

Application Form

Organization Information

An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded [here](#).

If you would like to complete this application first in Microsoft Word, you may download a Word version [here](#). Please pay attention to character limits.

Brief Project Descriptor

Please briefly describe this organization's request.

Organization Name*

St. Petersburg Neighborhood Housing Services Inc.

Project Name*

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

NHS - ARPA Large Project

EIN*

59-2026381

Incorporation Year*

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

1980

Mission Statement*

What is your organization's mission statement?

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

Unique Entity ID (SAM)

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

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

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

Character Limit: 12

MNUSJMM7L5Y5

Annual Operating Budget*

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

\$430,000.00

Amount Requested*

The maximum grant amount is \$500,000.

\$128,257.00

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

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

Examples

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

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

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

No

Rent vs. Own*

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

Own

Parent Non-Profit/Subsidiaries:*

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

Example

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

No

Request Specifics

Pinellas County 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
 - o Mental Health
 - o Dental Care
 - o Substance Use Disorders
- Housing

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

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

Yes

Programming 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.

Neighborhood Home Solutions (NHS) is a not-for-profit neighborhood revitalization and community development organization incorporated in 1980. NHS has been an innovative organization, quick to respond to the needs of the community and the clients in need of its services and advocacy, for 43 years.

Our services help people improve their financial well-being, qualify for home ownership, maintain their homes after purchase, learn to avoid foreclosure and advocate for anyone facing a foreclosure action. Specific services include:

One-on-one confidential housing counseling: We meet the people where they are and help develop their personal action plans based on their goals.

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

Credit Rebuilding: We help our clients to increase their credit rating to access better financing terms.

Homebuyer Education: covers the basics of home buying.

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

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

Affordable single-family homes development: intended for graduates of our homeownership programs.

Homeownership is not only suitable for an individual or family but also for the entire community.

Community Need*

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

The mission of St. Petersburg Neighborhood Housing Services d/b/a Neighborhood Home Solutions (NHS), a HUD-approved housing counseling agency, is to provide affordable housing and homeownership solutions for individuals and families.

NHS was started in 1980 to stimulate reinvestment in blighted neighborhoods through a working partnership of residents, the government, the business community, lending institutions, and key national partners. At that time, the organization did most of the work in owner-occupied rehabs. In 2000, NHS expanded its first-time homeownership program. To date, we have helped more than 2,000 of first-generation families become first-time homeowners and more than 1,400 successfully remained in their homes through Foreclosure Mitigation Counseling Services. NHS provides comprehensive housing counseling services to residents of Pinellas County. All counseling services are offered free of charge to clients. Our Housing counselors are HUD-certified and help consumers seek, finance, maintain, rent, or own a home. We also assist homeowners in need of foreclosure assistance.

Our offices are in the South St. Petersburg Community Redevelopment Area (CRA), which has nearly 4,700 acres. Of the 35,000 people who reside within this area, 55% of all households and 73% of renters pay more than 30% of their income for housing costs.

78% of our clients are low-income or belong to traditionally underserved communities and 76% of them are minority. We work with our clients to increase their financial well-being, achieve homeownership, or avoid

losing their homes. Many clients need help purchasing housing because of their bad credit history and debts. We help them to rebuild their credit and become ready to buy a home if that is their goal.

Negative Economic Impact*

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

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

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

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

The Covid-19 pandemic has affected every person and business in the US. Neighborhood Home Solutions is not an exception.

Before 2020, we offered our educational and counseling services in person. After COVID-19, we had to adapt, and with the help of the ARPA Non-profit Capital Project Fund (Small Purchases), we could install new audiovisual equipment. Now, we offer our services in person and online, reaching more needy people in the community.

We have lost valuable counseling personnel, which negatively affects the number of clients we can serve, and consequently, our program revenue has decreased an average of 47% compared to pre-Covid.

Additionally, because of the current economic environment, more people require affordable housing options and counseling, increasing the demand for our services. We must hire new personnel to expand our services and find a way to keep building affordable homes for the underserved members of our community. We had to use \$115,000 in lines of credit to cover these expenses.

Grantors reduced 61% of their funding to our organization during 2022 compared to the same period in 2019.

Due to Covid-19, Labor shortages, supply chain issues, rising costs and increase in interest rates have increased the cost of construction projects by of 97% (not including the cost of purchasing the land). This cost increase represents over \$100,000 to build a home. Because of the previously mentioned issues, we

have yet to be able to develop our goal of four single-family homes per year intended for low and moderate-income families, which represents a loss of income of over \$150,000 for Fiscal Years 2021 and 2022.

Negative Economic Impact - Uploads

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

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

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

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

NHS applied and received the following relief funding:

1. Paycheck Protection Program (PPP): \$107,450
2. ARPA (1st. Round): \$22,260
3. ERTC: \$125,346

Some of these funds were used to repay the acquired lines of credit.

The income received from relief funding has been a great backup to keep providing essential services to our community. We are surviving; however, we have postponed unavoidable maintenance on our building due to the tight economic conditions during the pandemic. The A/C system broke a couple of months ago, our fence is rotted and needs replacement, our roof is leaking, and our offices could use a fresh coat of paint. These issues produce an uncomfortable working environment and safety issues for our personnel and clients. Since we also offer a functional space to the Saint Petersburg Police Department, their team members and the community will also benefit from these updates.

Proposal Description*

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

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?

- How does it address the negative economic harm you described in the previous question?

This grant will help us replace the Homeownership Centers' roof, fencing, and A/C system, and provide a fresh coat of paint to our offices.

This purchase will give our staff the working environment to service our clients properly.

The roof's lifespan is 25 years, the HVAC 15 years, the interior paint 10 years, and the fencing 20-30 years.

Number Served*

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

1500

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.

Other (Explanation Required Below)

Other (Explanation Required)*

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

A client can access our services multiple times, but to get different services. We provide are a series of services that a client takes over a period of time. i.e. Financial Fitness, Homebuyers Education, Confidential one on one counseling, purchase home, etc.

Organizational Sustainability*

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

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

Quantifiable numbers will strengthen your answer.

We have consistently served 1,200 to 1,500 people annually. The repairs and maintenance performed with this grant will help us serve an estimated 20,000 people in the next few, allowing thousands to purchase their first home and assisting many others in avoiding foreclosure. It will provide our team and clients with a comfortable, safe, dignified environment to improve our community.

Project Specifics

Permits*

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

The roofing and HVAC contractors will request the permits from the City of St. Petersburg. All other projects don't require permits.

Plan Set*

Do you have a plan set for this project?

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

If you answer Yes, you should upload the Plan Set in the question below.

No

Plan Set Upload

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

PDF files are permitted.

Construction Schedule/Timeline*

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

Please include the following:

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

Example:

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

We can start work once we get the grant approval. The most lengthy project is the roof replacement. Permit from the City of Saint Petersburg should be approved within one week. After receiving the permits the roof and HVAC replacement will take between 2 to 3 weeks. The painting and fencing should be ready within a few days. All projects are expected to be started on 1/31/24 and completed by 3/31/2024.

The Leadership Team, Trevor Mallory, Vice Chair of Board; & Deborah Scanlan, President & CEO developed the timeline schedule in consultation with the vendors.

Team Leadership*

Please describe the following:

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

The Leadership Team, Trevor Mallory, Vice Chair of Board; & Deborah Scanlan, President & CEO developed the timeline schedule in consultation with the vendors.

The team will select the vendors for each job. Trevor Mallory will manage the project.

Trevor Mallory has extensive experience as Property Manager and Renovation/Maintenance Manager with in-depth knowledge of Section 8 and certification vouchers and Affordable Housing needs. As Property and Renovation & Maintenance Manager for Family First Homes, he:

- Managed a community of nearly 108 apartments and homes since July 2015 from maintaining original leases and renewals and all related duties to maximizing rental income while minimizing expenses through effective planning and control.
- Worked with City Staff to remove 190 Liens and Code Violations off properties purchased by Family First Homes.
- Conducted over 500 Approved residential City of St. Petersburg and St. Petersburg Housing Authority inspections.
- Acquires properties for the purpose of renovations and selling at an affordable rate – generating EQUITY for homeowners.
- Operates an Incubator Program for small business owners – creating job opportunity within the community.

Deborah Scanlan is currently managing the single - family residence project. Five homes have been developed and sold to graduates of our homeownership program by November 30, 2022. The remaining 2 homes are projected to be sold by October 31, 2023.

Prior experience:

- Served as Owner's Representative for Catholic Charities – Diocese of St. Petersburg for five years.
- Secured funds and managed renovation of a 3 story building for People with AIDS. The first floor was a clinic operated by St. Anthony's Hospital. The 2nd & 3rd floors were apartments in St. Petersburg.
- Secured funds and managed renovation of a single - family home for People with AIDS in St. Petersburg.
- Managed maximizing rental pre-development work for farmworker housing in Hillsborough County.

Geographic Impact and 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 meet at least one of the following descriptions:

- 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, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)
- Organization located or serve households within a Qualified Census Tract (QCTs)
 - Defined by U.S. Department of Housing and Urban Development (HUD)
 - To assess if your organization serves or is headquartered in a QCT, use this link. In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Benefits and Geography of Project*

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

Our offices are in the South S. Petersburg Community Redevelopment Area (CRA) and are part of the QTC Qualified Tract. Of the 35,000 people who reside in the CRA area, 55% of all households and 73% of renters pay more than 30% of their income for housing costs. During fiscal year 2023, 95% of the clients we served were low and moderate-income households, 75% were historically marginalized communities, and 47% were in the designated QTC areas in Pinellas County.

Not having an appropriate working environment to serve our community limits the number of clients serviced within a financially-strained community more likely to suffer from homelessness due to the recent rent hikes or foreclosure due to the economic strain from COVID.

