
Sportsman, Tricia	Integrated Supply Network	VP, People & Culture
Tarlton, Daron AUDIT CO-CHAIR	Dixon Hughes Goodman LLP	Partner
Vivas, Rudy	H&L Partners	Account Director
Vukmer, Sheila		
VanCuyk, Jamie ADVISORY COUNCIL CHAIR,	Growing Your Team	Owner, Small Business Consultant
non-voting	Growing rour realit	Owner, Jinan Business Consultant
Suprenand, Lisa CEO, non-voting	RMHC Tampa Bay	CEO

Total Board Members	29
Total Responses Recorded	29
·	
Age	
18-24	0
25-34	2
35-44	9
45-54	10
55-64	4
Over 65	1
Gender	
Male	17
Female	12
Race/Ethnicity	
African American/Black	2
Asian/Pacific Islander	0
Caucasian/White	25
Latino/ Latin American/Hispanic	2
Native American/Indian	0

#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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.

and ending

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization RONALD MCDONALD HOUSE CHARITIES Address change OF TAMPA BAY, INC. Name change 59-1835985 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return 813-258-6430 35 DAVIS BLVD 6,656,636. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended TAMPA, FL 33606 H(a) Is this a group return Applica-F Name and address of principal officer: KRISTA GARNER for subordinates? ..... Yes X No pending 33606 35 DAVIS BLVD, TAMPA, FL H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. See instructions J Website: WWW.RMHCTAMPABAY.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1978 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDES A HOME-AWAY-FROM-HOME Governance FOR FAMILIES OF PEDIATRIC PATIENTS IN AREA HOSPITALS. Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 2.7 3 Number of voting members of the governing body (Part VI, line 1a) 27 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 48 249 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** Prior Year Contributions and grants (Part VIII, line 1h) 3,389,415. 4,046,465. Revenue Program service revenue (Part VIII, line 2g) 24,017. 27,259. 485,468. 1,009,404. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 105,762. 89,853. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,004,662. 5,172,981. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 0. 0. 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. 1,884,587. 1,904,553. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee 2.

16a Professional fundraising fees (Part IX, column (A), line 11e) 274, 451. Expenses 1,274,921. 1,346,588. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,159,508. 3,251,141. 845,154. 1,921,840. 19 Revenue less expenses. Subtract line 18 from line 12 . Or **Beginning of Current Year** End of Year 18,277,622. 20,980,935. 20 Total assets (Part X, line 16) 211,513. 204,558. 21 Total liabilities (Part X, line 26) et 22 Net assets or fund balances. Subtract line 21 from line 20 ...... 18,066,109. 20,776,377. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepater (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign KRISTA GARNER, TREASURER Here Type or print name and title Print/Type preparer's name Preparer's signature P01342929 SAM A. LAZZARA Paid self-employed Firm's EIN > 59-3040705 Firm's name RIVERO, GORDIMER & COMPANY, Preparer Firm's address P. O. BOX 172359 Use Only Phone no. (813) 875-7774 TAMPA, FL 33672 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Pai	t 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:  RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY CREATES, FINDS, AND
	SUPPORTS PROGRAMS THAT DIRECTLY IMPROVE THE HEALTH AND WELL-BEING OF
	CHILDREN AND THEIR FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$2,610,705 • including grants of \$) (Revenue \$)
	RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY SERVES THE MOST VULNERABLE
	POPULATION OF CHILDREN RECEIVING MEDICAL TREATMENT AND THEIR FAMILIES.
	SINCE OPENING OUR ST. PETE HOUSE DOORS IN 1980 AS THE FIRST RONALD
	MCDONALD HOUSE IN THE STATE OF FLORIDA, WE HAVE GROWN FROM ONE TO FOUR
	HOUSES IN THE TAMPA BAY AREA AND HAVE SUPPORTED OVER 50,000 FAMILIES.
	OUR HOUSES PROVIDE A TOTAL OF 80 BEDROOMS PER NIGHT TO FAMILIES.
	RECEIVING TREATMENT AT JOHNS HOPKINS ALL CHILDREN'S, TAMPA GENERAL, AND
	ST. JOSEPH'S CHILDREN'S HOSPITALS, AND OTHER LOCAL PEDIATRIC CARE
	CENTERS. WE PROVIDE ACCOMMODATIONS, MEALS, AND SUPPORT AT OUR HOUSES AT
	NO COST TO THE FAMILIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	/ (Indiana) / (Ind
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 2,610,705.
<u>4e</u>	Total program service expenses ► 2,610,705.
13200	SEE SCHEDULE O FOR CONTINUATION(S)

# 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		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	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	21	
ıza	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 25	
Б	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
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	18	Х	
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	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х

	1990 (2021) OF TAMPA BAY, INC. 59-183	<u> 5985</u>	P	age
Pa	rt 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			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
	Schedule J	. 23		_^
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠.
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	. 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		Х
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? If "Yes," complete			۱
	Schedule L, Part I	. 25b		Х
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		Х
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? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	_ 28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	• ——		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2			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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	.		
	Note: All Form 990 filers are required to complete Schedule O	. 38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	.6	1.03	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

OF TAMPA BAY, INC.

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

			Yes	No
<b>2</b> a	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 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
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)?	4a		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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/	Δ
g	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	-17	_
Ū	sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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  Enter the amount of reserves on hand  13b			
		14a		Х
	16 10 4 11 11 11 11 11 11 11 11 11 11 11 11 1	14a 14b		<del></del>
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes." complete Form 6069.			

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoons$			
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	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finaı	ncial	
	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			
	LISA SUPRENAND, EXECUTIVE DIRECTOR - 813-258-6430			
	35 DAVIS BLVD, TAMPA, FL 33606			

# 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, K	ey Emplo	yees, and Hig	ghest Com	pensated Emp	oloyees

- 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	со	mpe	nsa	ted any current officer, of	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	more	ገ e than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	amount of
	week		cer ar	lu a u	recu	or/trus	lee)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	ntiona	_	Key employee	st co	 	1001130		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) LISA SUPRENAND	40.00							10		
EXECUTIVE DIRECTOR				Х		L		119,394.	0.	11,611.
(2) PAM BARBER	1.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(3) EDWARD AMEEN	10.00									
CHAIRMAN		Х		X				0.	0.	0.
(4) KERRY O'REILLY	5.00									
PRESIDENT	,	X		Х				0.	0.	0.
(5) WESLEY BEAN	5.00	١,	•							
VICE PRESIDENT		X		Х				0.	0.	0.
(6) LAUREN CATOE	5.00									
SECRETARY		Х		Х				0.	0.	0.
(7) KRISTA GARNER	10.00									_
TREASURER	)	Х		Х				0.	0.	0.
(8) ERIC BLANKENSHIP	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(9) BLAKE CASPER	1.00	ļ								•
DIRECTOR	1 00	Х				_		0.	0.	0.
(10) MIKE BARBARO	1.00	١								•
DIRECTOR	1 00	Х				_		0.	0.	0.
(11) BRIAN FORD	1.00	١,,								0
DIRECTOR	1 00	Х				_	_	0.	0.	0.
(12) CHRIS FROST	1.00	Į.,						0.		0
DIRECTOR	1 00	Х				-		0.	0.	0.
(13) JEFF HARRING	1.00	Į.,								^
DIRECTOR	1 00	Х				-		0.	0.	0.
(14) JOSH HAMES	1.00	₩.						0		0
DIRECTOR	1.00	X			_	-		0.	0.	0.
(15) CAYCEE HAMPTON DIRECTOR	1.00	X						0.	0.	0.
(16) DAN PAONE	1.00	^				-		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(17) WARREN HYPES	1.00	1		$\vdash$	$\vdash$	+	$\vdash$		0.	<b>-</b>
DIRECTOR	1.00	X						0.	0.	0.
<u></u>	L	1 4 2								F 000 (2004)

