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DLN: 93493225017290

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 D Employer identification number B Check if applicable Please use IRS label or The Pinellas Association for Retarded Children Address change 59-0791038 Doing Business As E Telephone number Name change print or . type. See (727)345-9111Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite 3190 Tyrone Boulevard North Instruc-**G Gross receipts** \$ 13,449,108 Termination tions. Amended return City or town, state or country, and ZIP + 4 St Petersburg, FL 33710 Application pending Name and address of Principal Officer **H(a)** Is this a group return for Philip Lancaster affiliates? 3190 Tyrone Boulevard North St Petersburg, FL 33710 H(b) Are all affiliates included? (If "No." attach a list See instructions) Group Exemption Number Web site: ► www parc-fl org **K** Type of organization
✓ Corporation

trust
association L Year of Formation 1953 M State of legal domicile FL Part I Summary Briefly describe the organization's mission or most significant activities The organization's mission is to provide opportunities for children and adults with developmental disabilities to exercise their Activities & Governance independence and experience life to the fullest Check this box 🗍 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . 28 Number of independent voting members of the governing body (Part VI, line 1b) $oldsymbol{.}$ 28 493 Total number of employees (Part V, line 2a) . . . Total number of volunteers (estimate if necessary) . 496 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 7a Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 565.036 8 981,158 Program service revenue (Part VIII, line 2g) . 13,615,596 11,869,305 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 121,420 27,381 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 320.583 319.028 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 14,622,635 13,196,872 12) 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10.344,936 10.500.740 10) Professional fundraising fees (Part IX, column (A), line 11e) 16a (Total fundraising expenses, Part IX, column (D), line 25 $\frac{563,292}{}$ b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17 5,310,782 3,581,547 14,082,287 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 15,655,718 Revenue less expenses Subtract line 18 from line 12 -885,415 19 -1,033,083 Assets or d Balances **Beginning of Year End of Year** 20 Total assets (Part X, line 16) 7,107,787 7,520,348 21 Total liabilities (Part X, line 26) 1,780,241 3,248,292 Net / 22 Net assets or fund balances Subtract line 21 from line 20 5,327,546 4,272,056 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

Please Sign Here

Preparer's

Use Only

2010-08-13 Signature of officer Philip Lancaster CFO

Preparer's signature Paid

Firm's name (or yours Moore Stephens Lovelace PA

Type or print name and title

ıf self-employed), address, and ZIP + 4 1201 S Orlando Avenue Suite 400

Phone no (407) 740-5400 Winter Park, FL 327897192 May the IRS discuss this return with the preparer shown above? (See instructions) .

FIN F

Check if

empolyed 🕨 🦵

Preparer's PTIN (See Gen Inst)

Part III Statement of Program Service Accomplishments (See the instructions.)

	Statement of Frogram Service Accomplishments (See the instructions	3./		
1	Briefly describe the organization's mission The organization's mission is to provide opportunities for children and adults with developmental disabilities to exercifullest	se their indeper	ndence and e	experience life to the
2	Did the organization undertake any significant program services during the year which were no the prior Form 990 or 990-EZ?	ot listed on	┌ Yes	√ No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any pro services?	gram	☐ Yes	▽ No
_	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest progra Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported			
4a	(Code) (Expenses \$ 6,779,214 including grants of \$ The residential programs provide person-centered, comprehensive, individualized apartments, group homes, inter for children, adolescents and adults with developmental disabilities 108 adults, adolescents and children receive r independence, self care skills, interpersonal successes, sustained relationships and inclusion in our community. All 90%) of their goals in areas of improving self care skills, improving health through medical compliance, recreation maintaining independent living through supports and services provided by PARC.	esidential servic residents achiev	cilities and si es promoting red a high pe	g self reliance, ercentage (average
4b	(Code) (Expenses \$ 2,220,777 including grants of \$ The Adult Day training program provides unique services in areas of meaningful day training for life enrichment, viplacement, on the job training and individualized community based job coach services 140 clients work in light mr. 15 of those individuals utilize these earnings to sustain their independent living. Over 60 clients enjoy art and must art, pottery and jewelry. Over 90 clients are provided with door to door transportation services to and from the docompetitive jobs, earning above minimum wage with career ladder potential through the support of a job coach	nanufacturing tra sic with trained s	mployment t aining areas s staff, as well	while earning money I as opportunities to se
4c	PARC's Discovery Learning Center - the children's early intervention programs include full-day special education, programly focused homebound program with behavioral supports, home respite services and outreach for infants and disabilities. Each child's ultimate goal is to enter into typical kindergarten at age five. A celebration ceremony is coast hey graduate into the public school. Early Intervention services to over 190 children per year assist in meeting individualized plan that is comprehensive and includes families and siblings. Nursing services and health training a PARC's toddler computer lab is designed specifically for children to learn and experience technology along with exchildren are provided with transportation to and from the center with no fee charged to the families. Four times e areas of positive parenting and behavior focus, encouraging success at home and school.	children with de onducted each y important mile re provided ong perience in a m	evelopmenta ear for the P stones Each oing to each ulti sensory e	ol delays and Pre-kındergarten class I child has an I child and family Penvironment Over 40
	(Code) (Expenses \$ 1,870,128 including grants of \$) (Revenue \$	1	1,973,785)
_				
4d	d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue	\$)
4e	Total program service expenses \$ 11,688,300 Must equal Part IX, Line 25, colum	ın (B).		