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

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

Project Location*

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

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

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.

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

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

Staff provides marketing and outreach to the community and regularly attends the Juvenile Welfare Board - Family Services Initiative.

Board Membership*

Do your board members consider themselves a member of one or more of the following populations?

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

BIPOC

Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations?

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

BIPOC
LGBTQ+

CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- 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 disable

None of the above

Financial Overview

BIDS MUST BE DATED JULY 5, 2023 OR LATER.

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. *Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.*
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is EQUAL TO or MORE THAN \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.
- If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.

Bid/Estimate #1*

PDF files are accepted.

St Pete Neighborhood Housing_Revised Bid_Fence.pdf

Bid/Estimate #2

PDF files are accepted.

Paint bids.pdf

Bid/Estimate #3

PDF files are accepted.

Roof and HVAC bids2.pdf

Selected Contractor*

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

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

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

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

We requested bids for each of the four sub-projects (roof, fence, paint and HVAC). The files show combined bids for each sub-project.

We haven't make a decision on the vendors yet.

Minority/Woman-Owned Business

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

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

Unknown

Related Parties*

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

Examples of Related Parties

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

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties

Budget Detail*

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

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

An example budget is available here.

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

PDF and Excel files are allowed.

Project Budget.pdf

Other Funding Sources*

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

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

Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.

We are pursuing additional funding to cover carpet replacement, tiles, update of the three bathrooms and parking lot repaving.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

Having a new efficient HVAC system should decrease our electric bill each month.

Fund Management Capacity*

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

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

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

NHS has a strong policy regarding fund management and accounting. The accounting department is responsible for tracking each expense and payment, and the President and CEO authorize each payment made to our vendors. We use QuickBooks to automate the accounting process.

Corrective and Investigative Action/Grant Recall*

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

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

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

N/A

Organization Documentation

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

Organization Budget*

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

Operating Budget.pdf

Board of Directors List*

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

Board of Directors.pdf

IRS Form 990*

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

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

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

Form 990 2022.pdf

Most Recent Financial Statements

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

Audited Financial Statements.pdf

Insurance

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

COI.pdf

Insurance Requirement*

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

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150

Clearwater, FL 33764
727-531-0058

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

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

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?

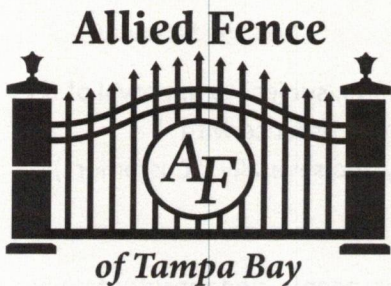
File Attachment Summary

Applicant File Uploads

- St Pete Neighborhood Housing_Revised Bid_Fence.pdf
- Paint bids.pdf
- Roof and HVAC bids2.pdf
- Project Budget.pdf
- Operating Budget.pdf
- Board of Directors.pdf
- Form 990 2022.pdf
- Audited Financial Statements.pdf
- COI.pdf

11259

4151 - 118th Avenue North, Clearwater, FL 33762



Hillsborough (813) 886-5097
Pinellas (727) 631-0092
Pasco (727) 815-1533
Manatee (941) 739-5745
Fax (813) 886-5849
Email estimating@wcf-tampa.com
Website www.alliedfence-tampa.com

License #: 104321.000
License #: C-8464
License #: 606459
License #: MC01032
Television
Online
Repeat Customer
Referral

Date: 9-20-23
P.O.:

CUSTOMER INFORMATION

Name Neighborhood Home Solutions
Address 1600 Dr. ML King Jr St. S.
City ST Pete State FL Zip 33701
ATTN Deborah
Phone 727-895-0010
Email

INSTALLATION WITHIN 15-20 WORKING DAYS

CHECK TYPE OF FENCE

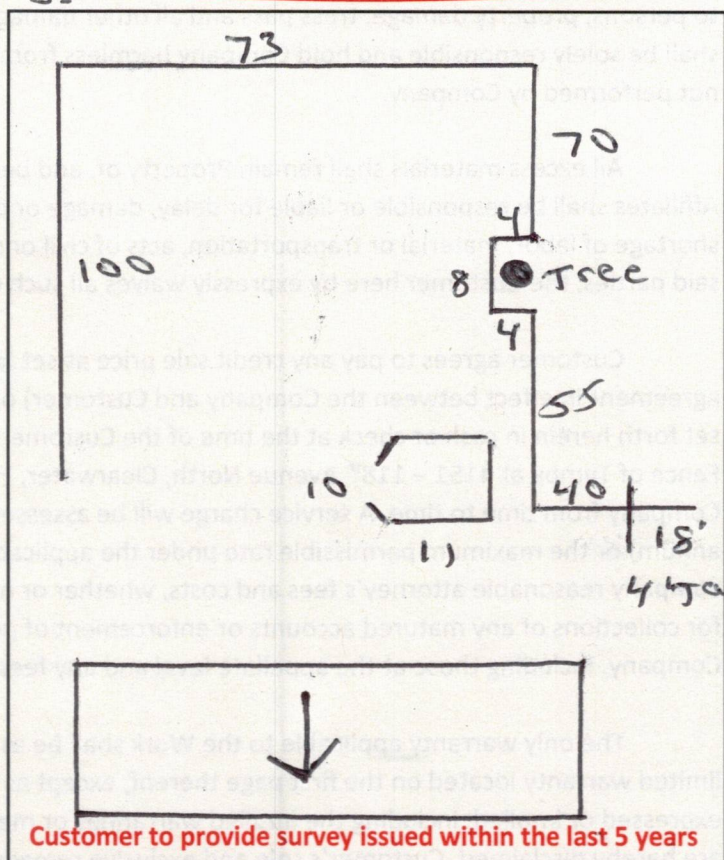
Chain Link - Galvanized / Vinyl Coated
Gauge - 9GA / 11.5 GA
Pressure Treated Pine Wood - Board on Board / Shadowbox / Stockade
PVC Fence - White Tan
Ornamental Aluminum
Custom
Other

SPECIFICATIONS OF MATERIALS

Dia. T Posts 5x5 Dia. L Posts 5x5
Top Rail Barb Wire
Bottom Wire Concrete All post
Walk Gate Drive Gate 10'
Roll Gate Gate Post 4" steel
Height 6 Overall Length 414
Other Specs

TYPE OF TERRAIN (CIRCLED) Customers Initials

Level Earth / Hilly / Asphalt / Concrete / Rock
Who moves obstructions: Customer Allied Fence
Type of Obstructions Old Fence Trees / Branches / Shrubs
Tim



ALL POWER AND CONDUIT FOR GATE OPERATORS TO BE PROVIDED BY CUSTOMER. ALLIED FENCE OF TAMPA INSTALLERS ARE NOT RESPONSIBLE FOR UNDERGROUND SEWER, ELECTRIC, TELEPHONE, WATER OR SPRINKLER LINES. Customers Initials

Did estimator mark all fence lines? YES / NO
Centers 6 Face: IN / OUT
Follow Grade / Split Grade / High Grade / Trench
Special equipment necessary?

1ST QUALITY WOOD FENCE: RESIDENTIAL - 2-YEAR LIMITED WARRANTY ON LABOR AND MATERIAL; PVC FENCE: 2-YEAR LIMITED WARRANTY ON LABOR (MATERIAL WARRANTY PROVIDED BY MANUFACTURER; ASK FOR WARRANTY CARD); CHAIN LINK FENCE: RESIDENTIAL - 5-YEAR LIMITED WARRANTY ON LABOR AND MATERIAL. ALL COMMERCIAL FENCE - 1-YEAR LIMITED WARRANTY.

JOB DESCRIPTION: Remove all old wood fence
414' of 6' tall white PVC fence
1-10x11 Dumpster with 10' double gate on 4" steel post and gate frame
15,661.00

*** NOTE: Should project require a permit, and if permit is cancelled after it has been applied for or obtained, all associated fees (to include review fees, filing fees, and permit fees) will be deducted from refund. ***

Customers Initials:
Materials
Misc.
Tax
Permit
Labor
Removal
Total
Deposit 50%
Balance

*** THERE IS A 3.5% CONVENIENCE FEE FOR CREDIT CARDS ***

Customers Initials
Card Number Exp. Date V-Code
APPROVED & ACCEPTED BY CUSTOMER
(Including all standard terms on reverse side hereof)

Customers Signature Date
Doug 813-784-5717
Salesperson Signature Date

ESTIMATE

Branog Services Inc.
9079 Forge Breeze Loop
Wesley Chapel, FL 33545

branogservicesinc@gmail.com
+1 (813) 770-2015



St. Petersburg Neighborhood Housing Services Inc.

Bill to

Deborah Scanlan
Neighborhood Home Solutions
1600 Dr. MLK Jr. St. S.
St. Petersburg, FL 33701

Estimate details

Estimate no.: 1003
Estimate date: 09/16/2023

	Product or service	Amount
1.	Fence replacement Replacement of wooden fencing (includes dumpster area with gate). The bushes that cover the old fence will be trimmed. The old fence will be removed. (Wood fence panels and materials included)	1 unit × \$12,000.00 \$12,000.00
	Total	\$12,000.00

Pamela Coleman

From: Cassandra Valente <casey@fencingpinellas.com>
Sent: Wednesday, September 20, 2023 9:08 AM
To: Pamela Coleman
Subject: Your Superior Fence & Rail Estimate



Hello Pamela Coleman,

Thank you for the opportunity to earn your business. Please click the link below to review the fencing options that I have prepared for you.

Click [My Fence Estimate >](#) to view your fence options.

