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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

THE CRISIS CENTER OF TAMPA BAY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

ONE CRISIS CENTER PLAZA

City or town, state or province, country, and ZIP or foreign postal code

TAMPA, FL 33613

D Employer identification number

59-1785265

E Telephone number

(813) 964-1964

G Gross receipts \$ 10,698,989

F Name and address of principal officer

MARIA PORTO DUARTE

ONE CRISIS CENTER PLAZA

TAMPA,FL 33613

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.CRISISCENTER.COM

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation 1978

M State of legal domicile FL

Part I Summary																																											
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>ENSURING THAT NO ONE IN OUR COMMUNITY HAS TO FACE CRISIS ALONE</div></div>																																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>20</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>20</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>324</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>170</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	20	4	Number of independent voting members of the governing body (Part VI, line 1b)	20	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	324	6	Total number of volunteers (estimate if necessary)	170	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	7b	Net unrelated business taxable income from Form 990-T, line 34	0																								
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>6,773,0386,656,218</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>1,723,6091,934,824</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>5,049,4294,721,394</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	6,773,0386,656,218	21	Total liabilities (Part X, line 26)	1,723,6091,934,824	22	Net assets or fund balances Subtract line 21 from line 20	5,049,4294,721,394																														
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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

2015-08-13

Date

MARIA PORTO DUARTE CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

KAREN L PRICE CPA

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00182581

Firm's name

WARREN AVERETT LLC

Firm's EIN 45-4084437

Firm's address

100 SOUTH ASHLEY DRIVE SUITE 1650

TAMPA, FL 33602

Phone no (813) 229-2321

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

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

THE MISSION OF THE CRISIS CENTER IS TO ENSURE THAT NO ONE IN OUR COMMUNITY HAS TO FACE CRISIS ALONE WE SEEK TO BE THAT EXTRAORDINARY PLACE WHERE ALL PEOPLE FIND HELP, HOPE AND HEALING TO MAKE TOMORROW BETTER

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

Yes

No

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 \$ 5,283,657 including grants of \$) (Revenue \$ 5,426,838)

TRANSCARE AMBULANCE SERVICES - CAAS ACCREDITED AMBULANCE SERVICE THAT PROVIDES PRIMARY 9-1-1 BASIC LIFE SUPPORT (BLS) SERVICES IN THE CITY OF TAMPA, BLS EMERGENCY AND NON-EMERGENCY AMBULANCE SERVICE THROUGHOUT HILLSBOROUGH COUNTY, COUNTYWIDE PSYCHIATRIC TRANSPORTS TO/FROM ALL AREA HOSPITALS, TRANSPORTATION TO STATE PSYCHIATRIC FACILITIES, AND STAND-BY SERVICE FOR SPECIAL EVENTS TRANSCARE OPERATES 24 HOURS A DAY, 365 DAYS A YEAR (TOTAL TRIPS 35,547) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

4b

(Code) (Expenses \$ 1,234,729 including grants of \$ 160,925) (Revenue \$ 77,374)

2-1-1 CONTACT CENTER AND SUICIDE PREVENTION SERVICES - PROVIDES IMMEDIATE AND CONFIDENTIAL CRISIS INTERVENTION AND INFORMATION AND REFERRAL SERVICES AT NO COST TO THE CLIENT THROUGH SUICIDE, CRISIS, RAPE, VETERANS, SUBSTANCE ABUSE, HOMELESS AND PARENTING HOTLINES (104,791 CALLS) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

4c

(Code) (Expenses \$ 824,783 including grants of \$) (Revenue \$ 187,567)

CORBETT TRAUMA CENTER - INDIVIDUAL, FAMILY AND GROUP TRAUMA COUNSELING SESSIONS FOR CHILDREN AND ADULTS THAT ARE DESIGNED TO HELP CLIENTS RECOVER FROM SEXUAL ABUSE, AND OTHER HIGH LEVEL EMOTIONAL TRAUMA (6,658 COUNSELING SESSIONS AND 797 CLIENTS SERVED) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

(Code) (Expenses \$ 711,446 including grants of \$) (Revenue \$)