132007 12-09-21

59-1835985 Page 8 Form 990 (2021) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee week from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC/ from the related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) (18) JANEL LARAVIE 1.00 0. 0. 0. DIRECTOR (19) DENNIS LEONE 1.00 X 0 0 . 0. DIRECTOR 1.00 (20) RUTH LYNCH 0 X 0 0. DIRECTOR 1.00(21) MELISSA MACOGAY X 0 . DIRECTOR 0 0. (22) JAMES MEDEFIND 1.00 0 0 0. DIRECTOR X 1.00 (23) TRICIA SPORTSMAN X 0. DIRECTOR 0. (24) TRAVIS PELLEYMOUNTER 1.00 X 0 0 0. DIRECTOR 1.00 (25) MARSHA RAMSAY X 0. 0. 0. DIRECTOR 1.00(26) SHEILA VUKMER DIRECTOR Х 0 0 0 119,394 0. 11,611 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 119,394. 11,611.d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 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 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X Section B. Independent Contractors 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. (C) (A) (B) Name and business address NONE Description of services Compensation

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

SEE PART VII, SECTION A CONTINUATION

Form 990 OF TAMPA	DAI, II	<u> </u>	•						59-183	3903												
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)													
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)												
Name and title	Average			Pos				Reportable	Reportable	Estimated												
	hours	(check all that apply)					ly)	compensation	compensation	amount of												
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional fustee Officer Key employee Highest compensated employee		vidual trustee or director trutional trustee amployee lest compensated employee		ridual trustee or director tutional trustee er imployee		vidual trustee or director tutional trustee		mployee sst compensated employee		er employee est compensated employee er		employee nest compensated employee		Officer Key employee Highest compensated employee Former		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DADON MADIMON	1.00	드	드	5	32	王	요															
(27) DARON TARLTON DIRECTOR	1.00	x						0.	0.	0												
(28) RUDY VIVAS	1.00	^						0.	0.													
DIRECTOR	1.00	х						0.	0.	0												
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59-1835985 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b 354,000. c Fundraising events ..... d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,692,465 1f 200,581 g Noncash contributions included in lines 1a-1f 1g |\$ 4,046,465 h Total. Add lines 1a-1f **Business Code** 2 a GUEST DONATIONS Program Service Revenue 624221 27,259 27,259 f All other program service revenue g Total. Add lines 2a-2f 27,259 Investment income (including dividends, interest, and 645,622 645,622. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,695,164 assets other than inventory 7a **b** Less: cost or other basis Other Revenue 1,329,229 2,153 7b and sales expenses 365,935 2,153 c Gain or (loss) 363,782. 363,782 d Net gain or (loss) 8 a Gross income from fundraising events (not 354,000. of including \$ contributions reported on line 1c). See Part IV, line 18 217,880 **b** Less: direct expenses \_\_\_\_\_ 152,273 c Net income or (loss) from fundraising events 65,607 65,607. 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER REVENUE 900099 24,246 24,246 b d All other revenue

12 132009 12-09-21 711,229.

24,246

5,172,981.

e Total. Add lines 11a-11d .....

Total revenue. See instructions

415,287

# 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 respor	nse or note to any line in	ner organizations must co	, , ,	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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,	119,394.	E0 607	25 010	22 070
_	trustees, and key employees	119,394.	59,697.	35,818.	23,879
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			•	
_	persons described in section 4958(c)(3)(B)	1,356,612.	1,146,266.	126,208.	84,138
7	Other salaries and wages	1,330,012.	1,140,200.	120,200.	04,130
8	Pension plan accruals and contributions (include	49,487.	40,433.	5,432.	3 622
0	section 401(k) and 403(b) employer contributions)	260,581.	229,516.	18,639.	3,622 12,426 9,361
9	Other employee benefits	118,479.	95,077	14,041.	9 361
10 11	Payroll taxes	±±0, ±13•	23,011	17,041.	J, JUL
	Fees for services (nonemployees):		.(7)		
a	Management		110		
b	Legal	43,598.	14,399.	29,199.	
q	Accounting	43,330.	6	25,1550	
d e	Lobbying				
f	Investment management fees	85,525.		85,525.	
g		00,523		00,0201	
9	column (A), amount, list line 11g expenses on Sch O.)	1,60			
12	Advertising and promotion	30,690.			30,690
13	Office expenses	48,420.	41,010.	4,446.	2,964
14	Information technology				
15	Royalties	J			
16	Occupancy	255,637.	235,384.	16,912.	3,341
17	Travel	20,358.	4,107.	11,376.	4,875
18	Payments of travel or entertainment expenses	,	,	•	<u>, , , , , , , , , , , , , , , , , , , </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	213,557.	198,972.	8,751.	5,834
23	Insurance	68,557.	56,014.	7,526.	5,017
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.)				
а	HOMEL EXPENSE	172,145.	172,145.		
b	DONATED LINENS AND SUPP	128,422.	128,422.		
С	FOOD SERVICE AND SUPPLI	107,637.	106,373.	1,264.	
d	GENERAL FUNDRAISING EXP	88,304.			88,304
е	All other expenses	83,738.	82,890.	848.	
25	Total functional expenses. Add lines 1 through 24e	3,251,141.	2,610,705.	365,985.	274,451
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 if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Га	IL A	balance Sneet					<u> </u>
		Check if Schedule O contains a response or not	e to an	y line in this Part X			<u></u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			917,600.	1	1,174,144.
	2					2	
	3				135,347.	3	841,280.
	4	Accounts receivable, net			276,266.	4	396,622.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			17,770.	9	24,488.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,347,982.	<b>\</b>		
	b	Less: accumulated depreciation	10b	5,008,508.	2,490,855.	10c	2,339,474.
	11	Investments - publicly traded securities			6,914,311.	11	7,908,538.
	12	Investments - other securities. See Part IV, line 1			7,525,473.	12	8,296,389.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			>.	15	
	16	Total assets. Add lines 1 through 15 (must equal			18,277,622.	16	20,980,935.
	17	Accounts payable and accrued expenses			206,713.	17	189,058.
	18	Grants payable				18	
	19	Deferred revenue			4,800.	19	15,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abi		controlled entity or family member of any of thes				22	
<b>=</b>	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			211,513.	26	204,558.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			16,001,018.	27	17,611,751.
Ba	28	Net assets with donor restrictions			2,065,091.	28	20,980,935. 189,058. 15,500. 204,558. 17,611,751. 3,164,626.
ဋ		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			18,066,109.	32	20,776,377.
_	33	Total liabilities and net assets/fund balances			18,277,622.	33	20,980,935.