If you have any questions, don't hesitate to call or email.

Best regards,

Cassandra Valente
casey@fencingpinellas.com
(727) 536-1905

Did you know we have some amazing financing options that have helped thousands of our customers get the fence they need? Ask about them!

Here are a few great reasons to use us for your fencing project:

1) We are the highest rated fence company in the country with over 9000 reviews. Other companies claim it but we have the proof!

2) We install more than three million feet of fence each year. Each day, hundreds of installation crews leave our facilities to install beautiful, high quality fences for our customers.

3) We have over 70 physical locations. Very few fence companies have more than one physical location. Because we deliver a great fence experience to our customers, we've grown across the United States.

4) We purchase over 20 million pounds of fence each year. Can you say buying power? We purchase fence material in massive volumes that are unheard of in our industry. This allows us to negotiate the best prices and pass the savings on to you!

Problems with Internet Quotes!

Recently, many smaller fence companies have started providing customers with "internet" or "phone" quotes. Click the link below to learn 6 major problems with those types of quotes.

[Learn why internet quotes for fence installation worry home owners >](#)

Website Link and Installation Videos

[Superior Fence & Rail >](#)

[Installation Overview Videos >](#)

A name you can trust

Congratulations! With over 10,000 five-star reviews and a stellar 94% satisfaction rating, we are the most highly rated and reviewed fence company in the country.

We are excited to help you build your new fence! Please find your fence package options below, and simply click on the package to select it.

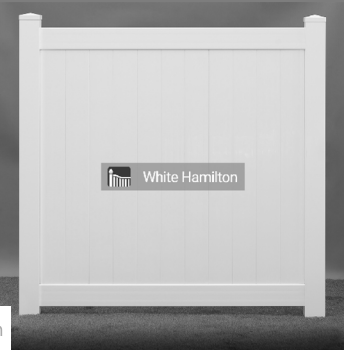
Pamela Coleman

1600 Dr. MLK Jr. St. S
Saint Petersburg, FL 33701

PAY FOR YOUR PROJECT WITH:



CLICK HERE TO GET A CREDIT DECISION IN SECONDS



\$232 per month

6'H White Hamilton

6'H White Hamilton 4'H White Hamilton

White

Features & Benefits

- SolarShield
- 43% Stronger Picket
- Fabricated In-House
- Made in America

Specifications

- **Post:** 5" Sq.
- **Rail:** 1-3/4 x 5-1/2
- **Picket:** 6" T&G

Warranty

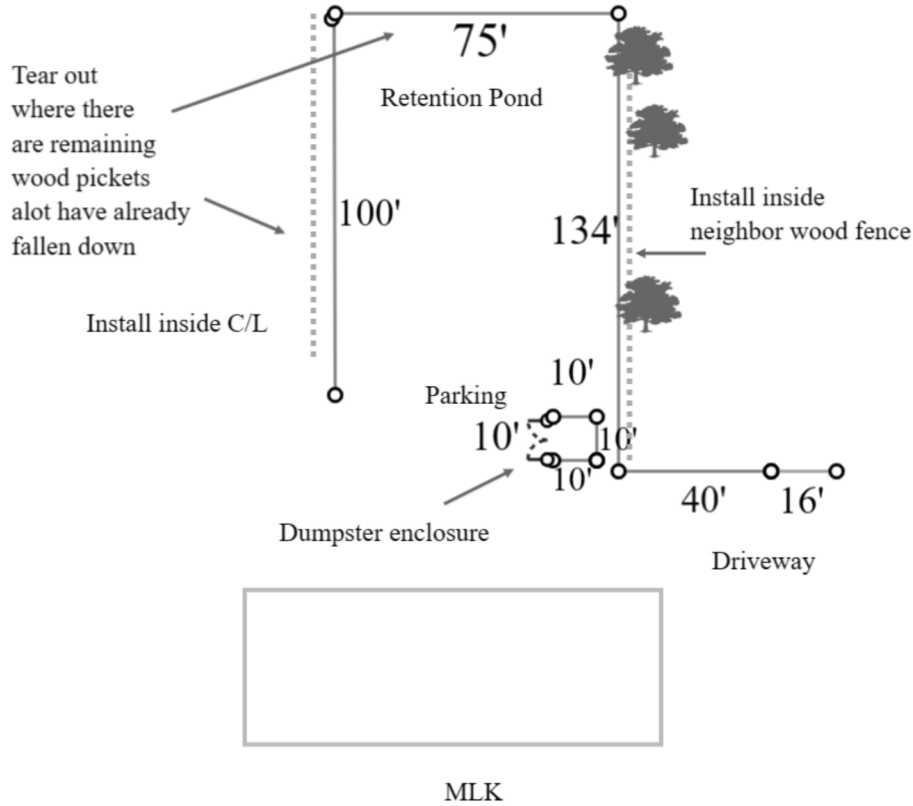
- Lifetime Transferable Warranty
- 3 Year Workmanship Warranty

Choose this package ↓

6'H White Hamilton - 395 LF

6'H White Hamilton

4'H White Hamilton



FENCE FOOTAGE CONTAINED IN THIS PROPOSAL IS APPROXIMATE BASED ON THE FIELD MEASUREMENTS. FINAL PRICE WILL BE ADJUSTED BASED ON ACTUAL FOOTAGE USED, AS SET FORTH IN THE TERMS AND CONDITIONS.

Included in the job

(1) 10ft DD Standard Gate, Standard Latch
100 - Drop Rods
1 - Lokk Latch Deluxe
20 - Hard Dig - Per Hole
100 Linear Feet - Take Down 6'H Wood
100 Linear Feet - Haul Away 6'H Wood

Job Notes

Customer to clear fence line.

"ABOVE AND BEYOND"

This company was a pleasure to deal with from the time we started our project you could tell that customer service was very important to them. This showed in the way they explained

MSRP	\$13,863.52
Discount	-\$863.52
Today's Price: 6'H White Hamilton	\$13,000.00

Choose your payment method

the project to making sure that every deadline was met. I would deal with the company again because they showed great integrity in business.



Judith Volger

10,115
Certified
Reviews
★★★★★ 4.7

Pay with Financing

\$13,000.00

Pay with ACH/E-Check
Save **\$195.00**

\$12,805.00

Pay with Credit Card

\$13,000.00

Contact Sales

JyD Quality Construction LLC

4615 Wishart Blvd.
Tampa, FL 33603 US
(941)301-5485
jydquality1@gmail.com



Estimate

ADDRESS
Neighborhood Home Solutions
1600 Dr. MLK Jr. St. S.
Saint Petersburg, FL 33701

ESTIMATE 281
DATE 09/20/2023

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
NHS Homeownership Center	Interior painting of Homeownership Center / Administrative offices (walls, doors and baseboards) Includes sheetrock repair, finish and texture as needed. MATERIALS INCLUDED	1	17,140.00	17,140.00
NHS Homeownership Center	New wooden baseboard installation (3.5") MATERIALS INCLUDED	1	4,900.00	4,900.00
TOTAL				\$22,040.00

Accepted By

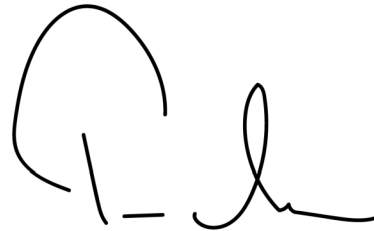
Accepted Date

State of Florida

Minority Business Certification

Is certified under the provisions of
287 and 295.187, Florida Statutes, for a period from:

to



J. Todd Inman
Florida Department of Management Services



ESTIMATE

Branog Services Inc.
9079 Forge Breeze Loop
Wesley Chapel, FL 33545

branogservicesinc@gmail.com
+1 (813) 770-2015



St. Petersburg Neighborhood Housing Services Inc.

Bill to

Deborah Scanlan
Neighborhood Home Solutions
1600 Dr. MLK Jr. St. S.
St. Petersburg, FL 33701

Estimate details

Estimate no.: 1005
Estimate date: 09/16/2023

	Product or service	Amount
1.	Painting Complete interior painting (walls, baseboards, doors, ceilings). Includes crack repairs, replacement of damaged ceiling tiles. Includes all paint and materials.	1 unit × \$12,500.00 \$12,500.00
	Total	\$12,500.00

ESTIMATE

Prepared For

Jose Rivera
1600 Dr. MLK Jr. ST. S. ST PETERSBURG 33701
St Petersburg , Fl 33701
(813) 607-8360

BACM HOME REMODELING, INC

2651 Nw 27th Ave
Miami, Fl 33142
Phone: (786) 320-1641
Email: bacma1980@gmail.com

Estimate # 180
Date 09/11/2023

Description	Total
INTERIOR PAINT	\$13,000.00
Pain walls Paint interior door, caulking ,Trim, baseboard. That included material 10 bucket of 5 gls	
BASEBOARD	\$6,500.00
Remove - reinstall baseboard 1,200sqft That included material 88 lines of 16 ft e/u	
POLICE OFFICE	\$2,800.00
Interior paint Baseboard 180 sqft Change ceiling tile	
DRYWALL REPAIR	\$2,000.00
Repair the ceiling in the main office and many touch up and line of cracks That include materials	
TILE	\$4,000.00
Remove carpet and install tile ————THATS NOT INCLUDED MATERIAL —	

REPAIR TABLES	\$200.00
add wheels to table legs	
<hr/>	
FENCE	\$13,000.00
Install 550 feet of fence	
That included materials	
<hr/>	
PARKING LOT PAINT	\$2,000.00
painting the concrete bars of the parking lots that included materials	
<hr/>	