art IV	Chec	klist of	Required	Schedules
		KIISL OI	NC quii cu	Schodules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	17	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	31		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
		$\stackrel{\circ}{\dashv}$		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	Yes	
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	0.0		
		9 3		
D	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	-		
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or give were not tax deductible?	ts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a		No
	more?		i	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to 7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year	.		110
_	7. Test, indicate the number of forms of of med during the year 1. 1. 1.			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, ha	/e		
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations Enter			
а	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)			
	against amounts due of received nonficielly			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	. Governing	Body and	Management	

tion A. Consuming Rody and Management

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	28			
Ь	Enter the number of voting members that are independent	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.			3		Νο
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	ince t	he prior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	5		Νο
6	Does the organization have members or stockholders?			6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written activities year by the following	ons ur	ndertaken during the			
а	the governing body?			8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.		' '	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the			10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc			11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken 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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Phil Lancaster

3190 Tyrone Bouelvard North

St Petersburg, FL 33710

(727) 345-9111

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

(A) Name and Title	(B) Average hours per week		on a Institutional Trustee	apply	у)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
							\vdash			
							\vdash			
1b Total								308,484	0	0
2 Total number of individuals (including	those in 1	a) who i	ecei	ved	moi	re thar	n \$1	00,000 ın reportabl	e	

compensation from the organization►2

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed online 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			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

from the organization .

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation
Sysco West Coast Florida PO Box 1839 Palmetto, FL 34220		Food and Supplies Distribution	186,159
2 Total number of independ	ent contractors (including those in 1) who receiv	yed more than \$100,000 in compensation	

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	1a		Revenue		312, 313, 01 314
報告	ь	Membership dues					
gra			1Ь				
ું #	C	Fundraising events	1c				
≅ੂ≅	d	Related organizations	1d				
ξ. H	е	Government grants (contributions)	1e				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	981,158 ————————————————————————————————————				
a E	g	Noncash contributions included					
ပ္မ	h	lines 1a-1f \$ Total (Add lines 1a-1f)	-	981,158			
			Business Code				
an	2a	Residential Services	623,000	6,832,496	6,832,496		
wen	ь	Adult Day Programs/Voc	623,000	2,218,723	2,218,723		
8	С	In-Home Support	621,610	1,319,974	1,319,974		
MCK	d	Daycare	623,000	844,301	844,301		
Ŗ	e	Transportation Service	623,000	653,811	653,811		
Program Serwce Revenue	f	All other program service reven		·	·		
Ρζ	g	Total. Add lines 2a-2f					
	3	► \$ 11,869,305 Investment income (including d	ividends, interest				
		other similar amounts)		125,446			125,446
	4	Income from investment of tax-exemp	t bond proceeds				
		·	•				
	5	Royalties	1 () 5				
	6a	(1) Real	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss) Net rental income or (loss) .					
			<u> </u>				
	7a	(1) Securities Gross amount	(II) O ther				
	/ -	from sales of assets other than inventory					
	ь	Less cost or other basis and sales expenses	98,065				
	С	Gain or (loss)	-98,065				
	d	Net gain or (loss)	. •	-98,065			-98,065
Other Revenue	8a	Gross income from fundraising events (not including \$ 196,832 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					
-	ь	Less direct expenses	. b 154,171				
듐	c	Net income or (loss) from fundra	ising events	42,661	42,661		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
	ь	Less direct expenses	a .b				
	c	Net income or (loss) from gamir					
	10a	Gross sales of inventory, less returns and allowances	a 84,852				
	ь	Less cost of goods sold	04,832				
	С	Net income or (loss) from sales		84,852	84,852		
		Miscellaneous Revenue	Business Code				
	11a	O ther Revenue	900,099	174,733			174,733
	Ь	Management Fees-Affili	561,000	16,782			16,782
	C	A II akkan manan					
	d e	All other revenue Total. Add lines 11a-11d					
			\$ 191,515				
	12	Total Revenue. Add lines 1h, 2g 8c, 9c, 10c, and 11e		13,196,872	11,996,818	0	218,896