Pa	rt 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				<u>81.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				41.
3	Revenue less expenses. Subtract line 2 from line 1	3				40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,			09.
5	Net unrealized gains (losses) on investments	5		788	3,4	28.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		0.0			
	column (B))	10	20,	.77(	5,3	77.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-				3,7
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	
	.*. <b>C</b> 1			Form	990 (	(2021)
	C C C C C C C C C C C C C C C C C C C					
	<b>X</b>					

# SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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.

OMB No. 1545-0047

Open to Public Inspection

RONALD MCDONALD HOUSE CHARITIES Name of the organization Employer identification number OF TAMPA BAY, INC. 59-1835985 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

59-1835985 Page 2

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

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

Calendar year (or fiscal year beginning in) ► (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2928954 • 2737999 • 2237204 • 3218561 • 2963182 • 14	(f) Total					
1 Gifts, grants, contributions, and membership fees received. (Do not						
0000054   0505000   0005004   0040564   0060400   44	085900.					
0000054   0505000   0005004   0040564   0060400   44	085900.					
2 Tax revenues levied for the organ-						
ization'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	005000					
4 Total. Add lines 1 through 3 2928954. 2737999. 2237204. 3218561. 2963182.14	085900.					
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,						
	109672.					
- 1 maile support	976228.					
Section B. Total Support						
Calendar year (or fiscal year beginning in)     (a) 2017     (b) 2018     (c) 2019     (d) 2020     (e) 2021       7 Amounts from line 4     2928954.     2737999.     2237204.     3218561.     2963182.14	(f) Total					
	085900.					
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,	000145					
	837145.					
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.)  14.844. 17,635. 35,255. 31,570. 24,246. 1	22 550					
	23,550. 046595.					
	040393.					
12 Gross receipts from related activities, etc. (see instructions)						
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	. □					
organization, check this box and stop here  Section C. Computation of Public Support Percentage	<u> </u>					
	0.26 %					
	3.74 %					
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box at						
stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b						
and <b>stop here.</b> The organization qualifies as a publicly supported organization	ightharpoons					
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or r	more,					
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<b></b> ▶□					
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	6 or					
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶□					
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<b>&gt;</b>					

Schedule A (Form 990) 2021

# 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.)

qualify under the tests liste	d below, please com	plete Part II.)				
Section A. Public Support		1		1		
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	t					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit t	0					
the organization without charge				-0		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, ar	ıd		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
3 received from disqualified perso	าร		0.			
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that			160			
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			5			
8 Public support. (Subtract line 7c from line 6.)		1	)			
Section B. Total Support				•		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		1,60				
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		),				
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from business	es					
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated busine activities not included on 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 1	2.)			1		<u> </u>
14 First 5 years. If the Form 990 is for	r the organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	tion,
check this box and stop here						<b>_</b>
Section C. Computation of Pu						
<b>15</b> Public support percentage for 202	1 (line 8, column (f), o	divided by line 13,	column (f))		15	<u>%</u>
16 Public support percentage from 2					16	<u>%</u>
Section D. Computation of In						
17 Investment income percentage for					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If	the organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	17 is not
more than 33 1/3%, check this bo b 33 1/3% support tests - 2020. If	-					and
line 18 is not more than 33 1/3%,	•			•	•	
20 Private foundation If the organize						

132023 01-04-22

# 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

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

1		Yes	No
	1		
	2		
	3a		
	3b		
	JD		
	3с		
	= =		
	4a		
	4b		
	4c		
	5a		
	EL		
	5b 5c		
	30		
	6		
	7		
	7		
	8		
	-		
	9a		
	9b		
	00		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2021

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			Ь
000	tion of Type in Supporting Organizations		Yes	N <sub>2</sub>
4	Wave a majority of the examination's directors by twistens during the tay year also a majority of the directors		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u>Sac</u>	the supported organization(s). etion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type III Supporting Organizations			<del></del>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion 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 yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	ш	<u> </u>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporting	j Org	anizations		
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	comple	ete Sections A through E.		
Sect	ion 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):	Y	,		
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			
Sect	ion 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	Chook have if the gurrent year is the examination's first as a non-functionally	, intoar	ested Type III supporting org	onization (acc	

Schedule A (Form 990) 2021

instructions).

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations <sub>(continu</sub>	ed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive	e		
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.		(),		
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018	0			
d	From 2019	14			
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	-0			
4	Distributions for 2021 from Section D,	72			
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Evenes from 2001				

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(0)
	.:.C)

# Schedule B (Form 990)

**Schedule of Contributors** 

RONALD MCDONALD HOUSE CHARITIES

OF TAMPA BAY, INC.

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

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

59-1835985

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Schedule B (Form 990) (2021)

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
•	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.
contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., aplete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\$\frac{1
Caution: An organization tha answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).

Name of organization
RONALD MCDONALD HOUSE CHARITIES
OF TAMPA BAY, INC.

Employer identification number

59-1835985

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 601,651.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 84,863.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>114,297.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PJOIL	\$941,736.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization
RONALD MCDONALD HOUSE CHARITIES
OF TAMPA BAY, INC.

Employer identification number

59-1835985

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 600	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021) Name of organization **Employer identification number** RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC. 59-1835985 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

## **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

Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.

**Employer identification number** 59-1835985

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered Tes our our 350,1 art 10, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, l	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	7
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.	· O1	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
•	listed in the National Register		[ 2d ]
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
4	year	consent is legated	
4	Number of states where property subject to conservation ea. Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Start and volunteer flours devoted to file into ing, inspecting,	Transfiring of Violations, and emoroting con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
-	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	)(h)(4)(B)(i)
	1 1: 470(1)(1)(2)(2)	, .	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public.		•
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ms.
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A	-	<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

132051 10-28-21

Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Par	rt III Organizations M	aintaining Co	ollections of A	rt, Historical Tr	easures, or O	ther Sin	nilar Asse	<b>ts</b> (continu	ed)
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):								
а	Public exhibition d Loan or exchange program								
b	Scholarly research		е	Other					
С	Preservation for future	generations							
4	Provide a description of the o	organization's coll	ections and explai	n how they further t	he organization's	exempt pu	ırpose in Par	t XIII.	
5	During the year, did the organ	nization solicit or	receive donations	of art, historical trea	sures, or other sir	nilar asset	s	_	
	to be sold to raise funds rath						L	Yes	<u></u> No_
Par	rt IV Escrow and Cus			ete if the organizatio	n answered "Yes"	on Form	990, Part IV,	line 9, or	
	reported an amount o								
1a	Is the organization an agent,	•		•				7	
	on Form 990, Part X?						L	<b>Yes</b>	∟ No
b	If "Yes," explain the arranger	nent in Part XIII ai	nd complete the fo	llowing table:		_		A	
						<u> </u>		Amount	
	0 0								
	Additions during the year								
e	Distributions during the year								
1	Ending balance					1	<u> </u>	T.v.	
	Did the organization include a					- '		Yes	∐ No
Par	If "Yes," explain the arranger rt V Endowment Fun								
ı uı	Endownientran		(a) Current year	(b) Prior year	(c) Two years bac		ee years back	(e) Four y	ears hack
10	Beginning of year balance	<del>-</del>	1,929,744.	1,897,576.	1,718,16		.,879,784.		89,198.
1a h			1,323,744.	1,057,570.	1,710,10		.,075,704.	1,0	05,150.
0	Contributions  Net investment earnings, gair		181,149.	72,168.	253,31	1	-121,622.	1	50,586.
4	Grants or scholarships	_	101,117.	72,100.	233,31	+	121,022.		30,300.
e	Other expenditures for faciliti			-67					
·				40,000.	73,89	7.			
f	Administrative expenses				,				
g			2,110,893.	1,929,744.	1,897,57	6. 1	,718,162.	1,8	79,784.
2	Provide the estimated percer							,	
а	Board designated or quasi-er		.0000	%	"				
b	Permanent endowment		%	_					
С		52.6300 <sub>%</sub>							
	The percentages on lines 2a,	2b, and 2c shoul	ld equal 100%.						
За	Are there endowment funds	not in the posses	sion of the organiza	ation that are held a	nd administered f	or the orga	anization		
	by:		•						es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the	related organizati	ons listed as requi	red on Schedule R?				3b	
4	Describe in Part XIII the inten			wment funds.					
Par	rt VI Land, Buildings,								
	Complete if the organ		1	<u> </u>	1				
	Description of prop	erty	(a) Cost or o	' '		Accumul		(d) Book	/alue
			basis (investr	,	(other)	depreciati	on	<b>E1</b> E	000
	Land				5,000.	270	000		,000.
	Buildings				4,248. 3 7,535.	3,379, 982,		1,344	,062.
	Leasehold improvements				1,199.	962, 646,		203 21 E	,152.
				-   30	±,±99•	040,	U= / •		, 1 2 4 •
	Other			Y column (P) line 1	<u> </u>			2,339	474
rotal	i. Add lines Ta through Te. (Co	nurriri (u) must eq	uai FOIIII 990, PAR	∧, colultiti (B), liñe 1	UC.)				
							Scheanle	D (Form 9	75U) ZUZ I