Subtotal	\$43,500.00
<hr/>	
Total	\$43,500.00

B A Caballero

Contract Agreement

PO# 7075



www.mitchellroofingcompanyllc.com
mitchellroofingcompanyllc@gmail.com
CERTIFIED ROOFING CONTRACTOR CCC1330496

Deborah Scanlan (727) 288-4650

PROPOSAL SUBMITTED TO: <u>Debra Scanlan</u>	PHONE: <u>727-821-6997</u>	DATE: <u>9-13-23</u>
STREET: <u>1600 Dr. M.K. Jr. St. S.</u>	WORK PHONE:	CELL PHONE:
CITY/STATE/ZIP: <u>St. Pete, FL 33701</u>	EMAIL:	

PREMIUM SHINGLE ROOF REPLACEMENT

O/C 1 STORY

1. Remove existing roofing system down to original substrate.
2. If additional roofing layers are present each additional layer will cost \$.50 s/f to remove.
3. Inspect the roof deck and repair damaged or rotted decking for the cost of \$ 100 per sheet of plywood and \$ 8 per linear foot for deck or fascia board.
4. Re nail entire deck with 2 3/8" 8d ring shank nails to meet or exceed Florida Building Code. 1 boxes
5. Install non-permeable, self-adhered, secondary water barrier over entire roof deck. 34 rolls
6. Install galvanized 6" eave drip nailed to meet or exceed Florida Building Code. 55 l/f Color choice: A) White B) Black C) Brown D) Beige
7. Install 26--gauge valley metal in any and all valleys, nailed to meet or exceed Florida Building Code. 0 l/f
8. Install 26--gauge flashing and counter flashing metal if needed. L) 1 l/f C) 60 l/f (\$ 8 per l/f) - INCLUDED
9. Install new lead boots over all exhaust vent pipes. 1 1/2") 4 2") 2 3") 1 4") 1
10. Install new GRV, ORV, GV vents over all exhaust vents. 4") 2 10") 2 4") 4 6") 6
11. Apply roofing cement over all laps & penetrations to prevent leaks. 1 buckets
12. Install Peel & Stick starter roll on all eaves to seal and prevent leaks. 468 l/f
13. Install Architectural ASTM rated fungus resistant shingles over entire step slope roof with a wind resistance rating of 130mph.
Nail shingles with 1 1/4" hot-dipped ringshank nails to meet or exceed Florida Building Code. Owens Corning "TruDefinition Duration"
60 squares 4 boxes Shingle Color:
14. Install hip & ridge shingles specially designed and tested to protect the roofs peaks against weather. 295 l/f
15. Install low-profile polymer ridge vent to insure proper ventilation to meet or exceed Florida Building Code. 38 l/f
16. Clean and haul away all work debris upon completion. Including sweeping and blowing the perimeter as well as running a bar magnet to pick up any loose nails or metal debris.
17. Mitchell Roofing Company LLC proposal meets or exceeds Florida Building Code requirements and guarantees to pass all FHA & VA contract requirements.
18. All work carries a 5-year labor warranty by Mitchell Roofing Company LLC against faulty workmanship. If a leak should occur due to workmanship within this time, Mitchell Roofing Company LLC will repair it free. No Excuses! Labor warranty transferable.
19. Extended Warranties Plat \$

HOMEOWNER'S OPTIONS/NOTES:

<p><u>Replace entire roof with LANDMARK Pro shingles 3 mod. Bit on flat roof, replace all vents 3 lead boots 3, move A/C unit onto stand</u></p> <p><u>*wood cost is additional</u></p>
Finance Price: _____
Credit Card: _____
Cash/Check: <u>\$50,856</u>
50% Down Payment: _____

LOW SLOPE ROOF REPLACEMENT

1. Install Modified Bitumen Cap Sheet. 13 Squares.
 2. Install Self Adhered Base Sheet 8 Rolls.
- ISO Board () () () () () Refused

HURRICANE RETROFIT

1. Clips/Straps 469 l/f \$ 5,628
- Wind Mitigation Form \$ 300 Included

GUTTERS-FACIA-SOFFIT

- 6" Seamless Aluminum Gutters _____ l/f _____ d/s \$ _____
- Gutter Guard _____ l/f \$ _____
- Soffit & Fascia _____ s/f \$ _____
- Remove / Re-Install Gutters / Downspout / Siding / Soffit / Fascia 469 l/f \$ included

~~We propose~~ hereby to furnish material and labor - complete in accordance with specifications above.

All material is guaranteed to be as specified. All work is to be completed in a workmanlike manner according to standard practices. Any alterations from specifications above involving extra costs will become an extra charge over and above estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance.

Authorized Representative Signature: Scott MacDonald
Phone: 727-656-1499

NOTE: This proposal may be withdrawn if not accepted within 30 days.

By signing below, the customer agrees that the terms and conditions on the reverse side of this contract are hereby incorporated herein by this referenced and are expressly made part of this agreement.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as Specified. Payment will be made as outlined above.

ASK US ABOUT SOLAR POWER TODAY!!!

SIGNATURE _____ Date of Acceptance _____

ESTIMATE

Prepared For

Jose Rivera
1600 Dr. MLK Jr. ST. S. ST PETERSBURG 33701
ST Petersburg , Fl 33701
(813) 607-8360

BACM HOME REMODELING, INC

2651 Nw 27th Ave
Miami, Fl 33142
Phone: (786) 320-1641
Email: bacma1980@gmail.com

Estimate # 176
Date 09/12/2023

Description	Total
ROOFING	\$55,000.00
73 squares of shingle and flat roof. \$730 per. Square. =\$53,290 This includes permit running to the city and all city permit fees.	
Subtotal	\$55,000.00
Total	\$55,000.00

B A Caballero

Certainteed Presidential Shake

Item

Removal of existing roof covering

Estimate is based on one layer. Additional layers will be billed at \$50 per square per layer.

Install Labor Certainteed Presidential Shake TL

While we take every precaution to protect your home, we can not be responsible for drywall nail pops, wall hung art that isn't taken down, or dry wall cracking because of framing issues. Issues arising outside of our control, we cannot be responsible for.

Tarp grounds, house and patios as needed. Protect landscaping and lawn.

Nail deck to current code.

Install each product listed per manufactures specifications.

Plywood replacement will be billed at \$85 per sheet of 1/2" OSB. 1/2" CDX at \$95 per sheet. All other decking will be billed at market rate plus margin and labor will be billed at \$75.00 per man hr.

1x6 Fascia will be at \$11.00 per LF. Cedar, composite and other fascia will be billed at market rate plus margin and labor. If aluminum fascia and soffit has to be removed and re-installed, it will be billed at \$6.00 a LF. If it is damaged and needs to be replaced, it will be billed at \$19.00 a LF.

Flashing replacement will be billed at \$12.00 a LF. If stucco, or siding, has to be removed, it will be billed additionally to replace.

Rafter repairs will be \$17 per rafter up to a 4' repair. Other carpentry repairs will be billed at time & material. Labor is billed at \$75.00 per man hour.

Existing gutters

While we take every precaution to protect your gutters we cannot guarantee there won't be some incidental damage during the reroof process. Gutters are a one time use product that we cannot take liability for. If removal is needed, we recommend replacement or there will be additional charges for remove and rehang.

Certainteed Roof Runner Synthetic Underlayment

Base Sheet is applied to the decking as an approved base for the cap sheet for use on 2 ply systems. This product is used for roof with a pitch of less than 2/12 coverage is 1.5 sq per roll.

Certainteed Ice & Water Shield

Install 3' of ice and water shield in all valleys, roof/wall contacts and chimneys before flashing.

Certainteed Pro-Start Starter Strip

Certainteed Presidential Shake

Install over eaves drip before first course of shingles

Eaves Drip

26 gauge 6"

Certainteed Presidential Shake TL Shingles

Certainteed Designer Hip and Ridge Cap Shingles

Proper matching shingle for hips and ridges for the systems plus warranty

Certainteed Ridge Vent - Filtered

10" Goose Neck Vent

All Lead Pipe Flashing 2"

All Lead Pipe Flashing 3"

2 3/8" Ring shank deck nails

Re-nail the plywood to current code.

1 1/4" Coil Roofing Nails

1 box per 15 squares

Stinger Cap Nails

Modified Flashing Cement

Used to seal flashing transitions in valleys, roof-wall contacts, penetrations and along eaves and rakes.

Wall Flashing

Low Slope Install Labor

Tarp grounds, house and patios as needed. Protect landscaping and lawn.

Install each product listed per manufactures specifications.

Nail deck to current code.

Certainteed Presidential Shake

Plywood replacement will be billed at \$85 per sheet of 1/2" OSB. 1/2" CDX at \$95 per sheet. All other decking will be billed at market rate plus margin and labor will be billed at \$75.00 per man hr.

1x6 Fascia will be at \$11.00 per LF. Cedar, composite and other fascia will be billed at market rate plus margin and labor. If aluminum fascia and soffit has to be removed and re-installed, it will be billed at \$6.00 a LF. If it is damaged and needs to be replaced, it will be billed at \$19.00 a LF.

Flashing replacement will be billed at \$12.00 a LF. If stucco, or siding, has to be removed, it will be billed additionally to replace.

Rafter repairs will be \$17 per rafter up to a 4' repair. Other carpentry repairs will be billed at time & material. Labor is billed at \$75.00 per man hour.

PolyISO System Install Labor

POLY ISO TAPER SYSTEM

Plates & Screws

Certainteed Flintlastic Base Sheet

Base Sheet is applied to the decking as an approved base for the cap sheet for use on 2 ply systems. This product is used for roof with a pitch of less than 2/12 coverage is 1.5 sq per roll.