FAMILY STABILIZATION - PROVIDES SERVICES TO FAMILIES FACING CRISIS DUE TO FINANCIAL DIFFICULTIES - LOCATIONS AT SANCHEZ FULL SERVICE CENTER, JUST FULL SERVICE CENTER, SULPHUR SPRINGS RESOURCE CENTER, THE TAMPA HOUSING AUTHORITY AND THE MAIN CAMPUS ON BEARSS AVENUE FINANCIAL EDUCATIONCASE MANAGEMENT FOR WORKING FAMILIES IN FINANCIAL CRISSSOME FINANCIAL ASSISTANCESTRENGTHENING FAMILIES (PARENTING AND RESILIENCY)CHILD AND FAMILY SAFETY - CASE MANAGEMENT, ADVOCACY, PARENT/CHILD MENTORING AND EDUCATION FOCUSED ON KEEPING FAMILIES INTACT THROUGH RISK REDUCTION AND REDUCING BARRIERS TO EDUCATIONAL SUCCESS OF CHILDREN HIGHLIGHTS FOR 2014EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) - THE CRISIS CENTER IS A PROVIDER OF FEMA ADMINISTERED EFSP FUNDS DUE TO FEDERAL REDUCTION MANDATES, THE CRISIS CENTER EXPERIENCED A 15% DECREASE IN EFSP ALLOCATIONS HOWEVER, THE UNITED WAY DISTRIBUTED SUPPLEMENTAL FUNDS AND FUNDRAISING EFFORTS HAVE PRODUCED ACCESS TO RESOURCES FOR GAS, FOOD AND OTHER TRANSPORTATION MONEY MATTERS - THE CRISIS CENTER CONTRACTED WITH A LOCAL FINANCIAL CONSULTANT/EDUCATOR, Q STREET FINANCIAL SERVICES, TO DEVELOP AND FACILITATE MONEY MATTERS, A FINANCIAL LITERACY CLASS FOR ALL FINANCIAL ASSISTANT RECIPIENTS OF THE FAMILY STABILIZATION PROGRAM FROM JUNE TO AUGUST 2014, THERE WERE 21 CLASSES HELD EACH CLASS IS 3 HOURS IN LENGTH SINCE THE NEW CURRICULUM HAS BEEN IN PLACE, OUTCOMES ARE REFLECTED AS VERY POSITIVE WHEN ASKED TO RATE FROM 1-10 (10 BEING STRONGLY AGREE) "AFTER TAKING THIS TRAINING, I AM MORE KNOWLEDGEABLE ABOUT MANAGING MY PERSONAL FINANCES" THE AVERAGE SCORE FOR MONTHS JUNE THROUGH AUGUST WAS 9.22 HOMELESS PREVENTION - THE CRISIS CENTER WAS AWARDED A CITY OF TAMPA BLOCK GRANT THROUGH THE HOMELESS SERVICES PROGRAM THIS FUNDING ALLOWED FOR AN INCREASE IN THE ABILITY FOR ONSITE STAFF TO ASSESS CLIENTS FOR IMMEDIATE INTERVENTION WHO ARE AT IMMINENT RISK OF BECOMING HOMELESS PAY IT FORWARD - A LOAN PROGRAM THAT PROVIDES INTEREST FREE LOANS TO ELIGIBLE PERSONS LOANS ARE MADE TO FAMILY STABILIZATION CLIENTS WITH NEEDS RELATED TO TRANSPORTATION, HOUSING, EMPLOYMENT, OR