RONALD MCDO	NALD HOUSE CH			
Schedule D (Form 990) 2021 OF TAMPA BA	Y, INC.	59	-1835985	Page
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	l-of-year market va	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) MUTUAL AND MONEY MARKET				
(B) FUNDS	8,296,389.	END-OF-YEAR MARKET	VALUE	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,296,389.			
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	l-of-year market v	alue
(1)				
(2)				
(3)		- 07		
(4)				
(5)		0		
(6)		^		
(7)		. ( )		
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	C			
Part IX Other Assets.	10			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.		
	Description	, ,	(b) Book val	ue
(1)	1,67		.,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	•		
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25		
1. (a) Description of liability	, ,		(b) Book val	ue
(1) Federal income taxes			. ,	
(2)				
(3)				

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... X

Schedule D (Form 990) 2021

(4) (5) (6) (7) (8)

Sche	edule D (Form 990) 2021 OF TAMPA BAY, INC.		1835985 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Returi	n.
	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	6,263,995.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 788,428		
b	Donated services and use of facilities 25,838		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,024,266.
3	Subtract line 2e from line 1	3	5,239,729.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 85,525		
b	Other (Describe in Part XIII.)  4b -152, 273		
С	Add lines 4a and 4b	4c	-66,748.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5,172,981.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,553,727.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 235, 838	_	
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	388,111.
3	Subtract line 2e from line 1	3	3,165,616.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 85,525		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	85,525.

#### Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part ), line 18.)

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

#### PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX-EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOWEVER, ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY 132054 10-28-21

Schedule D (Form 990) 2021

3,251,141.

Part XIII   Supplemental Information (continued)
UNDER EXAMINATION BY ANY TAXING JURISDICTION. THE ORGANIZATION'S FEDERAL
RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE
DATE FILED. ACCORDINGLY, TAX YEARS AFTER 2017 REMAIN OPEN FOR EXAMINATION.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
COST OF DIRECT BENEFITS TO DONORS -152,273.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF DIRECT BENEFITS TO DONORS 152,273.
CO,
-CI

### **SCHEDULE G** (Form 990)

Department of the Treasury

b

Mail solicitations

Phone solicitations

(i) Name and address of individual

or entity (fundraiser)

In-person solicitations

Internet and email solicitations

compensated at least \$5,000 by the organization.

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service RONALD MCDONALD HOUSE CHARITIES Employer identification number Name of the organization OF TAMPA BAY, INC. 59-1835985 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be (iii) Did (v) Amount paid (or retained by) (vi) Amount paid (iv) Gross receipts have custody or control of contributions? (ii) Activity to (or retained by) fundraiser from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

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

Schedule G (Form 990) 2021

or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events STORYBOOK GOLF(add col. (a) through TOURNAMENT BALL col. (c)) (event type) (event type) (total number) Revenue 249,980. 221,790. 100,110. 571,880. 1 Gross receipts 220,000 98,000 36,000 354,000. 2 Less: Contributions 29,980 123,790. 64,110. 217,880. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 70, 36,633. 45,108. <u>15</u>2,273. Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 65,607 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes ...... Direct Expenses 3 Noncash prizes 4 Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

# RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.

Sch	nedule G (Form 990) 2021 OF TAMPA BAY, INC.	59-1835	985	Page 3
11	Does the organization conduct gaming activities with nonmembers?	,	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	-		
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			,,,
1-7	Effect the flame and address of the person who prepares the organization's garming/special events books and record	33.		
	Name ►			
	Address ▶			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	unt		
	of gaming revenue retained by the third party > \$			
(	c If "Yes," enter name and address of the third party:			
	Name ►			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-				
	Mandatory distributions:			
ć	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	
	retain the state gaming license?		res	□ NO
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
De	organization's own exempt activities during the tax year ► \$  art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);		0	0- 10-
ГС		and Part III, III	ies 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.

**Employer identification number** 59-1835985

Fai	it 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 de noncash contribu	etermin	•	:s
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	X	2	50.672	STOCK MARKE	T		
10	Securities - Closely held stock		_	30,0	30011 11111111			
11	Securities - Partnership, LLC, or			- 07				
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures			.(()				
14	Qualified conservation contribution - Other			11				
15	Real estate - Residential							
16	Real estate - Commercial		_6	7				
17	Real estate - Other		10,					
18	Collectibles							
19	Food inventory	X	100	39,853.	ESTIMATED V	ALU	E	
20	Drugs and medical supplies	•	5	-				
21	Taxidermy							
22	Historical artifacts		7					
23	Scientific specimens							
24	Archeological artifacts							
25	Other > (PROMOTIONAL M)	Х	100	21,487.	ESTIMATED V	ALU	E	
26	Other (							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 828	83, Part V, D	Oonee Acknowledg	gement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	ıtions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	•							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

#### **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Name of the organization

RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC.