Certainteed Flintlastic Cap Sheet

Granulated Cap Sheet is applied to the base sheet as an approved cover for 2 ply systems. This product is used for roof with a pitch of less than 2/12

Coverage is .75 sq per roll

AC Removal and Replace

Notarization, Wind Mitigation and Permits

Includes all notarization and permitting fees

Certainteed Presidential Shake

Subtotal	\$59,437.80
Tax	\$1,093.83
Total	\$60,531.63



Proposal

MAGNUM AIR LLC.

AIR CONDITION & HEATING
SALES-SERVICE-REPAIRS-INSTALLATION-PARTS
CALL: (727) 479-8447 EMAIL: magnumair72@gmail.com



PROPOSAL SUBMITTED TO: <i>St. Petersburg Neighborhood Housing</i>	JOB NAME	JOB #
ADDRESS <i>1600 Dr M.L.K St. S.</i>	JOB LOCATION	
<i>St. Petersburg FL 33701</i>	DATE	DATE OF PLANS <i>9-28-2023</i>
PHONE # <i>727 821 6897</i>	FAX #	ARCHITECT

We hereby submit specifications and estimates for: *19 786.00 For 2 A/c systems.*

*Rest Room and Lobby Area A/c system . A package unit
3 ton 15 SEER with 10 kw Heat, curb Adapter with hurricane
Brackets*

*Training Room A/c system 5 ton split system
15 SEER 5 kw Heat . 1 Air Handler , 1 condenser , 1 drain
Pan , 2 Float switches and hurricane brackets . Reconnect
to existing ducts.*

*Remove Old systems and dispose of system Champion
5 year Factory Warranty 1 year Labor*

We propose hereby to furnish material and labor – complete in accordance with the above specifications for the sum of:

\$ *40% to start* _____ Dollars

with payments to be made as follows: *Balance on completion*

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully
submitted _____

Note — this proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature _____

Date of Acceptance _____

Signature _____



Priority Cool Solutions

Neighborhood Home Solutions

✉ deborah.scanlan@nhsfl.org

ESTIMATE	#383
ESTIMATE DATE	Aug 3, 2023
TOTAL	\$22,500.00

CONTACT US

4804 El Capistrano Drive
Tampa, FL 33634

☎ (813) 370-2471

✉ support@prioritycoolsolutions.com

ESTIMATE

Services	amount
Neighborhood Home Solutions	\$22,500.00
Replace Existing Unit	
.Install new unit split system air conditioning 5 ton tranne 15 seer	
.install new tray ,new thermostat , new concrete pad and safety floats	
1 year free maintenance	
1 year warranty with Priority Cool Solutions and 5 years of warranty with system in parts.	
Total 10000	
Remplace Existing pakage unit	
Install new pakage unit 3 ton tranne	
Install new thermostat and Breaker Size	
1 year free maintenance	
1 year warranty with Priority Cool Solutions 5 years of warranty with system parts	
12500	

Services subtotal: \$22,500.00

Total **\$22,500.00**



6981 Sunset Drive S * South Pasadena, Florida 33707
Telephone (727) 345-0317 * Fax (727) 381-5209
Class "A" State Certified CAC1814552 & CAC042743
www.kronwest.com * kw@kronwest.com

September 22, 2023

Neighborhood Home Solutions
1600 Dr ML King Jr St S
St Pete, FL 33701

Meeting room AC system

Remove and dispose of existing split system;
Install 1 new air handler in drop ceiling area, new drain pan, 2 safety floats;
Set 1 new condenser on 1 new pad, strap down with new hurricane brackets;
Reconnect 1 new system to the existing thermostat, ducts, drain and electric;
Includes new circuit breakers needed to match new equipment specs;
Charge 1 new system to factory specs with ozone friendly Puron refrigerant;
Flush and clean existing drain line and copper lines;
Includes labor, materials, permit;

(1) 5 Ton Trane air conditioner split system (15 SEER) 5kw heat strip

Total Installed Check Price: \$11,542 / Credit card price: \$11,899

Commercial Warranty: 5 year compressor, 1 year parts, 1 year labor

Women's and Men's bathroom and hallway AC system

Remove and dispose of existing package on roof;
Install 1 new package on new roof curb, strap down with new hurricane brackets;
Reconnect 1 new system to the existing thermostat, ducts, drain and electric;
Includes new circuit breakers needed to match new equipment specs;
Includes crane service, labor, materials, permit;

(1) 3 Ton Trane air conditioner package unit (15 SEER) 10kw heat strip

Total Installed Check Price: \$14,978 / Credit card price: \$15,491

Commercial Warranty: 5 year compressor, 1 year parts, 1 year labor

This proposal may be withdrawn if not accepted within 30 days

If you have any questions or need any further information, please do not hesitate to contact me.

Thank you,

Bob Shiminske
Comfort Consultant
Cell (727) 639-3555
bob@kronwest.com

Accepted by _____ Date _____

Neighborhood Home Solutions
ARPA Nonprofit Capital Project Fund- Large Projects
(Round 2)
Project Budget

	Budget
<u>Support and Revenue</u>	
ARPA	128,257.00
Total Revenue and Support	128,257.00
<u>Expenses</u>	
Roof Replacement	50,856.00
HVAC system replacement	22,500.00
Fence replacement	15,661.00
Office paint	22,040.00
Administrative Indirect Costs	5,500.00
Construction Contingencies	11,700.00
Total expenses	128,257.00
Increase (decrease) in net assets	-

**Neighborhood Home Solutions
FY 23 Operating Budget**

	23' Budget
<u>Support and Revenue</u>	
Grants	150,902.00
Program Revenue	265,124.00
Development Income	42,323.00
Total Revenue and Support	458,349.00
Other Miscellaneous Income	-
Total income	458,349.00
<u>Expenses</u>	
Salaries and Benefits	234,368.69
Professional Fees	11,000.00
Contract Services	13,000.00
Marketing	2,000.00
Training and Travel	2,500.00
Office Expense	16,000.00
Insurance	20,000.00
Utilities	19,000.00
Repairs & Maintenance	30,000.00
Interest Expense	20,000.00
Other Program Expenses	18,000.00
ARPA expense	25,000.00
Misc/All Other Expenses	5,000.00
Total expenses before depreciation	415,868.69
Depreciation	14,338.00
Total Expenses	430,206.69
Increase (decrease) in net assets	28,142.31



DEBORAH F. SCANLAN
President / CEO

BOARD OF DIRECTORS

KARL NURSE, Chair of the Board
Retired

TREVOR MALLORY, Vice Chair
Success Beyond Boundaries Enterprises

BETTY BEELER, Secretary
Retired

JAMES "Jim" BUSH, Treasurer
Retired

JACKIE ASHLEY
Wells Fargo

PATTI BONNER
Bank of America

CARLA A. BRISTOL
St. Pete Youth Farm

R. V. DE PUGH
Real Estate Consulting

LEONARDO "LEO" DIAZ
Valley National Bank

SHERYL GREENWALD
Truist

BETTIE HAYES
Retired

FRANCES SERRANO-LUX
Retired

* * * * *

DAVID MCEACHERN, President Emeritus

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 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.

OMB No. 1545-0047
2021
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2021 calendar year, or tax year beginning **10/01/21**, and ending **09/30/22**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST PETERSBURG NEIGHBORHOOD HOUSING SERVICES INC.	D Employer identification number 59-2026381
	Doing business as C/O DEBORAH SCANLAN	E Telephone number 727-821-6897
	Number and street (or P.O. box if mail is not delivered to street address) 1600 DR MARTIN LUTHER KING STREET S	Room/suite
	City or town, state or province, country, and ZIP or foreign postal code ST. PETERSBURG FL 33701	G Gross receipts \$ 496,361
F Name and address of principal officer: DEBORAH F. SCANLAN 1600 DR MARTIN LUTHER KING ST SOUTH ST. PETERSBURG FL 33701		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.NHSFL.ORG H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1980 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE AFFORDABLE HOUSING AND HOMEOWNERSHIP SOLUTIONS FOR INDIVIDUALS AND FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	45
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 336,464
9 Program service revenue (Part VIII, line 2g)		18,358	15,898
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		51	28
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		354,873	496,361
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	268,822	252,379
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	147,760	165,545
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	416,582	417,924
	19 Revenue less expenses. Subtract line 18 from line 12	-61,709	78,437
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 675,773	End of Year 1,035,495
	21 Total liabilities (Part X, line 26)	336,183	617,468
	22 Net assets or fund balances. Subtract line 21 from line 20	339,590	418,027

Part II Signature Block

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

Sign Here	Signature of officer DEBORAH F. SCANLAN	Date PRESIDENT & CEO		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name PAUL E HOROWITZ	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed P01474269
	Firm's name ▶ FRSCPA, PLLC	Firm's EIN ▶ 59-2482214		
	Firm's address ▶ 1301 66TH ST N SAINT PETERSBURG, FL 33710-5501	Phone no. 727-347-1120		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

Public Inspection Copy

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

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

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

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

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

4a (Code:) (Expenses \$ **346,749** including grants of\$) (Revenue \$ **15,898**)
SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ▶ **346,749**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note:</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	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).				
5a	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
c	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).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note:</i> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
NEIGHBORHOOD HOME SOLUTIONS 1600 ML KING JR ST S
ST. PETERSBURG FL 33701 727-821-6897