OTHER ITEMS DIRECTLY PERTAINING TO THE APPLICANT’S SELF-SUFFICIENCY GOALS THE MISSION OF THE PROGRAM IS TO ASSIST CLIENTS WHO HAVE A SPECIFIC FINANCIAL PROBLEM THAT PREVENTS THEM FROM ACHIEVING AN ONGOING AND SUSTAINABLE POSITIVE FINANCIAL STRUCTURE FOR THEMSELVES AND THEIR FAMILIES EXAMPLES WOULD BE LACK OF DEPENDABLE TRANSPORTATION THAT ENDANGERS THEIR EMPLOYMENT OR PREVENTS AN OPPORTUNITY FOR PROMOTION THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE)IN AUGUST, A CASE MANAGER MET WITH A WALK-IN CLIENT LOOKING FOR ASSISTANCE WHILE ON-SITE AT SANCHEZ FULL SERVICE CENTER IN EAST TAMPA THE YOUNG WOMAN, 23 YEARS OLD, WAS 7 MONTHS PREGNANT WITH TWO CHILDREN AGES 2 AND 6 YEARS OLD AND NOT CURRENTLY EMPLOYED AS SHE MET WITH THE CASE MANAGER, SHE EXPLAINED THAT HER MOTHER WAS PREVIOUSLY RESIDING WITH HER AND RESPONSIBLE FOR PAYING ALL BILLS UNFORTUNATELY, HER MOTHER MOVED AND WAS UNABLE TO ASSIST WITH THE HOUSEHOLD BILLS BECAUSE OF HER OWN HOUSING RESPONSIBILITIES WHILE THE FAMILY HAD NO RENTAL OBLIGATION AND THE YOUNG MOTHER WAS DOING HER BEST TO CARE FOR HER CHILDREN WITH NO SUPPORT FROM THE FATHER, THERE WAS AN OUTSTANDING UTILITY BILL WITH TECO FOR \$137.15 AS A RESULT, THERE WAS NO ELECTRICITY IN THE HOME THE FAMILY HAD APPLIED FOR CASH ASSISTANCE AND THAT APPLICATION WAS PENDING IN ADDITION, THE CLIENT HAD AN APPOINTMENT WITH LEE DAVIS NEIGHBORHOOD SERVICE CENTER, BUTNOT UNTIL THE END OF THE MONTH THE CLIENT CAME INTO THE FULL SERVICE CENTER LOOKING FOR ANY TYPE OF ASSISTANCE AND THE SITE ADMINISTRATOR REFERRED HER TO THE CRISIS CENTER OF TAMPA BAY THE CASE MANAGER WAS ABLE TO COMMUNICATE WITH TECO AND, USING UNITED WAY’S POTTER INITIATIVE FUNDING, SECURED PAYMENT SO THE FAMILY COULD RECEIVE ELECTRICITY MORE IMPORTANT, THE CASE MANAGER ESTABLISHED A RAPPORT WITH THE YOUNG WOMAN WHO AGREED TO ONGOING CASE MANAGEMENT THROUGH THE FAMILY STABILIZATION PROGRAM THE CASE MANAGER CONTINUED TO PROVIDE COACHING AND APPROPRIATE REFERRALS TO ASSIST THIS YOUNG WOMAN AS SHE MADE PLANS FOR A THIRD CHILD AND HER NEED FOR ONGOING FINANCIAL STABILITY