**Employer identification number** 59-1835985

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FAMILIES ARE STRONGER WHEN THEY ARE TOGETHER, WHICH HELPS THE HEALING PROCESS. BY STAYING AT A RONALD MCDONALD HOUSE, PARENTS SLEEP BETTER, EAT BETTER, AND CAN COMMUNICATE EASIER WITH THEIR CHILD'S MEDICAL TEAM. THE HOUSES SERVE ANY FAMILY OF A PEDIATRIC PATIENT 21 AND UNDER REGARDLESS OF INCOME. AT RMHC WE STRIVE TO ALLEVIATE THE BURDEN FROM FAMILIES DURING THIS STRESSFUL TIME INCLUDING THE FINANCIAL BURDEN. OUR CHAPTER'S VALUES ARE TO: FOCUS ON THE CRITICAL NEEDS OF CHILDREN; LEAD WITH COMPASSION, CELEBRATE THE DIVERSITY OF OUR PEOPLE AND PROGRAMS, OPERATE WITH ACCOUNTABILITY AND TRANSPARENCY. FORM 990, PART VI, SECTION A LINE 6: THE ORGANIZATION HAS A BOARD OF TRUSTEES AND THEY ARE CONSIDERED MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: BOARD OF TRUSTEES VOTES ON NEW MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: THE AUDIT COMMITTEE, CHAIRMAN OF THE BOARD, TREASURER AND CEO REVIEW THE RETURN AND PROVIDE THE REVIEW AND RECOMMENDATION FOR APPROVAL OF THE IRS FORM 990 TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

JANUARY OF EACH YEAR A CONFLICT OF INTEREST POLICY IS GIVEN TO EACH BOARD LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

MEMBER. COPIES OF THE SIGNED POLICIES ARE KEPT ON FILE AND MAINTAINED BY

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR/CEO.

ANNUAL REVIEWS ARE PERFORMED EACH YEAR. THE CEO REVIEW IS CONDUCTED BY THE PRESIDENT AND COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S AUDIT DOCUMENTS AND IRS FORM 990 ARE AVAILABLE ON OUR WEBSITE AS WELL AS REQUEST TO BE MAILED OR WALK IN AT EACH HOUSE FOR REVIEW AND LINKED TO CHARITY WATCHDOG SITES.

FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING: THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT

ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

Page 2

Form **8868** (Rev. January 2022)

(110v. barraary 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) RONALD MCDONALD HOUSE CHARITIES print 59-1835985 OF TAMPA BAY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 35 DAVIS BLVD return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 33606 TAMPA, FL Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) LISA SUPRENAND, EXECUTIVE DIRECTOR The books are in the care of ► 35 DAVIS BLVD TAMPA, FL 33606 Telephone No. ► 813-258-6430 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this  $oxedsymbol{oxed}$  . If it is for part of the group, check this box lacksquare [ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: X calendar year 2021 or tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

123841 01-12-22

LHA

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

# FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT RONALD MCDONALD HOUSE CHARITIES OF TAMPA BAY, INC. December 31, 2021

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Member American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants

Herman V. Lazzara Michael E. Helton
Sam A. Lazzara Christopher F. Terrigino
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Jonathan E. Stein David M. Bohnsack
Stephen G. Douglas Julie A. Davis
Marc D. Sasser, of Counsel
Cesar J. Rivero, in Memoriam (1942-2017)

#### **INDEPENDENT AUDITOR'S REPORT**

Board of Directors Ronald McDonald House Charities of Tampa Bay, Inc.

#### **Opinion**

We have audited the accompanying financial statements of Ronald McDonald House Charities of Tampa Bay, Inc. (a nonprofit organization) (the Organization), which comprise the statement of financial position as of December 31, 2021, and the related statement of activities, functional expenses, and cash flows, for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2021, and the changes in net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

We have previously audited Ronald McDonald House Charities of Tampa Bay, Inc.'s 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated May 27, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2020 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Buies , Dordiner & Company, O.A

Tampa, Florida May 26, 2022

#### STATEMENT OF FINANCIAL POSITION

# December 31, 2021 (With comparative total for December 31, 2020)

			Total					
	Without Donor Restrictions	With Donor Restrictions	2021	2020				
ASSETS								
CURRENT ASSETS								
Cash	\$ 961,691	\$ 212,453	\$ 1,174,144	\$ 917,600				
Contributions receivable, current	-	329,732	329,732	55,333				
Other receivables	396,622	-	396,622	276,266				
Prepaid expenses	24,488		24,488	17,770				
Total current assets	1,382,801	542,185	1,924,986	1,266,969				
Investments	14,094,034	2,110,893	16,204,927	14,439,784				
Long-term contributions receivable, net	-	511,548	511,548	80,014				
Property and equipment, net	2,339,474		2,339,474	2,490,855				
TOTAL ASSETS	\$ 17,816,309	\$ 3,164,626	\$ 20,980,935	\$ 18,277,622				
LIABILITIES AND NET ASSETS								
CURRENT LIABILITIES								
Accounts payable	\$ 30,364	\$ -	\$ 30,364	\$ 60,123				
Accrued expenses	158,694	-	158,694	146,590				
Deferred revenue	15,500		15,500	4,800				
Total current liabilities	204,558		204,558	211,513				
Long term liabilities								
Total liabilities	204,558		204,558	211,513				
NET ASSETS								
Net assets without donor restrictions	17,611,751	_	17,611,751	16,001,018				
Net assets with donor restrictions	-	3,164,626	3,164,626	2,065,091				
Total net assets	17,611,751	3,164,626	20,776,377	18,066,109				
TOTAL LIABILITIES AND NET ASSETS	\$ 17,816,309	\$ 3,164,626	\$ 20,980,935	\$ 18,277,622				

The accompanying notes are an integral part of this statement.

#### STATEMENT OF ACTIVITIES

## For the year ended December 31, 2021 (With comparative total for December 31, 2020)

					Total					
	Without Donor Restrictions		With Donor Restrictions			2021		2020		
OPERATING REVENUE										
Contributions	\$	2,574,013	\$	968,543	\$	3,542,556	\$	2,695,636		
Contributions - non-cash		385,747		-		385,747		486,611		
Guest donations		27,259		-		27,259		24,017		
Special events		571,880		-		571,880		301,824		
Other revenue		24,246		-		24,246		31,570		
Total operating revenue	,	3,583,145		968,543		4,551,688		3,539,658		
Net assets released from restrictions		50,156		(50,156)		-				
Total operating revenues and net										
assets released from restrictions		3,633,301		918,387		4,551,688		3,539,658		
EXPENSES										
Program services		2,843,106		_		2,843,106		2,901,986		
Management and general		282,522		_		282,522		225,217		
Fundraising		275,826		_		275,826		265,853		
Cost of direct benefits to donors		152,273				152,273		77,632		
Total expenses		3,553,727				3,553,727		3,470,688		
Change in net assets before nonoperating revenues										
and losses		79,574		918,387		997,961		68,970		
Nonoperating revenues (losses)										
Gain on forgiveness of debt		-		-		-		362,300		
Loss on disposal of fixed assets		(2,153)		-		(2,153)		(83,078)		
Interest and dividends		467,319		92,778		560,097		551,534		
Realized gain (loss) on investments		352,612		13,323		365,935		(54,572)		
Unrealized gain on investments		713,381		75,047		788,428		545,722		
		1,531,159		181,148		1,712,307		1,321,906		
Change in net assets		1,610,733		1,099,535	_	2,710,268		1,390,876		
Net assets at beginning of year		16,001,018		2,065,091		18,066,109		16,675,233		
Net assets at end of year	\$	17,611,751	\$	3,164,626	\$	20,776,377	\$	18,066,109		

#### STATEMENT OF FUNCTIONAL EXPENSES

For the year ended December 31, 2021 (With comparative total for December 31, 2020)