Form 990 (2021) **ST PETERSBURG NEIGHBORHOOD HOUSING 59-2026381**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBORAH F. SCANLAN	40.00									
PRESIDENT & CEO	0.00			X			70,000	0	0	
(2) BETTIE HAYES	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) BETTY BEELER	2.00									
SECRETARY	0.00	X		X			0	0	0	
(4) CARLA A BRISTOL	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) JAMES BUSH	2.00									
TREASURER	0.00	X		X			0	0	0	
(6) CHRISTOPHER HOLZWART	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) LEONARDO DIAZ	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) FRANCES SERRANO-LUX	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) KARL NURSE	2.00									
CHAIR OF THE BOARD	0.00	X		X			0	0	0	
(10) DAVID MCEACHERN	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) R.V. DEPUGH	2.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ALBERT NKOY SHUYAKA	2.00									
DIRECTOR	0.00	X						0	0	
(13) STEPHEN J. SPINOGATTI	2.00									
DIRECTOR	0.00	X						0	0	
(14) TREVOR MALLORY	2.00									
VICE CHAIR	0.00	X		X				0	0	
1b Subtotal								70,000		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								70,000		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	431,217			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	49,218			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		480,435			
			Business Code			
Program Service Revenue	2a PROGRAM FEES	525990	15,898	15,898		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		15,898			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28		28	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
		Business Code				
Miscellaneous Revenue	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		496,361	15,898	0	28	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,000	52,500	17,500	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	159,602	149,387	10,215	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	5,176	3,623	1,553	
10 Payroll taxes	17,601	12,321	5,280	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	10,000		10,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,185	14,185		
12 Advertising and promotion	498	398	100	
13 Office expenses	12,510	10,008	2,502	
14 Information technology				
15 Royalties				
16 Occupancy	51,229	40,982	10,247	
17 Travel	2,871	2,297	574	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18,572	14,858	3,714	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,409	17,927	4,482	
23 Insurance	18,861	15,089	3,772	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	9,486	9,486		
b OTHER MISC EXPENSES	6,179	4,943	1,236	
c PROVISION FOR LOAN LOSS	-1,255	-1,255		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	417,924	346,749	71,175	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	93,591	1	115,365
	2 Savings and temporary cash investments	48,952	2	49,492
	3 Pledges and grants receivable, net	61,634	3	248,222
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	95,478	8	265,865
	9 Prepaid expenses and deferred charges	8,665	9	11,208
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 872,595		
	b Less: accumulated depreciation	10b 527,252	10c	345,343
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	675,773	16	1,035,495	
Liabilities	17 Accounts payable and accrued expenses	10,930	17	18,611
	18 Grants payable		18	
	19 Deferred revenue		19	25,943
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	257,075	23	448,023
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	68,178	25	124,891
	26 Total liabilities. Add lines 17 through 25	336,183	26	617,468
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	289,430	27	368,535
	28 Net assets with donor restrictions	50,160	28	49,492
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	339,590	32	418,027	
33 Total liabilities and net assets/fund balances	675,773	33	1,035,495	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	496,361
2	Total expenses (must equal Part IX, column (A), line 25)	2	417,924
3	Revenue less expenses. Subtract line 2 from line 1	3	78,437
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	339,590
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	418,027

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

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

2021

**Open to Public
Inspection**

Name of the organization ST PETERSBURG NEIGHBORHOOD HOUSING SERVICES INC.	Employer identification number 59-2026381
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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).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	484,837	373,677	340,751	336,464	480,435	2,016,164
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	484,837	373,677	340,751	336,464	480,435	2,016,164
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,016,164

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	484,837	373,677	340,751	336,464	480,435	2,016,164
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	543	101	173	51	28	896
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.)						
11 Total support. Add lines 7 through 10						2,017,060
12 Gross receipts from related activities, etc. (see instructions)					12	76,075
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	99.96%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.94%
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 and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
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 box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described 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	
c	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	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported 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	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e 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.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c 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:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 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.)

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Area with horizontal dashed lines for supplemental information.

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

**ST PETERSBURG NEIGHBORHOOD HOUSING
SERVICES INC.**

Employer identification number

59-2026381

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

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

Schedule B (Form 990) (2021)

Name of organization **ST PETERSBURG NEIGHBORHOOD HOUSING** Employer identification number **59-2026381**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2021

Open to Public Inspection

Name of the organization

ST PETERSBURG NEIGHBORHOOD HOUSING SERVICES INC.

Employer identification number

59-2026381

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply) - Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Tax Year, rows 2a, 2b, 2c, 2d; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with multiple sections: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	49,416			49,416
b Buildings	611,670		341,598	270,072
c Leasehold improvements				
d Equipment	64,341		50,266	14,075
e Other	147,168		135,388	11,780
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				345,343

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	115,000
(3) CAPITAL LEASE OBLIGATION	9,891
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 124,891	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 496,361.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 417,924.

Part XIII Supplemental Information.

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

Dotted lines for providing supplemental information.

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**SCHEDULE O
(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.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

**ST PETERSBURG NEIGHBORHOOD HOUSING
SERVICES INC.**

Employer identification number

59-2026381**FORM 990 - ORGANIZATION'S MISSION**

TO IMPROVE THE QUALITY OF LIFE IN TARGETED NEIGHBORHOODS THROUGH THE DEVELOPMENT OF AFFORDABLE HOUSING, THE PROMOTION OF HOMEOWNERSHIP, THE FOSTERING OF SAFE LIVING CONDITIONS AND THE STIMULATION OF RENEWED ECONOMIC INVESTMENT.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THE MISSION OF ST PETERSBURG NEIGHBORHOOD HOUSING SERVICES (NHS) IS TO PROVIDE AFFORDABLE HOUSING AND HOMEOWNERSHIP SOLUTIONS FOR INDIVIDUALS AND FAMILIES. NHS IS A NON-PROFIT NEIGHBORHOOD REVITALIZATION AND COMMUNITY HOUSING DEVELOPMENT ORGANIZATION FORMED IN 1980. IT WAS ESTABLISHED TO STIMULATE REINVESTMENT IN BLIGHTED NEIGHBORHOODS THROUGH A WORKING PARTNERSHIP OF RESIDENTS, GOVERNMENT, THE BUSINESS COMMUNITY, LENDING INSTITUTIONS, AND KEY NATIONAL PARTNERS. NHS RELIES ON RESEARCH, USES MARKET STUDIES, CONDUCTS FOCUS GROUPS, INITIATES MODEL BLOCK PROJECTS, PROMOTES NEIGHBORHOOD ENHANCEMENT CAMPAIGNS TO COLLECT DATA, FASHION PROVEN STRATEGIES, IDENTIFY BEST PRACTICES, FOSTER PRIDE, AND BUILD ACTIVE INVOLVEMENT. NHS COLLABORATES WITH VARIOUS AGENCIES AND ORGANIZATIONS TO ACHIEVE STRATEGIC EDUCATIONAL, CULTURAL, AND ECONOMIC DEVELOPMENT GOALS RELATED TO ITS MISSION. THE ORGANIZATION PREDOMINATELY SERVES LOW TO MODERATE INCOME RESIDENTS OF THE COMMUNITY, ITS EDUCATION AND ADVOCACY PROGRAMS ARE AVAILABLE TO ALL RESIDENTS, REGARDLESS OF INCOME WHO SEEK ASSISTANCE. NHS IS AGGRESSIVELY ENGAGED ACTING AS AN ADVOCATE FOR DISTRESSED HOMEOWNERS TO MITIGATE FORECLOSURE ACTIONS.

GOALS

Schedule O (Form 990) 2021

Name of the organization

ST PETERSBURG NEIGHBORHOOD HOUSING

Employer identification number

59-2026381

-BROADEN COMMUNITY AWARENESS AND CREDIBILITY OF OUR ORGANIZATION TO A LEVEL WHERE NHS IS WIDELY RECOGNIZED AS A RELIABLE COMMUNITY LEADER AND A CATALYST FOR CHANGE

- EXPAND AND ENHANCE OUR HOMEBUYER AND HOMEOWNER ASSISTANCE PROGRAMS

- INCREASE SERVICES TO HELP RESIDENTS ACCESS AND SUSTAIN QUALITY HOMEOWNERSHIP AND CREATE NEW, INNOVATIVE PROGRAMS TO OVERCOME THE HURDLES IMPOSED BY THE ECONOMY

-ADAPT, DUE TO THE ECONOMY, ITS FINANCIAL EDUCATION AND HOME MANAGEMENT PROGRAMS IN ORDER TO REDUCE THE NUMBER OF FINANCIALLY FRAGILE HOUSEHOLDS

-PROVIDE FORECLOSURE PREVENTION AND INTERVENTION EDUCATION TO KEEP FAMILIES IN THEIR HOMES AND PREVENT HOMELESSNESS

-DEVELOP DIVERSE AND SUSTAINABLE REVENUE STREAMS SUFFICIENT TO MAINTAIN OUR FINANCIAL HEALTH AND VIABILITY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 IS PRESENTED TO THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
A REVIEW OF INDUSTRY STANDARDS IS CONDUCTED IN ORDER TO DETERMINE OFFICER COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

PAGE 1 OF 2

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

ST PETERSBURG NEIGHBORHOOD HOUSING

59-2026381

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Public Inspection Copy

**ST. PETERSBURG
NEIGHBORHOOD HOUSING
SERVICES, INC.**

**(d/b/a NEIGHBORHOOD HOME
SOLUTIONS)**

Audited Financial Statements

September 30, 2022 and 2021

St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions)

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Independent Auditors' Report

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

Opinion

We have audited the accompanying financial statements of St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions) (the Organization), which comprise the statements of financial position as of September 30, 2022 and 2021 and the related statements of activities and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions) as of September 30, 2022 and 2021 and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions) 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 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 St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions) 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 St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions) 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 the St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions) 2021 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated March 18, 2022. In our opinion, the summarized comparative information presented herein as of September 30, 2021, is consistent, in all material respects, with the audited financial statements from which it has been derived.