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re).
Do r	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 governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,653,464	7,182,375		346,139
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,126,444	934,948	146,438	45,058
10	Payroll taxes	720,832	598,291	93,708	28,833
11	Fees for services (non-employees)				
а	Management				
b	Legal	47,488	39,415	6,173	1,900
c	Accounting	43,916	36,450	5,709	1,757
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	5,632	4,675	732	225
g	Other				
12	Advertising and promotion	49,295	40,915	6,408	1,972
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	1,056,500	876,895	137,345	42,260
17	Travel	55,049	45,691	7,156	2,202
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	50,974	42,308	6,627	2,039
20	Interest	33,546	27,843	4,361	1,342
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	322,208	267,433	41,887	12,888
23	Insurance	416,104	345,366	54,094	16,644
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Consultants and Temps	376,706	312,666	48,972	15,068
ь	Food & Clothing	310,740	257,914	40,396	12,430
c	Supplies	240,047	199,239	31,206	9,602
d	Behavioral & Developmen	222,956	185,054	28,984	8,918
e	Transportation Expense	159,948	132,757	20,793	6,398
f	All other expenses	190,438	158,065	24,756	7,617
25	Total functional expenses. Add lines 1 through 24f	14,082,287	11,688,300	1,830,695	563,292
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year			B) fyear
	1	Cash—non-interest-bearing			Beginning of year	1	Liid o	n yeur
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net			428,306	3		145,561
	4	Accounts receivable, net			1,054,114			872,688
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L	, key e		· · ·	5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 4	1958(f)(1)) and		6		
	7	Notes and loans receivable, net			139,140	7		426,030
	8	Inventories for sale or use			135,176	8		127,398
8	9	Prepaid expenses and deferred charges			78,194	-		312,150
ė	10a	The state of the s	-		,			
Assets		Land, buildings, and equipment cost basis	10a	8,884,271				
	ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	6,099,293	2,918,409	10c		2,784,978
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 $\it Complete Pair Schedule D$	of	1,115,822	12			
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Second Part Part Part Part Part Part Part Part$			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		1,238,626	15		2,851,543	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,107,787	16		7,520,348
	17	Accounts payable and accrued expenses .			1,347,131	17		1,018,397
	18	Grants payable		18				
	19	Deferred revenue	1,472	19		227,401		
	20	Tax-exempt bond liabilities			20			
eS	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u> </u>		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			431,638	25		2,002,494
	26	Total liabilities. Add lines 17 through 25			1,780,241	26		3,248,292
		Organizations that follow SFAS 117, check here ▶ $\overline{\lor}$ and complethrough 29, and lines 33 and 34.	ete lin	es 27				
Ĭ	27	Unrestricted net assets			3,675,950	27		2,972,423
Balance	28	Temporarily restricted net assets			1,262,112	-		930,215
	29	Permanently restricted net assets			389,484	29		369,418
Fund	-	Organizations that do not follow SFAS 117, check here ► □ and	l comp	let e				,
		lines 30 through 34.	. сор					
s or	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32		
Net	33	Total net assets or fund balances	5,327,546	33		4,272,056		
_	34	Total liabilities and net assets/fund balances			7,107,787	34		7,520,348
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

ParitXI	Financial	Statements	and Reporting

				i
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493225017290

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ne Pin	iellas A	ssociation for I	Retarded Children						070103	n		
Par	+ T	Peacon	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio		-0791033 Instruct			
				ation because it is (Please					msuuci	.10113)		
1				urches, or association of ch					'Δ)(i).			
2	<u>'</u>	•		i on 170(b)(1)(A)(ii). (Attac			Jection	170(0)(1)(.~ /(י/י			
3	<u>'</u>			e hospital service organizati		•	tion 170(h)/1)/A)/i	ii) (Attac	h Schadul	a H)	
4	<u>'</u>		•	zation operated in conjuncti			-		• •		•	
-	,		esearch organi name, city, and	,	OII WILII a I	ilospitai u	escribeu i	ii section	170(D)(1)	(A)(III). L	iitei tiie	
5	_	•			unuarait	v ownod o	ronorato	d by 5 gov	vernmental unit described in			
3	,				universit	y owned o	Toperated	л пу а доч	a governmental unit described in			
_	_			(Complete Part II)	unit dagar	uhad in C a	ation 170	/L\/1\/A\	/\			
6	। जि	•		overnment or governmental							بالطنيس المس	_
7	 ~	=		ally receives a substantial p		support ire	om a gove	rnmentart	init or iror	n the gene	rai publi	C
_	_		-	o)(1)(A)(vi) (Complete Par	•	l.+. D						
8	_		•	ed in Section 170(b)(1)(A)		•	•					
9	ı	_		ally receives (1) more than					•			55
				ated to its exempt functions estment income and unrelate	-		•	, ,	•			
		• •	•				•			x) from bus	sinesses	
10	_		•	on after June 30, 1975 See			•		•			
10	<u> </u>	=	=	and operated exclusively to	-		•				-	•
11	,	_	=	and operated exclusively fo orted organizations describe					•	•		
				type of supporting organiza						Section 5	05(a)(5)	CHECK
		аГ⊤				- Function		_	d	Г⊤ype	III - Ot	her
e	Γ			rtıfy that the organızatıon ıs								
				agers and other than one or	more publ	licly supp	orted orga	ınızatıons (described	ın section	509(a)(1) or
f		section 50		d a written determination fro	m tha IDS	S that it is	a Type I	Typo II o	r Typa III	cupportu	a orazni	zation
•		check this		u a written determination no	ill the IKS	, tilat it is	a Type I,	. Type II o	i iype iii	Supportin	ig Organii	
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u></u>			•
		following pe										
			·	r indirectly controls, either a		_	th person:	s describe	d in (ii)		Yes	No
				ng body of the the supported	_	tion?				11g		<u> </u>
			•	erson described in (i) above						11g(<u> </u>
		` '		ty of a person described in (11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports					
							T				I	
		ame of	(ii) EIN	(iii) Type of organization		s the	1	you notify		s the	(vii) An	
		orted		(described on lines 1-9 above or IRC section	_	ation in Iisted in		anızatıon i) of your		ation in organized	supp	יסוני
Organization		Zation		(See Instructions))		verning		port?		US?		
						ment?		•				
					Yes	No	Yes	No	Yes	No		

Total

Support Schedule for Organizations Described in IRC 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.)