	Program Services			<b>;</b>			Supporting Services					Total Expenses				
	Tan	npa House		Pete East House	Pete West House	Cer	ntral House	Total Program Services		nagement d General	Fu	ndraising	Cost of Direct Benefits to Donors		2021	2020
Salaries Payroll taxes Health insurance Retirement plan expense	\$	178,310 14,121 27,055 5,978	\$	466,186 36,828 131,577 15,630	\$ 221,773 17,582 52,148 7,436	\$	339,694 26,546 18,736 11,389	\$ 1,205,963 95,077 229,516 40,433	\$	162,026 14,041 18,639 5,432	\$	108,017 9,361 12,426 3,622	\$	- - -	\$ 1,476,006 118,479 260,581 49,487	\$ 1,478,844 116,122 247,823 41,798
Total salaries and benefits		225,464		650,221	 298,939		396,365	1,570,989		200,138		133,426		-	1,904,553	1,884,587
Advertising Cost of items sold		-		- 865	- -		-	- 865		-		30,690		-	30,690 865	68,200 5,456
Depreciation		43,613		129,762	21,699		3,898	198,972		8,751		5,834		_	213,557	231,247
Donated linens and supplies		21,382		64,038	11,320		31,682	128,422		-		-		_	128,422	160,624
Food service and supplies		4,845		62,568	10,469		28,491	106,373		1,264		_		-	107,637	100,359
General fundraising expenses		· -		, -	, -		-	-		· -		88,304		_	88,304	74,661
Hotel expense		790		111,437	15,817		44,101	172,145		-		-		-	172,145	96,659
House administration		14,332		34,805	18,426		14,332	81,895		-		-		-	81,895	70,011
Insurance		8,282		21,653	10,301		15,778	56,014		7,526		5,017		-	68,557	73,631
Legal and professional fees		4,201		5,061	4,373		4,201	17,836		31,261		1,375		-	50,472	65,849
Meetings and travel		3,613		170	113		211	4,107		11,376		4,875		-	20,358	11,721
Office expense		14,107		15,645	3,165		8,093	41,010		4,446		2,964		-	48,420	40,317
Rent		43,088		2,475	2,475		190,939	238,977		2,588		-		-	241,565	243,072
Repairs and maintenance		44,351		30,275	23,610		2,188	100,424		6,528		-		-	106,952	123,690
Special event expenses		-		-	-		-	-		-		-		152,273	152,273	77,632
Taxes and licenses		89		41	-		<b>-</b>	130		848		<b>-</b>		-	978	1,534
Utilities		30,828		52,472	23,555		18,092	124,947		7,796		3,341		-	136,084	141,438
		233,521		531,267	 145,323		362,006	1,272,117		82,384		142,400		152,273	1,649,174	1,586,101
	\$	458,985	\$	1,181,488	\$ 444,262	\$	758,371	\$ 2,843,106	\$	282,522	\$	275,826	\$	152,273	\$ 3,553,727	\$ 3,470,688

The accompanying notes are an integral part of this statement.

#### STATEMENT OF CASH FLOWS

#### For the year ended December 31, 2021

Cash flows from operating activities	
Change in net assets	\$ 2,710,268
Adjustments to reconcile change in net assets to	
net cash provided by operating activities	
Depreciation	213,557
Loss on disposal of fixed assets	2,153
Unrealized gain on investments	(788,428)
Realized gain on investments	(365,935)
Increase in unconditional promises to give	(705,933)
Increase in other receivables	(120,356)
Increase in prepaid expenses	(6,718)
Decrease in accounts payable	(29,759)
Increase in accrued expenses	12,104
Increase in deferred revenue	 10,700
Net cash provided by operating activities	 931,653
Cash flows from investing activities	
Proceeds from sale of investments	1,695,164
Purchases of investments	(2,305,944)
Purchase of property and equipment	 (64,329)
Net cash used in investing activities	 (675,109)
Net increase in cash	256,544
Cash and cash equivalents at beginning of year	 917,600
Cash and cash equivalents at end of year	\$ 1,174,144

#### NOTES TO THE FINANCIAL STATEMENTS

December 31, 2021

## NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A description of the organization and a summary of its significant accounting policies consistently applied in the preparation of the accompanying financial statements follow:

#### 1. <u>Description of the Organization and Activities</u>

Ronald McDonald House Charities of Tampa Bay, Inc. (the Organization) is a State of Florida chartered not-for-profit corporation. The mission of the Organization is to create, find and support programs that directly improve the health and well-being of children. Guiding the Organization in this mission are the core values:

- Focusing on the critical needs of children
- Celebrating the diversity of our people and programs
- Valuing our heritage
- Operating with accountability and transparency

To achieve the mission, the Organization operates four Ronald McDonald Houses; three in St. Petersburg and one in Tampa, offering a total of 80 bedrooms with private baths. The Organization is supported by the local community and corporate sponsors.

#### 2. Basis of Presentation

The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

The Organization presents information regarding its financial position and activities according to two classes of net assets described as follows:

- Net Assets Without Donor Restrictions Net assets without donor restrictions are net
  assets not subject to donor-imposed restrictions or the donor-imposed restrictions
  have expired. These net assets are available for use at the discretion of the Board of
  Directors (the Board) and/or management for general operating purposes.
- Net Assets With Donor Restrictions Net assets with donor restrictions are net
  assets subject to donor-imposed stipulations that may be fulfilled by actions of the
  Organization to meet the stipulations, that may become undesignated by the
  passage of time, or that require net assets to be permanently maintained, thereby
  restricting the use of principal.

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

## NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### 3. Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. Significant estimates include useful lives on related assets, expenses by function, the discount rate for the present value of the unconditional promises to give, and fair value measurement of investments.

#### 4. Fair Value Measurement

The financial statements are prepared in accordance with an accounting standard for all financial assets and liabilities and for nonfinancial assets and liabilities recognized or disclosed at fair value in the financial statements or on a recurring basis (at least annually). Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on a measurement date. The standard also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

There are three levels of inputs that may be used to measure fair value:

- Level 1: Quoted market prices in active markets for identical assets or liabilities.
- Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data.
- Level 3: Unobservable inputs that are not corroborated by market data.

#### 5. Cash and Cash Equivalents

The Organization classifies all short-term investments with an original maturity of three months or less as cash equivalents.

Financial instruments which potentially subject the Organization to concentrations of credit risk consist principally of cash held in financial institutions in excess of federally insured limits. The Organization's cash balance may have exceeded the federally insured limit from time to time throughout the year ended December 31, 2021. However, the Organization has not experienced and does not expect to incur any losses in such accounts.

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

## NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### 6. Contributions Receivable

Unconditional contributions receivable that are expected to be collected within one year are recorded at net realizable value. Contributions receivable to give that are expected to be collected in future years are recorded at the present value of their estimated cash flows. Conditional promises to give are not included as support until the conditions are substantially met.

Unconditional contributions receivable due in more than one year are reflected at the present value of estimated future cash flows using current risk-free rates of return based on the U.S. Treasury Securities yield with maturity dates similar to the expected contribution collection period. The rate applied for the year ended December 31, 2021 was 2.5%. The Organization uses the allowance method to determine uncollectible contributions receivable. The allowance is based on prior years' experience and management's analysis of specific promises made. No allowance was deemed necessary at December 31, 2021.

#### 7. Investments

Investments in debt and equity securities and mutual funds are stated at fair value in the statements of financial position. Investment income or loss (including gains or losses on investments, interest, and dividends) is included in the statement of activities as increases or decreases in unrestricted net assets unless the income or loss is restricted by donor or law.

Investment income and gains earned on the endowment fund are reported as increases in net assets with donor restrictions in the reporting period in which the income and gains are recognized and released from restrictions when distributed for operating purposes.