St. Petersburg, Florida
January 31, 2023

St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)

Statements of Financial Position
September 30, 2022 and 2021

	2022	2021
<u>ASSETS</u>		
Current Assets		
Cash and cash equivalents	\$ 115,365	\$ 93,591
Receivables from funding sources	248,222	61,634
Properties held for sale	265,865	95,478
Prepaid expenses and other assets	11,208	8,665
Total current assets	640,660	259,368
Cash and cash equivalents restricted for lending and capital purposes	49,492	48,952
Property and equipment, net	345,344	367,454
TOTAL ASSETS	\$ 1,035,496	\$ 675,774
<u>LIABILITIES AND NET ASSETS</u>		
Current Liabilities		
Lines of credit	\$ 115,000	\$ 50,000
Accounts payable and accrued expenses	18,612	10,931
Current installments of capital lease obligation	9,891	9,916
Current installments of long-term debt	9,676	9,251
Deferred revenue	25,943	-
Total current liabilities	179,122	80,098
Capital lease obligation, excluding current installments	-	8,262
Long-term debt, excluding current installments	438,347	247,824
Total liabilities	617,469	336,184
Net assets:		
Without donor restrictions	368,535	289,430
With donor restrictions	49,492	50,160
Total net assets	418,027	339,590
TOTAL LIABILITIES AND NET ASSETS	\$ 1,035,496	\$ 675,774

See accompanying notes to financial statements.

St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)

Statement of Activities and Changes in Net Assets
Year ended September 30, 2022 (With Comparative Totals for 2021)

	Without Donor Restrictions	With Donor Restrictions	Total	
			2022	2021
Support and Revenue:				
Public Support:				
Grants	\$ 305,871	\$ -	\$ 305,871	\$ 241,132
Paycheck Protection Program	-	-	-	52,250
	305,871	-	305,871	293,382
Other revenue:				
Program service fees	15,898	-	15,898	18,358
Interest income	13	15	28	51
Recovered accounts	48,718	-	48,718	-
Employee Retention Tax Credit	125,346	-	125,346	-
Other income	500	-	500	43,082
	190,475	15	190,490	61,491
Net assets released from restrictions:				
HOME administration fees	683	(683)	-	-
Total support and revenue	497,029	(668)	496,361	354,873
Expenses:				
Program services	347,249	-	347,249	343,758
Supporting services	70,675	-	70,675	72,824
Total expenses	417,924	-	417,924	416,582
Change in net assets	79,105	(668)	78,437	(61,709)
Net assets, beginning of year	289,430	50,160	339,590	401,299
Net assets, end of year	\$ 368,535	\$ 49,492	\$ 418,027	\$ 339,590

See accompanying notes to financial statements.

St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)

Statement of Functional Expenses
Year ended September 30, 2022 (With Comparative Totals for 2021)

	<i>Program Services</i>	<i>Supporting Services</i>		Total	
	Community Development	Management & General	Cost of goods sold	2022	2021
Salaries	\$ 201,887	\$ 27,715	\$ –	\$ 229,602	\$ 242,710
Payroll taxes	12,321	5,280	–	17,601	18,498
Employee benefits	3,623	1,553	–	5,176	7,614
Total salaries and related expenses	217,831	34,548	–	252,379	268,822
Professional fees	14,685	9,500	–	24,185	20,204
Program expenses	9,486	–	–	9,486	10,171
Lease expense	2,350	588	–	2,938	3,167
Office supplies	9,406	2,352	–	11,758	3,595
Telephone and utilities	16,746	4,187	–	20,933	19,217
Insurance	15,089	3,772	–	18,861	16,829
Printing and postage	602	150	–	752	286
Advertising and marketing	398	100	–	498	3,008
Interest expense	14,858	3,714	–	18,572	14,809
Repairs and maintenance	21,886	5,472	–	27,358	22,912
Travel, training and education	2,297	574	–	2,871	522
Provision (recovery) for losses on loans	(1,255)	–	–	(1,255)	(17,310)
Other	4,943	1,236	–	6,179	28,001
Total expenses before depreciation	329,322	66,193	–	395,515	394,233
Depreciation	17,927	4,482	–	22,409	22,349
Total expenses included in the expense section on the statement of activities	\$ 347,249	\$ 70,675	\$ –	\$ 417,924	\$ 416,582

See accompanying notes to financial statements.

St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)

Notes to financial statements
September 30, 2022 and 2021

	2022	2021
Cash flows from operating activities:		
Change in net assets	\$ 78,437	\$ (61,709)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation	22,409	22,349
Provision for losses on loans	(1,255)	(17,310)
Change in operating assets and liabilities:		
Receivables from funding sources	(186,588)	848
Properties held for sale	(170,387)	(44,668)
Prepaid expenses and other assets	(2,543)	(610)
Accounts payable and accrued expenses	7,681	(9,603)
Deferred revenues	25,943	-
Net cash used in by operating activities	(226,303)	(110,703)
Cash flows from investing activities:		
Principal payments on loans receivable	1,255	17,310
Purchase of equipment	(300)	-
Change in cash and cash equivalents restricted for lending and capital purposes	(540)	2,467
Net cash provided by investing activities	415	19,777
Cash flows from financing activities:		
Net change in line of credit	65,000	50,000
Principal payments on long-term debt	(9,052)	(8,858)
Principal financing on long-term debt	200,000	-
Principal payments on capital lease obligations	(8,286)	(9,003)
Net cash provided by financing activities	247,662	32,139
Net change in cash and cash equivalents	21,774	(58,787)
Cash and cash equivalents at beginning of year	93,591	152,378
Cash and cash equivalents at end of year	\$115,365	\$93,591
Supplemental cash flow disclosures		
Noncash investing and financing activities:		
Cash paid in interest	\$ 18,572	\$ 14,809

St. Petersburg Neighborhood Housing Services, Inc. **(d/b/a Neighborhood Home Solutions)**

Notes to financial statements
September 30, 2022 and 2021

1. Nature of Activities

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

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

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

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

2. Significant Accounting Policies

Basis of accounting

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

St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions)

Notes to financial statements
September 30, 2022 and 2021

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

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

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

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

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

Estimates in Financial Statements

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

St. Petersburg Neighborhood Housing Services, Inc. **(d/b/a Neighborhood Home Solutions)**

Notes to financial statements
September 30, 2022 and 2021

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

Cash and Cash Equivalents

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

Receivables from funding sources

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

Properties Held for Sale

Properties held for sale also includes residential lots donated to the Organization, property acquired through foreclosure, or by direct purchase and also includes costs incurred by the Organization to construct and rehabilitate homes. Properties held for sale are stated at the lower of cost or market and donated properties held for sale are stated at their estimated fair value at the date of donation. As of September 30, 2022 and 2021, the Organization recorded a valuation allowance of \$0 based on management's estimate of the decline in market value below recorded cost. This evaluation is completed by examining each property individually.

Loans Receivable and Allowance for Loan Losses

Loans receivable represent funds advanced to individuals and families in the Organization's target area who qualified under its various lending programs. These lending programs were not active for the years ended September 30, 2022 and 2021. Loans receivable are carried at unpaid balances, less an allowance for loan losses. All loans are secured with mortgages. Interest rates vary, depending on the type of loan, and interest income is recognized when received. Loan receivables are determined to be past due or delinquent based on how recently payments have been received.

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

St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions)

Notes to financial statements
September 30, 2022 and 2021

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

Property and Equipment

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

Contributions

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

Functional Allocation of Expenses

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

Fair Value Measurements

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

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

Level 2 – Observable market-based inputs or unobservable inputs corroborated by market data.

Level 3 – Unobservable inputs not corroborated by market data.

St. Petersburg Neighborhood Housing Services, Inc. **(d/b/a Neighborhood Home Solutions)**

Notes to financial statements
September 30, 2022 and 2021

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

Income Taxes

St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization's income tax filings are subject to audit by taxing authorities and filings for periods after 2018 remain open for examination. The Organization does not believe it has any unrecognized exposure relating to uncertain tax positions at September 30, 2022.

Summarized Financial Information for 2021

The statement of functional expenses includes certain prior-year comparative total amounts. Such total amounts do not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended September 30, 2021, from which the comparative total amounts were derived.

3. Loans Receivable

The Organization has provided financing, secured by mortgages, to qualifying home buyers for acquisition, rehabilitation, or down payment assistance. Payment terms vary from immediate amortization at varying interest rates to complete deferment until the property is sold. Loans receivable have been fully reserved as of September 30, 2022 and 2021. The Organization continues to receive proceeds as loans are repaid. For the year ended September 30, 2022, the Organization received \$1,255 from loans, which is reported as Recovery for losses on loans on the Statement of Functional Expenses.

St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)

Notes to financial statements
September 30, 2022 and 2021

As of September 30, 2022 and 2021, loans receivable consist of the following:

	2022	2021
Loans receivable:		
"Home" – City of St. Petersburg	\$ 351,271	\$414,619
"NRC" – Neighborhood Reinvestment Corporation	90,995	139,726
Total loans receivable	442,266	554,345
Less:		
Allowance for loans payable on sale of underlying property	(377,506)	(485,804)
Allowance for other loan losses	(64,760)	(68,541)
Total loan allowances	(422,266)	(554,345)
	\$ –	\$ –

The changes in total loan allowances for the years ended September 30, 2022 and 2021 were as follows:

	2022	2021
Balance, beginning of year	\$ 554,345	\$ 593,209
Increase (decrease) in provision for loan losses:		
Deferred payment loans due on sale	(110,824)	(21,554)
General provision	(1,255)	(17,310)
Balance, end of year	\$ 442,266	\$ 554,345

4. Property and Equipment

Property and equipment at September 30, 2022 and 2021 consists of the following:

	2022	2021
Land	\$ 49,415	\$ 49,415
Building and improvements	735,217	735,217
Office furniture and equipment	87,965	87,665
	872,597	872,297
Less accumulated depreciation	(527,253)	(504,843)
	\$ 345,344	\$ 367,454

St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions)

Notes to financial statements September 30, 2022 and 2021

Depreciation expense for the years ended September 30, 2022 and 2021 was \$22,409 and \$22,349, respectively.