	Complete only if you clied	keu tile box oi	1 lille 5, 7, 01	o or Part I.)				
	iblic Support	(=) 2004	(b) 2005	(-) 2006	(4) 2007	(-)	2000	(6) Total
	endar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	membership fees received (Do not	1,427,833	1,139,295	2,640,873	565,035		981,159	6,754,195
	include any "unusual grants ")	_,,	_,,	_,,	,		,	-,,
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 line 1-3	1,427,833	1,139,295	2,640,873	565,035		981,159	6,754,195
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							233,110
	on line 1 that exceed 2% of the amount							•
	shown on line 11, column							
_	(f)							
6	Public Support subtract line 5 from line 4							6,521,085
т,	otal Support							
		(-) 2004	(b) 2005	(-) 2006	(4) 2007	(-)	2000	(6) Takal
	endar year (or fiscal year beginning in)	(a) 2004 1,427,833	261,755	(c) 2006 2,640,873	(d) 2007 565,035	(e)	981,159	(f) Total 6,754,195
7	A mounts from line 4	1,427,633	201,733	2,040,873	303,033		901,139	0,734,193
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar	198,459	261,755	252,029	121,420		27,381	861,044
	sources							
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	207,869	372,598	423,211	320,583		319,028	1,643,289
	Part IV)							
11	Total Support (Add lines 7 through 10)							9,258,528
12	Gross receipts from related activities, etc	(See instructions	5)			12		60,856,437
13	First Five Years. If the Form 990 is for the o	organization's fir	st, second, third	l, fourth, or fifth	tax year as a 50	01(c)(3)	
	organization, check this box and stop here	3	, ,	, ,	,	` /\		▶ ┌
Co	mputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıde	ed by line 11 co	lumn (f))		14		70.430 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		75.340 %
	33 1/3% Test - 2008. If the organization did			nd line 14 is 22	1/20/- or more		thic hov	751540 70
IUa	and stop here. The organization qualifies as				1/3/0 Of filore,	CHECK	tilis box	▶ ▽
b	33 1/3% Test - 2007. If the organization did		-		5 is 33 1/3% oi	r more	check thi	•
_	box and stop here. The organization qualified			,	3 13 33 1,370 0		, check thi	ĭ ▶□
17a	10% Facts and Circumstances Test - 2008.				, 16a, or 16b a	nd line	e 14 is 10	
	more, and if the organization meets the "fac	_						
	organization meets the "facts and circumst							▶ □
ь	10% Facts and Circumstances Test - 2007.	If the organizatio	n dıd not check	a box on line 13	, 16a, 16b, or	17a ar	nd line 15	s 10% or
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did	not check the bo	x on line 13, 16	a, 16b, 17a or 1	.7b, check this	box a	nd see	. –
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A tion analyzated "Vac " to Form 000 Part IV Line & (Provide Tax)

	me of the organization			Employer iden	itification numbe	r
The	Pinellas Association for Retarded Child	lren		59-0791038		
Part		by all organizations exemple the instructions for Schedul		l.	527	
1	Provide a description of the oi	rganization's direct and indirect po	litical campaign act	civities in Part IV		
2	Political expenditures				\$	
3	Volunteer hours					
Part	for Schedule C for c	by all organizations exempletails.)	pt under section	501(c)(3). (See the	instructions	
1	Enter the amount of any excis	e tax incurred by the organization	under section 4955	;	\$	
2	Enter the amount of any excis	e tax incurred by organization mar	nagers under sectio	n 4955	\$	
3	If the organization incurred in	a section 4955 tax, did it file Form	n 4720 for this year	-7	☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
b	If "Yes," describe in Part IV					
Part		by all organizations exem s for Schedule C for details.)	pt under section	n 501(c), except sect	tion 501(c)(3	3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	ot function activities	\$	
2	Enter the amount of the filing 527 exempt funtion activities	organızatıon's ınternal funds contr	ıbuted to other orga	nizations for section	\$	
3	Total of direct and indirect ex 1120-POL, line 17b	empt function expenditures Add Ii	nes 1 and 2 and ent	er here and on Form	\$	
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes	☐ No
5	were made Enter the amount political contributions receive	nd Employer Identification Numbe paid and indicate if the amount wa d and promptly and directly delive action committee (PAC) If addition	s paid from the filing red to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate	nents
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of contributions and prompt directly delive separate poorganization enter -0	receive ly and ered to a litical If none,

<u> </u>	nedule C (101111)) O O1)) O E2 / 2000			raye z
P		organizations exempt under section 501(768
	•	tion 501(h)). (See the instructions for Schedule	2 C for details.)	
		belongs to an affiliated group		
В	Check If the filing organization	checked box A and "limited control" provisions apply		T
		bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
C	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter t			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a		
i	Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	n 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a	Lobbying non-taxable amount	0	823,129			823,129			
ь	Lobbying ceiling amount (150% of line 2a, column(e))					1,234,694			
c	Total lobbying expenditures	0	13,760			13,760			
_d	Grassroots non-taxable amount	0	205,782			205,782			
e 	Grassroots ceiling amount (150% of line d, column (e))					308,673			
f	Grassroots lobbying expenditures	0	0						