#### 8. Property and Equipment

Property and equipment expenditures in excess of \$5,000 are capitalized at cost when purchased or, if donated, at estimated fair value. Improvements and betterments that materially prolong the useful lives of assets are capitalized. Depreciation is computed using the straight-line method over the estimated useful lives which range from five to forty years.

#### 9. Impairment of Long-Lived Assets

The Organization evaluates its long-lived assets for any events or changes in circumstances which indicate that the carrying amount of such assets may not be fully recoverable. The Organization evaluates the recoverability of long-lived assets by measuring the carrying amount of such assets against the estimated undiscounted future cash flows associated with them. At the time such evaluation indicates that the future undiscounted cash flows of certain long-lived assets are not sufficient to recover the carrying value of such assets, the assets are adjusted to their fair values.

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

## NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### 10. Revenue Recognition

Contributions received are recorded as without donor restrictions or with donor restrictions, depending on the existence and/or nature of any donor restrictions.

All donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

#### 11. Donated Premises, Services, and Materials

Donated materials are recorded as support at their fair value at the date of donation. Contributions of services are recorded as support at their estimated fair value if the services received create or enhance non-financial assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

For the year ended December 31, 2021, the value of contributed services meeting the requirements for recognition in the financial statements has been recorded as support without restrictions. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization, but these services do not meet the criteria for recognition as contributed services under U.S. GAAP.

#### 12. Expense Allocation

The costs of providing the various programs and other activities have been summarized on a functional basis in the accompanying statements of activities and functional expenses. Expenses are allocated among program, management and general, fundraising and the cost of direct benefits to donors, based on management's estimate of the time, number of rooms per house and related square footage, and direct expenses spent for each of the functions. These functions are defined as follows:

- Program services the costs associated with the Organization's efforts to achieve the stated mission and goals.
- Management and general the costs of operating the Organization's offices, including gathering, processing, and maintaining financial information.
- Fundraising the costs associated with soliciting contributions or holding special events for the benefit of the Organization.

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

## NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

 Cost of Direct Benefits to Donors - costs associated with facilities, entertainment, meals, etc. for special events intended to raise awareness and support the mission of the organization.

#### 13. Advertising

Advertising costs are expensed as incurred and were approximately \$31,000 for the year ended December 31, 2021.

#### 14. Income Tax Status

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

#### 15. Uncertain Tax Positions

The Organization accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax liability is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions.

The Organization has identified its tax status as a tax-exempt entity as its only significant tax position; however, the Organization has determined that such a tax position does not result in an uncertainty requiring recognition. The Organization is not currently under examination by any taxing jurisdiction. The Organization's federal returns are generally open for examination for three years following the date filed. Accordingly, tax years after 2017 remain open for examination.

#### 16. Summarized Comparative Information

The financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2020, from which the summarized information was derived.

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

## NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### 17. Reclassification

Certain prior year information was reclassified to conform to current year classifications. The reclassifications have no impact on previously reported changes in net assets.

#### NOTE B - LIQUIDITY AND AVAILABILITY OF RESOURCES

As a part of the Organization's liquidity management, it invests cash in excess of daily requirements in short-term investments. The Organization also has a line of credit to draw upon at management discretion. See Note I.

The following reflects the Organization's financial assets as of December 31, 2021, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of statement of financial position date.

Amounts not available include amounts restricted by time or purpose and amounts restricted by donors in perpetuity:

Cash and cash equivalents	\$ 1,174,144
Investments - money market funds	1,069,089
Investments - stocks and mutual funds	13,423,036
Investments - other	1,712,802
Contributions receivable, current	329,732
Other receivables	396,622
Total financial assets available within one year	18,105,425
Less:	
Amounts unavailable for general expenditures	
within one year, due to:	
Time restrictions	(20,000)
Accumulated earnings on endowments	(1,110,893)
Restricted by donors for specific purpose	(1,033,733)
Restricted by donors in perpetuity	(1,000,000)
Total amounts unavailable for general expenditures	
within one year	(3,164,626)
Total financial assets available to management for	
expenditure within one year	\$ 14,940,799

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

#### NOTE B - LIQUIDITY AND AVAILABILITY OF RESOURCES - Continued

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations become due. The Organization invests cash in excess of daily requirements in highly liquid investments held in a regulated brokerage account.

#### NOTE C - CONTRIBUTIONS RECEIVABLE

Contributions receivable consist of the following at December 31, 2021:

Gross contributions receivable Less unamortized discount	\$	874,413 (33,133)
Net contributions receivable	\$	841,280
Amount due in Less than one year One to five years	\$	329,732 544,681
	_\$	874,413

#### NOTE D - PROPERTY AND EQUIPMENT

Property and equipment consist of the following at December 31, 2021:

Land - St. Petersburg - East	\$ 515,000
St. Petersburg Houses and improvements	3,568,752
Central House improvements	340,567
Tampa House and improvements	2,194,218
Tampa administrative office	 729,445
	7,347,982
Less accumulated depreciation	(5,008,508)
	\$ 2,339,474

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

#### December 31, 2021

#### **NOTE E - INVESTMENTS**

Investments are carried at fair value and are as follows:

Unrestricted	
Money market funds	\$ 937,130
Equity securities	5,673,706
Preferred stock	50,672
Exchange-trade and closed-end funds	47,187
Debt securities	835,246
Corporate fixed income	754,300
Mutual funds	 5,795,793
	14,094,034
Restricted	
Money market funds	131,959
Equity securities	471,358
Mutual funds	1,431,507
Corporate fixed income	 76,069
	2,110,893
	\$ 16,204,927

The components of investment income are summarized as follows for the year ended December 31, 2021:

Interest and dividends	\$	560,097
Realized gains		365,935
Unrealized gains		788,428
	<u> </u>	
	\$	1,714,460

Expenses related to investment revenue, including custodial fees and investment advisory fees, amounted to approximately \$85,500 for the year ended December 31, 2021.

#### NOTE F - FAIR VALUE MEASUREMENT

The Organization's investments are reported at fair value in the accompanying statements of financial position. Following is a description of valuation methodologies used for investments measured at fair value. There have been no changes in the methodology used at December 31, 2021.

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

#### NOTE F - FAIR VALUE MEASUREMENT - Continued

- Money market funds: Valued at the net asset value (NAV) of shares held by the Organization at year-end.
- Equity securities: Comprised of common stock valued at the closing price reported in the active market in which the individual securities are traded.
- Preferred stock: Comprised of preferred stock valued based on pricing models that
  use inputs such as recent transactions for identical securities and quoted prices of
  similar securities that are traded in the active market.
- Corporate fixed income and debt securities: Valued at the closing quoted price reported in the active market using market pricing and other observable inputs for similar securities obtained from industry standard data providers.
- Mutual funds: Valued at the net asset value (NAV) of shares held by the Organization at year-end based on quoted prices of the various funds in active markets.
- Exchange-traded and closed-end funds: Valued at the net asset value (NAV) of shares held by the Organization at year-end based on quoted prices of each fund's securities, cash, and other assets traded in active markets less all of its liabilities divided by the total number of shares outstanding.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The fair value by investment assets at December 31, 2021 is as follows:

	Level 1		 Level 2	Level 3	 Total
Money market funds	\$	1,069,089	\$ -	\$ -	\$ 1,069,089
Equity securities		6,145,064	-	-	6,145,064
Preferred stocks		-	50,672	-	50,672
Exchange-trade and closed-end funds		47,187	-	-	47,187
Mutual funds		7,227,300	-	-	7,227,300
Corporate fixed income		-	830,369	-	830,369
Debt securities			 835,246	 -	835,246
Total	\$	14,488,640	\$ 1,716,287	\$ 	\$ 16,204,927

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

#### NOTE G - ENDOWMENT FUND

The Organization's endowment consists of a gift of McDonald's Corporation stock received from Mrs. Joan Kroc in 1994. The terms of this \$1 million gift created an endowment fund which requires the principal to be held in perpetuity for the benefit of the Ronald McDonald Houses in St. Petersburg and Tampa. Only income from the endowment fund may be used for operating expenses of the Houses. The Organization has now sold 100% of the McDonald's stock and has reinvested the proceeds in other income producing investments as allowed by the terms of the gift. The endowment is comprised of donor-restricted endowment funds. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

#### Interpretation of Relevant Law

The Organization has interpreted the Florida Uniform Prudent Management of Institutional Funds Act (FUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions restricted in perpetuity (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The remaining portion of the donor-restricted endowment fund that is not classified as with donor restrictions in perpetuity is classified as with donor restrictions until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by FUPMIFA.

In accordance with FUPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the Organization and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Organization
- The investment policies of the Organization

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

#### NOTE G - ENDOWMENT FUND - Continued

For the year ended December 31, 2021, the Organization has elected not to add appreciation for cost of living or other spending policies to its endowment restricted in perpetuity for inflation and other economic conditions.

Changes in endowment net assets as of December 31, 2021 are as follows:

	Without donor restrictions		With donor restrictions		With donor restrictions - in perpetuity		Total	
Endowment net assets, beginning	\$	-	\$	929,744	\$	1,000,000	\$	1,929,744
Withdrawals		-		-		-		-
Investments earnings, net		-		92,779		-		92,779
Investment appreciation		-		88,370		-		88,370
Endowment net assets, ending	\$	-	\$	1,110,893	\$	1,000,000	\$	2,110,893

#### Return Objectives, Risk Parameters, and Strategies

The Organization has adopted an investment and spending policy for endowment assets that attempts to preserve the real (inflation adjusted) value of endowment assets, increase the real value of the portfolio and facilitate a potential distribution to support some level of future operations. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity or for a donor-specified period(s). The terms of the operating policies of the endowment fund (the Fund) requires that the Fund will be managed by the Investment Committee and approved by the Board of Directors. The Investment Committee is responsible to oversee the portfolio's investments and monitor the investments on an ongoing basis to ensure that long-term objectives are being met. The Investment Committee has agreed to a target asset allocation for the portfolio's assets and seeks advice from professional investment managers which hold the assets. The Fund is to invest funds in accordance with the standards set forth in the Organization's investment policy.

#### Spending Policy

The Organization is operating under an approved endowment policy that seeks to preserve the purchasing power of the Fund while providing income at the highest attainable level. The endowment fund may distribute income and dividends. Under Florida UPMIFA capital gains may also be distributed. Investment earnings and capital gains are accumulated in net assets with donor restrictions. Distributions are considered as a release from restriction from the net assets with donor restrictions. There is to be no invasion of the original principal of the gift given to the Organization unless the donor instructs otherwise.

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

#### NOTE H - LEASES

The Organization leases land from the City of Tampa, Florida on which a building owned by the Organization was constructed. The lease originated in 1989 and calls for an annual payment of \$1 per year. In 2019, the option to renew for an additional twenty years was exercised and the lease extended to 2038. The Organization recorded an in-kind donation and rent expense on the land at its net realizable value estimated by management at \$40,500 for the year ended December 31, 2021. The City of Tampa has the right to terminate the lease with 60 days advance notice. No amount has been recorded in the accompanying financial statements for the future fair value of the lease agreement as the value cannot be estimated and the right to terminate the lease renders it conditional.

The Organization leases space from Johns Hopkins All Children's Hospital in St. Petersburg, Florida for the Central House that opened in 2010. The lease originated in 2009 and calls for annual payments of \$1 per year over fifteen years. In 2020, the option to renew for an additional ten years was exercised and the lease extended to 2035. This 7,319 square foot space is donated by All Children's Hospital and recorded at its net realizable value as an inkind donation and rent expense of \$188,464 for the year ended December 31, 2021. Both parties have the right to terminate the lease.

No amount has been recorded in the accompanying financial statements for the future fair value of the lease agreement, as the value cannot be estimated, the term is not substantiated, and the right to terminate the lease renders it conditional.

The Organization also leases various office equipment. The total lease expense for these leased items was approximately \$12,600 for the year ended December 31, 2021.

#### NOTE I - LINE-OF-CREDIT

The Organization entered into a \$2,500,000 line-of-credit with a financial institution in December 2016. The line-of-credit is collateralized by the non-endowment fund investment accounts of the Organization. There was no balance outstanding at December 31, 2021.

#### NOTE J - CONCENTRATIONS OF CREDIT RISK

The majority of the Organization's revenue, both from contributions and from fundraising events, is from businesses and individuals in the Tampa Bay area.

#### NOTE K - RETIREMENT PLAN

Effective January 1, 2016, the Organization adopted a plan covered under Section 401(k) of the Internal Revenue Code. The 401(k) plan allows participants to defer some of their compensation by electing to make contributions into the plan. The plan has a nonelective safe harbor provision requiring a 3% annual employer contribution to eligible employees. The plan covers all employees at least 21 years of age after completing one year of service. Contributions to the plan totaled \$49,487 during the year ended December 31, 2021.

#### NOTES TO THE FINANCIAL STATEMENTS - CONTINUED

December 31, 2021

#### NOTE L - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions at December 31, 2021 were as follows:

Accumulated earnings on endowment	\$ 1,110,893
Capital projects	968,543
Adopt A Room	65,190
Other time restrictions	20,000
Total net assets with time and purpose restrictions	2,164,626
Net assets restricted in perpetuity	1,000,000
Total net assets with donor restrictions	\$ 3,164,626

#### NOTE M - NET ASSETS RELEASED FROM RESTRICTIONS

Net assets released from donor restrictions were comprised of the following:

Time restrictions expired on pledges	\$ 50,156

#### NOTE N - RISKS AND UNCERTAINTIES

On January 30, 2020, the World Health Organization declared the coronavirus (COVID-19) outbreak a Public Health Emergency of International Concern and on March 11, 2020, declared it to be a global pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, and quarantines in certain areas and forces closures of certain types of public places and businesses. The coronavirus and actions taken to mitigate it have and are expected to continue to have an adverse impact on the economies and financial markets of many countries, including the geographical area in which the Organization operates. It is unknown how long these conditions will last and what the complete financial effect will be to the Organization.

As a result, the Organization was impacted and could continue to experience a certain degree of business interruption. The extent to which the COVID-19 outbreak impacts the Organization's operations will depend on future developments, which are uncertain as of May 26, 2022, the date financial statements were available to be used.

#### **NOTE O - SUBSEQUENT EVENTS**

The Organization has evaluated events and transactions occurring subsequent to December 31, 2021 as of May 26, 2022 which is the date the financial statements were available to be issued.