5. Lines of Credit

The Organization obtained a line of credit in September 2021 from a financial institution for a maximum amount of \$250,000. The Organization has drawn \$50,000 as of September 30, 2022. The line of credit is due November 22, 2025 and bears interest at the prime rate plus 1.70% (7.95% as of September 30, 2022). The line of credit is secured by the Organization's, accounts receivable, property and equipment as described in the security agreement.

In December 2018, the Organization obtained a revolving line of credit for \$100,000, due January 2028, interest at the prime rate plus 1.75% (8.00% as of September 30, 2022). The Organization has drawn \$65,000 as of September 30, 2022. The line of credit is collateralized by a second mortgage of the Organization's office building in St. Petersburg, Florida.

6. Long-Term Debt

Long-term debt at September 30, 2022 and 2021 consists of the following:

	2022	2021
4.49% mortgage note payable to a commercial bank. Payable in monthly principal and interest payments of \$1,716 and a balloon payment due March 2030. The note is collateralized by the Organization's office building in St. Petersburg.	\$ 248,023	\$ 257,075
2.00% equity-equivalent investment program ("EQ2"). Advances to the Organization bear interest at 2%, payable annually on August 31. The funds may be used by the Organization to expand affordable housing development within Pinellas County, including up to 4 homes per fiscal year. Specific guidelines as to the use and disbursement of funds are described in the agreement.	200,000	-
Total long term debt	448,023	257,075
Less: current installments	(9,676)	(9,251)

St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)

Notes to financial statements
September 30, 2022 and 2021

Long term debt, less current installments	\$ 438,347	\$ 247,824
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Maturities of long-term debt for years subsequent to September 30, 2022 are as follows:

Year ending September 30:

2023	\$ 9,676
2024	10,119
2025	10,583
2026	11,068
2027	11,575
Thereafter	395,002

Total	\$ 448,023
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7. Capital lease

The Organization leases office equipment and computer hardware under capital lease obligations. At September 30, 2021 and 2020, the gross amount of office equipment and computer hardware recorded under the capital lease was \$29,127 and \$29,127. At September 30, 2021 and 2020, accumulated depreciation was \$25,271 and \$18,302, respectively.

Future minimum lease payments under non-cancellable operating leases (with initial or remaining lease terms in excess of one year) and the present value of future minimum capital lease payments as of September 30, 2022 are as follows:

Year ended September 30:

2023	\$ 9,891
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Total minimum lease payments	9,891
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Less: amount representing interest	(193)
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Present value of minimum lease payments	9,698
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Less: current installments of capital lease obligation	(9,698)
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Capital lease obligations, excluding current installments	\$ -
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St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)

Notes to financial statements
September 30, 2022 and 2021

8. Net assets with Donor Restrictions

Net assets with donor restrictions consist of the following at September 30, 2022 and 2021:

	2022	2021
<u>Temporarily restricted</u>		
Home Investment Partnerships Program (HOME)	\$ 49,492	\$ 50,160
	\$ 49,492	\$ 50,160

9. Releases of Net Assets with Donor Restrictions

Net assets were released from donor restrictions as follows for the years ended September 30, 2022 and 2021:

	2022	2021
<u>Temporarily restricted</u>		
Home Investment Partnerships Program (HOME)	\$ 683	\$ 23,365
	\$ 683	\$ 23,365

Net assets with donor restrictions includes of revolving capital funds of the Home Investment Partnerships Program (HOME). The transfer from HOME capital funds to net assets without donor restrictions is in accordance with the City of St. Petersburg's approval. The release of net assets is shown net of interest income which was \$15 and \$4 for the years ended September 30, 2022 and 2021, respectively.

10. Liquidity and Availability

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

September 30,	2022
Cash and cash equivalents	\$ 115,365
Receivables from funding sources	248,222
	\$ 363,587

St. Petersburg Neighborhood Housing Services, Inc. **(d/b/a Neighborhood Home Solutions)**

Notes to financial statements
September 30, 2022 and 2021

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

11. Paycheck Protection Program

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

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

12. Funding and Credit Concentrations

The Organization maintains deposit accounts with commercial banks. At September 30, 2022 and 2021, all deposits were covered by federal deposit insurance.

For the fiscal year ending September 30, 2022, approximately 60% of the Organization’s support and revenue came from three primary sources HUD – Federal, Employee Retention Tax Credit and Third Federal Bank.

13. Commitments and Contingencies

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

Proceeds generated from previously invested capital funds may be retained by the Organization and used for eligible HOME program activities as approved by the City. Under the terms of the contract, upon dissolution of the Organization or upon

**St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)**

**Notes to financial statements
September 30, 2022 and 2021**

termination of the agreement, all deposits and all outstanding notes, mortgages and other instruments pledged to secure repayment of loans shall revert back to the City.

14. Subsequent Events

The Organization has evaluated subsequent events through January 31, 2023, the date the financial statements were available to be issued.

Subsequent to September 30, 2022, EQ2 loan advances have been received \$200,000 and \$100,000 by the Organization in October 2022 and November 2022, respectively.

SUPPLEMENTARY FINANCIAL INFORMATION

St. Petersburg Neighborhood Housing Services, Inc. (d/b/a Neighborhood Home Solutions)

Schedule of Funds – Statement of Financial Position September 30, 2022

	Operating Fund	HOME Fund	Total
<u>Assets</u>			
Current assets:			
Cash and cash equivalents	\$ 115,365	\$ –	\$ 115,365
Receivables from funding sources	248,222	–	248,222
Properties held for sale	265,865	–	265,865
Prepaid expenses and other assets	11,208	–	11,208
Total current assets	640,660	–	640,660
Cash and cash equivalents restricted for lending and capital purposes	–	49,492	49,492
Property and equipment, net	345,344	–	345,344
	\$ 986,004	\$ 49,492	\$1,035,496
<u>Liabilities and Net Assets</u>			
Current liabilities:			
Line of credit	\$ 115,000	\$ –	\$ 115,000
Accounts payable and accrued expenses	18,612	–	18,612
Current installments of capital lease	9,891	–	9,891
Current installments of long-term debt	9,676	–	9,676
Deferred revenue	25,943	–	25,943
	179,122	–	179,122
Total current liabilities			
Long-term debt and line of credit, excluding current installments	438,347	–	438,347
Total liabilities	617,469	–	617,469
Net assets	368,535	49,492	418,027
	\$ 986,004	\$ 49,492	\$1,035,496

St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)

Schedule of Funds – Statement of Activities
Year ended September 30, 2022

	Operating Fund	HOME Fund	Total
Support and Revenue:			
Public Support:			
Foreclosure prevention grants	\$ 20,610	\$ –	\$ 20,610
Grants	285,261	–	285,261
	305,871	–	305,871
Program service fees	15,898	–	15,898
Interest income	13	15	28
Recovered accounts	48,718	–	48,718
Employee Retention Tax Credit	125,346	–	125,346
Other income	500	–	500
	190,475	15	190,490
Total support and revenue	496,346	15	496,361
Expenses:			
Program services	347,194	55	347,249
Supporting services	70,675	–	70,675
Total expenses	417,869	55	417,924
Change in net assets	78,477	(40)	78,437
Net assets, beginning of year	290,058	49,532	339,590
Net assets, end of year	\$ 368,535	\$ 49,492	\$ 418,027

St. Petersburg Neighborhood Housing Services, Inc.
(d/b/a Neighborhood Home Solutions)

Schedule of Funds - Functional Expenses
Year ended September 30, 2022

	Operating Fund	Home Fund	Total	Program Services	Supporting Services
Salaries	\$ 229,602	\$ –	\$ 229,602	\$ 201,887	\$ 27,715
Payroll taxes	17,601	–	17,601	12,321	5,280
Employee benefits	5,176	–	5,176	3,623	1,553
Total salaries and related expenses	252,379	–	252,379	217,831	34,548
Professional fees	24,185	–	24,185	14,685	9,500
Program expenses	9,486	–	9,486	9,486	–
Lease expense	2,938	–	2,938	2,350	588
Office supplies	11,758	–	11,758	9,406	2,352
Telephone and utilities	20,933	–	20,933	16,746	4,187
Insurance	18,861	–	18,861	15,089	3,772
Printing and postage	752	–	752	602	150
Advertising and marketing	498	–	498	398	100
Interest expense	18,572	–	18,572	14,858	3,714
Repairs and maintenance	27,358	–	27,358	21,886	5,472
Travel, training and education	2,871	–	2,871	2,297	574
Provision for losses on loans	(705)	(550)	(1,255)	(1,255)	–
Other	5,574	605	6,179	4,943	1,236
Total expenses before depreciation	395,460	55	395,515	329,322	66,193
Depreciation	22,409	–	22,409	17,927	4,482
Total expenses	\$ 417,869	\$ 55	\$ 417,924	\$ 347,249	\$ 70,675

INTERNAL CONTROL AND COMPLIANCE



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

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

We have audited the financial statements of St. Petersburg Neighborhood Housing Services, Inc. d/b/a Neighborhood Home Solutions as of and for the year ended September 30, 2022 and have issued our report thereon dated January 31, 2023. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Internal Control over Financial Reporting

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

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

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

Compliance and Other Matters

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

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



Saint Petersburg, Florida
January 31, 2023