Pa			nder section 501(c)(3) that haven ne instructions for Schedule C for de			ed F	orm	
				(a))		(b)	
			Ye	s	No	P	mour	nt
1	legislation, including any attem referendum, through the use of	rganization attempt to influence forei ipt to influence public opinion on a le		<u></u>				
a	Volunteers?		t-d l th \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \					
Ь	,	ude compensation in expenses repor	ted on lines c through 1)?					
C	Media advertisements?	un autha muhlin?						
d	Mailings to members, legislato							
e	Publications, or published or br							
f	Grants to other organizations for							
g		their staffs, government officials, or						
h		ars, conventions, speeches, lectures	s, or any other means?					
i	Other activities If "Yes," desc	ribe in Part IV						
j	Total lines 1c through 1ı				L			
2a	 -	e the organization to be not describe	ed in section 501(c)(3)?	1				
ь		y tax incurred under section 4912						
С		, y tax incurred by organization manag	iers under section 4912		ŀ			
		d a section 4912 tax, did it file Form		1	ŀ			
			ot under section 501(c)(4), secti	on 5	501(c)(5). or	
). (See the instructions for Sch					-	
1	Were substantially all (90% or	more) dues received nondeductible	hy mamhars?			1	Yes	No
2		in-house lobbying expenditures of \$			⊢	2		
3		arryover lobbying and political expen			⊢	3		
			ot under section 501(c)(4), secti	on I	501(c		\ or	
			ns 1 and 2 are answered "No" O					
			ctions for Schedule C for details.)				•	
1	Dues, assessments and simila	r amounts from members		1	. \$			
2			(do not include amounts of political					
	expenses for which the section	on 527(f) tax was paid).		٦				
a	Current Year			-	:a \$			
Ь	Carryover from last year			- ⊢	b \$			
c	Total				c \$			
3		section 6033(e)(1)(A) notices of nor	• •	3	\$			
4			on line 3, what portion of the excess e of nondeductible lobbying and political					
	expenditure next year?	carryover to the reasonable estimate	e of nondeductible lobbying and political	4	· \$			
5		d political expenditures (line 2c total	minus 3 and 4)	5	\$			
P	art IV Supplemental In		•		•			
Со	mplete this part to provide the de	escriptions required for Part I-A, line	1, Part I-B, line 4, Part I-C, line 5, and Pa	rt II-	B, line	11		
Als	so, complete this part for any add							
<u></u>	Ident if ier	Return Reference	Explanation					
Part	: II-B, Line 1:	Explanation of Other Lobbying Activities	There were no lobbying activities this	year				
		1						

Part II-B, Line 11	Explanation of Other Lobbying Activities	There were no lobbying activities this year

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
The Pinellas Association for Retarded Children

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the pinellas Association for Retarded Children

59-0791038

2 A 3 A	otal number at end of year ggregate Contributions to (during year)	(a) Donor advised funds		d other accounts
3 A	ggregate Contributions to (during year)			
4 A	ggregate Grants from (during year)			
	ggregate value at end of year			
5 D	old the organization inform all donors and donor adv	visors in writing that the assets held in d	onor advised	
	unds are the organization's property, subject to the			┌ Yes ┌ No
u	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the be impermissible private benefit?			□Yes □No
	II Conservation Easements. Complete	e if the organization answered "Yes'	" to Form 990, Part	IV, line 7.
	urpose(s) of conservation easements held by the			217
Г	Preservation of land for public use (e g , recrea	<u> </u>	an historically import	antly land area
Г	Protection of natural habitat	Preservation of	certified historic stru	cture
Γ	Preservation of open space			
	Complete lines 2a–2d if the organization held a qua on the last day of the tax year	ilified conservation contribution in the fo	rm of a conservation	easement
	·		Held	at the End of the Year
a ·	Total number of conservation easements		2a	
ь .	Total acreage restricted by conservation easemer	nts	2b	
c	Number of conservation easements on a certified l	historic structure included in (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
	lumber of conservation easements modified, trans	•	ated by the organizati	on durina
	he taxable year 🕨			-
	,			
	lumber of states where property subject to conserv			
	Ooes the organization have a written policy regarding inforcement of the conservation easements it holds		iolations, and	┌ Yes ┌ No
	staff or volunteer hours devoted to monitoring, insp		•	
7 A	mount of expenses incurred in monitoring, inspect	ting, and enforcing easements during the	year ► \$	
	oes each conservation easement reported on line .70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	ection	┌ Yes ┌ No
b	n Part XIV, describe how the organization reports of alance sheet, and include, if applicable, the text of he organization's accounting for conservation ease	f the footnote to the organization's financ		
Part 1	Organizations Maintaining Collecti Complete if the organization answered		s, or Other Simila	ar Assets.
а	f the organization elected, as permitted under SFA irt, historical treasures, or other similar assets hel irovide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or rese	arch in furtherance of	
_	f the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or researcl		,
			► \$	
р	i) Revenues included in Form 990, Part VIII, line	1	FΨ	
p (i	· · ·	1	'	
p (i (i 2 It	 i) Revenues included in Form 990, Part VIII, line ii) Assets included in Form 990, Part X f the organization received or held works of art, his ollowing amounts required to be reported under SFA 	torical treasures, or other similar assets	F \$	ovide the

b Assets included in Form 990, Part X

Part	Organizations Maintaining Collections	of Art, His	tori	<u>cal Treasu</u>	ires, or Othe	<u>r Similar Ass</u>	ets (c	ontınued)
3	Using the organization's accession and other records, citems (check all that apply)	heck any of th	ne fol	lowing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	O ther				
С	Preservation for future generations							
4	Provide a description of the organization's collections a Part XIV	nd explain ho	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive d assets to be sold to raise funds rather than to be mainta						Yes	┌ No
Par	Trust, Escrow and Custodial Arrangen Part IV, line 9, or reported an amount on F				ınızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other included on Form 990, Part X?	r ıntermedıary	forc	ontributions (or other assets 1		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the follo	wing table					_	
						A mo	unt	
с	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, Pa	art X, line 21?				Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Par								
_	(a)Curren	t Year (b) Prior	Year (c) I w	o Years Back (d)	Three Years Back (e)Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balan	ce held as						
а	Board designated or quasi-endowment 🕨							
ь	Permanent endowment 🕨							
c	Term endowment 🕨							
3а	Are there endowment funds not in the possession of the	organization	that	are held and a	dmınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		
L	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organizations listed as Describe in Part XIV the intended uses of the organizat	-				3b		<u> </u>
	t VI Investments—Land, Buildings, and Eq				art V ling 10			
rai	111Vestillents—Land, buildings, and Eq	uipilient. 3						
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1 a L	and				388,307			388,307
b E	Buildings				5,196,071	3,614,674		1,581,397
c L	easehold improvements				5,758	3,702		2,056
d E	Equipment				2,134,404	1,501,948		632,456
e (1,159,731	978,969		180,762
	. Add lines 1a-1e (Column (d) should equal Form 990, Par	t X, column (B.), line	10(c).)				2,784,978
ıotaı		. , ,						

uncertain tax positions under FIN 48

Part VII Investments—Other Securities. S	See Form 990, Part X, line 1.	2.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of Cost or end-of-yea	
Financial derivatives and other financial products		Cost of end-of-yea	ir market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) *		
Part VIII Investments—Program Related.	See Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
		Cost of end-of-yea	il illarket value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)) F		
Part IX Other Assets. See Form 990, Part X	(, line 15.		
	scription		(b) Book value
Due to/from Affiliates			1,775,254
Investments in Tyrone General			1
Beneficial Interest In Trust			290,848
Receivable From Remainder Trust			785,440
Total. (Column (b) should equal Form 990, Part X, col.(B) II	une 15)		2,851,543
Part X Other Liabilities. See Form 990, Pa			2,031,343
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Line of Credit	950,787		
O verdraft Cash	42,473		
Securities and other Investments	1,009,234		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,002,494		
In Part XIV, provide the text of the footnote to the orga	nızatıon's financıal statements	that reports the organization'	s liability for

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,196,872
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,082,287
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-885,415
4	Net unrealized gains (losses) on investments	4	-11,826
5	Donated services and use of facilities	5	14,004
6	Investment expenses	6	
7	Prior period adjustments	7	-172,250
8	Other (Describe in Part XIV)	8	- 3
9	Total adjustments (net) Add lines 4 - 8	9	-170,075
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,055,490
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		11,800,183
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	600,642
3	Subtract line 2e from line 1	3	11,199,541
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 1,997,331		
c	Add lines 4a and 4b	4c	1,997,331
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,196,872
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	14,263,537
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	181,250
3	Subtract line 2e from line 1	3	14,082,287
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4с	o
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	14,082,287
Par	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Rounding -3
Part XII, Line 2d - Other Adjustments		Special Events Expense Reported with Revenue 154171 Resale Costs 371097 Other Income Reported with Expenses 1239
Part XII, Line 4b - Other Adjustments		Restricted contributions 436006 Program services 1509193 Miscellaneous revenue 52132
Part XIII, Line 2d - Other Adjustments		Special Events Expense Reported With Revenue 154171 Other Income Reported with Expenses 1239 Program expenses -55643

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OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal	Revenue Service	lines 17, 18, or 19, and	by organizat	ions that er	nter more than \$15,000 on Fo	m 990-EZ, line 6a.	Inspection										
	e of the organization Pinellas Association f	or Retarded Children				Employer ide	ntification number										
						59-0791038											
Par	tI Fundraising	g Activities. Complete	e if the o	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.										
a b c d	Indicate whether the Mail solicitations Email solicitation Phone solicitation In-person solicita	ns	through a	ny of the	e Solicitation of r	non-government grants government grants											
b	or key employees list If "Yes," list the ten h	have a written or oral agre ted in Form 990, Part VII) nighest paid individuals or t least \$5,000 by the orga	or entity entities (1	in conne fundraise	ction with professional f rs) pursuant to agreeme	undraising activities? ents under which the fu											
	(i) Name of individua or entity (fundraiser)	I (III) A CTIVITY	(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No													
Total				>													
					•	•											

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	t II	Fundraising Events. Commore than \$15,000 on Form					report	ted
			(a) Event #1 Black Tie (event type)	(b) Event #2 Mardi Gras (event type)	(c) O ther Events 2 (total number)	(d) To	otal Eve I (a) th	
Φ	1		32,109		,		19	6,832
Revenue	2	Gross receipts Less Charitable contributions	,	,	,			
œ	3	Gross revenue (line 1 minus line 2)	32,109	52,290	112,433		19	6,832
	4	Cash Prizes						
ses	5	Non-cash Prizes						
ben	6	Rent/Facility costs	7,680		8,707		1	6,387
Direct Expenses	7	Other direct expenses	32,922	52,032	52,830		13	7,784
<u> </u>	8 Direct expense summary Add lines 4 through 7 in column (d)							4,171
	9	Net income summary Combine lir	-	• •			4	2,661
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted mo	re thar	ì
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) ti	l gamıng nrough co	
ď	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ច សូ	4	Rent/facility costs						
ā	5	Other direct expenses						
	6	Volunteer labor	┌ Yes		┌ Yes			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a b	Is	er the state(s) in which the organiza the organization licensed to operate No," Explain				· 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
	_	and the engagement of the second		va 2				
11 12		es the organization operate gaming a the organization a grantor, beneficiar				11	+	\vdash
		ned to administer charitable gaming						

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name	of	the o	rganizat ion

The Pinellas Association for Retarded Children

Employer identification number

Part I Excess Benefit Transact To be completed by organization								'. Part	V . line	40b
1 (a) Name of disqualifie				ıon of transa					c) Corr	ected?
									Yes	No
								_		
2 Enter the amount of tax imposed on section 49583 Enter the amount of tax, if any, on line							\$ —— \$			
Part III Loans to and/or From				2 <i>6</i> F	0	00 5	7 0 - 1	M 1	- 20-	
To be completed by organiza (a) Name of interested person and purpose	(b) Loan to or from the organization?	(c)O riginal principa		alance due	(e)	90-E. In ult?	Appr by boo	oved ard or	(g)W agree	ritten ment?
	To From					No	Yes	No	Yes	No
		- \$	-							
Part IIII Grants or Assistance B			000	Deat IV las	- 27					
To be completed by organ		erea "Yes" on Form ip between interested p								
(a) Name of Interested person	and	the organization		(C)AIII	ount c	or grai	nt or ty	pe oi	assista	псе
Part IV Business Transactions	Involving Intere	ested Persons	000	Doub IV Jun	- 20	- 20	ا سام حالا	20.5		
To be completed by organ	(b) Relationshi	ıp		Part IV, III	ie 28	a, 28	ob, or		(e) Sha	
(a) Name of interested person	between interest person and the	',		(d) Desci		rıptıon of transactıon		on	organız reven	
	organization								Yes	No
David Pilkington	Former Director	330	,	Ins prems holds insura Brown & Bro is the Vice Brown He r commission policies to t	ance pown D Presideceiven prom	oolicie avid dent o es a the s	es with Pilking of Browi ale of t	ton n &		No
								\dashv		

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Inspection

Name of the organization **Employer identification number** The Pinellas Association for Retarded Children 59-0791038 Part I Types of Property (a) (b) (d) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household 363,611 Resale value or actual sale Х goods Cars and other vehicles 7,500 A ctual sale Boats and planes Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution (historic structures) 14 Oualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 2,596 Est at discount from cost 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts Scientific specimens . . Archeological artifacts . . . 25 Other (describe Supplies 99 22,387 Est at discount from cost 99 11,441 Est at discount from cost Х 26 Other (describe Equipment 99 Х 11,353 Est at discount from cost 27 Other (describe Printing 28 Other (describe Miscellaneous) Χ 99 22,508 Est at discount from cost Number of Forms 8283 received by the organization during the tax year for contributions for 29 0 which the organization completed Form 8283, Part IV, Donee Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes", describe in Part II

checked, describe in Part II

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

OMB No 1545-0047

Open to Pu<u>blic</u> Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization The Pinellas Association for Retarded Children **Employer identification number**

59-0791038

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	I .	Other programs include advanced vocational services to individuals with disabilities who are working competitively at PARC's thrift shop which promotes career ladder opportunities in the retail industry PARC also provides transportation services for children, adolescents and adults with disabilities Expenses \$ 1870128 including grants of \$ 0 Revenue \$ 1973785

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The CEO, CFO, and Director of Accounting for Pinellas Association for Retarded Children will conduct a comprehensive review of the Form 990 before it is filed. A copy of the return, as ultimately filed, is provided to each voting member of the Board of Directors before it is filed with the IRS.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Board of Directors monitors and enforces compliance with the conflict of interest policy annually. They review actual conflicts that are identified by the annual disclosure process and by other board members and prohibit directors from voting on matters where actual conflicts of interest exist. A similar policy applies to all employees who sign when they receive their policy manual

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Governance Committee determines the compensation and benefits of the Chief Executive Officer. The Governance Committee is independent with respect to compensation arrangement being considered. The Governance Committee relies on members of the Board of Directors who serve on boards of similar organizations to determine reasonable compensation. The Board of Directors approves the Governance Committee's findings. The review and approval process is documented in the CEO's contract. Following the completion of the CEO evaluation process by the Governance Committee, that Committee makes a recommendation to the Board for its approval of the compensation and benefits of the Chief Executive Officer. A new CEO employment contract is drawn each year which states the Board-approved CEO compensation, benefits and terms of the contract for the upcoming year. The review and approval are documented in the contract.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available for public inspection upon request

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Audit of Financial Statements	The organization's financial statements were audited as part of a consolidated financial statement for the organization and subsidiaries

ldent	tifier	Return Reference	Explanation
Form 99 XI, Line 2	0, Part	Oversight of Audit and Selection of Independent Accountant	With the leadership of its Audit & Ethics Committee, the Board of Directors is responsible for the final selection, monitoring and evaluation of an independent audit firm and oversight of the audit of its financial statements. There was no change in this process from the prior year.

Part I Identification of Disregarded Entities

DLN: 93493225017290

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 ► See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization
The Pinellas Association for Retarded Children

To a sociation for Retarded Children

59-0791038

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
PARC Housing Inc 3190 Tyrone Boulevard North St Petersburg, FL33710 59-1700361	Residential service for adults with disabilities	FL	501(c)(3)	7	Pinellas Association for Retarded Children
PARC Housing II Inc 3190 Tyrone Boulevard North St Petersburg, FL33710 59-2766054	Residential service for adults with disabilities	FL	501(c)(3)	7	Pinellas Association for Retarded Children
PARC Endowment Fund 3190 Tyrone Boulevard North St Petersburg, FL33710 59-1850843	Support Pinellas Association for Retarded Children	FL	501(c)(3)	11	Pinellas Association for Retarded Children
	Support Pinellas Association for Retarded Children	FL	501(c)(3)	11	Pinellas Association for Retarded Children
Manasota Association for Retarded Citizens Inc 3659 Cortez Road West Suite 130 Bradenton, FL34206 65-0988415	Operates community-based human services for persons with disabilities	FL	501(c)(3)	7	Pinellas Association for Retarded Children

				s a Partnership						1	1	
(A) Name, address, and EIN of related organization	(B) Primary ac	tivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets		ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ral d aging ner?
								Yes	No		Yes	No
Part IV Identification of R	telated Org	anizations	Taxable a	s a Corporatior	or Trust							
(A) Name, address, and EIN of related or	ganization	(B) Primary activ	rity l	(C) egal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inco	me	Sha end-	are of Perce	H) entage ership	
Tyrone General Inc 3190 Tyrone Boulevard North St Petersburg, FL33710 59-3227368		Holding Compa	ny	FL	Pinellas Association fo Retarded Children	or C				100 0	000 %	
										l		

(4)

(5)

(6)

Part V	Transactions	with Related	Organizations
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Part V	Transactions with Related Organizations							
Note	. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 During	the tax year, did the orgranization engage in any of the following transaction:	s with one or more related organizations listed in Parts II-:	(V?					
a Rec	eipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ıty		1a		No		
b Gift	grant, or capital contribution to other organization(s)			1b		No		
c Gıft,	grant, or capital contribution from other organization(s)			1c		No		
d Loa	ns or loan guarantees to or for other organization(s)			1d	Yes			
e Loa	ns or loan guarantees by other organization(s)			1e		No		
f Sale	of assets to other organization(s)			1f		No		
g Puro	hase of assets from other organization(s)			1g		No		
h Exc	h Exchange of assets							
i Leas	e of facilities, equipment, or other assets to other organization(s)			1i		No		
j Leas	e of facilities, equipment, or other assets from other organization(s)			1j		No		
k Perf	ormance of services or membership or fundraising solicitations for other org	anization(s)		1k	Yes			
I Perfo								
m Sha	ring of facilities, equipment, mailing lists, or other assets			1m		No		
n Sha	ring of paid employees			1n	Yes			
o Reir	nbursement paid to other organization for expenses			10		No		
p Reir	nbursement paid by other organization for expenses			1р	Yes			
q Oth	er transfer of cash or property to other organization(s)			1 q		No		
r Othe	er transfer of cash or property from other organization(s)			1r	Yes			
2 If th	e answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	ıps and transaction thresholds					
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved					
(1)		71-12-7						
See Additiona Data Table	I							
(2)								
(3)								

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	D / Form					

Form 990,	Schedule R,	Part V -	Transactions	with	Related Organizations
			(A)	

PARC Endowment Fund Number 2

Tyrone General Inc

(9)

(10)

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Manasota Association for Retarded Citizens Inc	D	432,000
(2)	PARC Housing Inc	К	16,000
(3)	PARC Housing Inc	0	35,472
(4)	PARC Housing Inc	Р	77,000
(5)	PARC Housing II Inc	К	4,100
(6)	PARC Housing II Inc	0	30,542
(7)	PARC Housing II Inc	Р	28,000
(8)	PARC Endowment	С	134,815

94,553

97,500

С

R

Software ID: Software Version:

EIN: 59-0791038

Name: The Pinellas Association for Retarded Children

Form 990, Part VII - Section Aaa

Porm 990, Part VII - Section Ada		Posit t	(C tion (hat a	chec		I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Eric M Branson , Past Chairman	1 00	Х						0	0	0
Robert P Byelick , Chairman	1 00	Х		Х				0	0	0
Douglas E Carlan , Director	1 00	Х						0	0	0
David R Punzak , Treasurer/Secretary	1 00	Х		Х				0	0	0
Johnnie N Guest , Director	1 00	Х						0	0	0
Tino Mastry , Chairman Elect	1 00	Х						0	0	0
Paul Trice , Director	1 00	Х						0	0	0
Roger Edelman , Dırector	1 00	Х						0	0	0
Frank Farkas , Director	1 00	Х						0	0	0
Eric Feder , Director	1 00	Х						0	0	0
Dick Crippen , Director	1 00	Х						0	0	0
Marcos Hasbun , Director	1 00	Х						0	0	0
Brian C Heeren , Director	1 00	Х						0	0	0
David Joffe , Director	1 00	Х						0	0	0
Clayton D Johnson , Director	1 00	Х						0	0	0
George E Lewis , Director	1 00	Х						0	0	0
Douglas Hicks , Director	1 00	Х						0	0	0
Robert Lombardo , Director	1 00	Х						0	0	0
Paul Manfrey , Director	1 00	Х						0	0	0
Fay Lazarıs , Dırector	1 00	Х						0	0	0
Reginald V Mesimer , Director	1 00	Х						0	0	0
Nancy Plants , Director	1 00	Х						0	0	0
Judy Owen , Director	1 00	Х						0	0	0
James Sewell , Director	1 00	Х						0	0	0
Elliott M Ross , Director	1 00	Х						0	0	0
David H Wilbanks , Director	1 00	Х						0	0	0
Shan Shikarpuri , Director	1 00	Х						0	0	0
Jerry Wunsch , Director	1 00	Х						0	0	0
Sue Buchholtz , President/CEO	40 00			Х				133,441	0	0
Phil Lancaster , Executive VP/CFO	40 00			Х				101,001	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	tion a Institutional Trustee	che	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
eslie LeGros , COO	40 00		X			74,042	0	(

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

-					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Residential Services	623,000	6,832,496	6,832,496		
b Adult Day Programs/Voc	623,000	2,218,723	2,218,723		
c In-Home Support	621,610	1,319,974	1,319,974		
d Daycare	623,000	844,301	844,301		
e Transportation Service	623,000	653,811	653,811		