(Code) (Expenses \$ 530,038 including grants of \$) (Revenue \$)

SEXUAL ASSAULT SERVICES - ALL SERVICES ARE PROVIDED AT NO COST TO THE CLIENT - LOCATED IN NORTH TAMPA, SERVING ALL OF HILLSBOROUGH COUNTY OFFERING FORENSIC EXAMSADVOCACYEMPOWERMENT PREVENTION SERVICESINFORMATION AND REFERRALCONSULTATIONHIGHLIGHTS FOR 2014 ADVOCATES PROVIDED ADVOCACY AND CASE MANAGEMENT TO 467 SURVIVORS OF SEXUAL ASSAULT FORENSIC EXAMS WERE PROVIDED TO 305 VICTIMS OF SEXUAL ASSAULT THE CRISIS CENTER WAS GRANTED A YEAR EXTENSION FOR OFFICE ON VIOLENCE AGAINST WOMEN (OVW) FUNDING ALLOWING THE ADVOCATES IN SEXUAL ASSAULT SERVICES TO IMPLEMENT A BILINGUAL TEEN EMPOWERMENT GROUP, SCHEDULED TO BEGIN ON OCTOBER 23 AGREEMENTS WERE SECURED WITH THE HILLSBOROUGH COUNTY JAIL, THE SALVATION ARMY AND G4S TO PROVIDE FORENSIC EXAMS AND ADVOCACY TO VICTIMS OF SEXUAL ASSAULT HOUSED AT SIX JUVENILE RESIDENTIAL COMMITMENT CENTERS, TRANSITIONAL PROGRAMS AND THE HILLSBOROUGH COUNTY JAIL VIA THE PRISON RAPE ELIMINATION ACT STRATEGIC GOALS FOR THE NEXT FISCAL YEAR WERE IDENTIFIED AS 1) OUTREACH AND AWARENESS TO THE MIGRANT POPULATION OF HILLSBOROUGH COUNTY, 2) INCREASED PARTICIPATION IN REGION-WIDE HUMAN TRAFFICKING INTERVENTION EFFORTS 3) FOCUSED OUTREACH TO THE LGBTQ POPULATION WITH A FOCUS ON YOUTH THE CRISIS CENTER HAS ENHANCED COLLABORATION WITH THE MACDILL AFB ON FURTHER INITIATIVES AND GARNERED AGREEMENTS FROM MACDILL TO PARTICIPATE IN THE SEXUAL ASSAULT RESPONSE TEAM THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE)MARY IS A 55-YEAR-OLD DISABLED FEMALE WITH COMPLEX MEDICAL ISSUES, INCLUDING PARTIAL PARALYSIS MARY REQUIRED 24-HOUR-CARE AND HAS BEEN RESIDING IN A HOME WITH A CAREGIVER MARY CONTACTED LAW ENFORCEMENT TO REPORT THAT HER CAREGIVER’S BOYFRIEND SEXUALLY ASSAULTED HER MARY DISCLOSED TO LAW ENFORCEMENT THAT THIS HAD HAPPENED BEFORE, HOWEVER, SHE WAS TOO AFRAID TO TELL ANYONE DUE TO HER MEDICAL CONCERNS, TRANSCARE SAFELY TRANSPORTED MARY TO SEXUAL ASSAULT SERVICES THE ADVOCATE WAS ABLE TO START PROVIDING SUPPORT AND ASSISTED MARY THROUGH THE FORENSIC EXAM PROCESS DUE TO THE HEIGHTENED SAFETY CONCERNS, THE ADVOCATE AND LAW ENFORCEMENT WERE ABLE TO COLLABORATE AND BEGIN MAKING A SAFETY PLAN FOR MARY DCF WAS CONTACTED AND AN ABUSE REPORT WAS GENERATED THE ADVOCATE WAS ABLE TO GATHER INFORMATION FROM THE SURVIVOR ON INDIVIDUALS WHO MAY BE PART OF A POSSIBLE SUPPORT SYSTEM UNFORTUNATELY, DUE TO THE 24/7 CARE THAT SHE REQUIRED, THOSE INDIVIDUALS WERE UNABLE TO PROVIDE HOUSING FOR MARY, BUT WERE IDENTIFIED AS PART OF HER SUPPORT SYSTEM THE ADVOCATE WORKED WITH 2-1-1 TO IDENTIFY RESOURCES AND ALTERNATIVE PLACEMENTS FOR MARY AFTER THE EXAM, IT WAS DETERMINED BY THE NURSE THAT MARY SHOULD BE ADMITTED TO A HOSPITAL FOR AN EVALUATION TO ASSESS ABUSE OR MEDICAL NEGLECT LAW ENFORCEMENT AND THE ADVOCATE WORKED TOGETHER AND WERE ABLE TO FIND A SUITABLE AND SAFE ASSISTED LIVING FACILITY (ALF) FOR MARY TO RESIDE AFTER HER DISCHARGE THE ADVOCATE WAS ABLE TO VISIT WITH MARY AT HER NEW RESIDENCE TO ENSURE THAT SHE WAS ADJUSTING WELL AND THAT HER NEEDS WERE BEING MET THE ADVOCATE FACILITATED A PARTNERSHIP WITH THE ADULT PROTECTIVE INVESTIGATOR AND A SOCIAL WORKER TO ENSURE THAT MARY HAD THE ONGOING SERVICES SHE REQUIRED CURRENTLY, THE ADVOCATE MAINTAINS CONTACT WITH LAW ENFORCEMENT TO ENSURE THERE IS PROGRESS IN THE CRIMINAL INVESTIGATION AND PROSECUTION OF THE ASSAILANT

(Code) (Expenses \$ 357,127 including grants of \$) (Revenue \$ 72,149)

COMMUNITY OUTREACH AND TRAINING - THE TRAINING DEPARTMENT OF THE CRISIS CENTER OFFERS INTERNAL TRAININGS TO ENSURE AN ENGAGED, EMPOWERED WORKFORCE BY PROVIDING CORE TRAINING, TRAUMA INFORMED CARE (TIC), BEST PRACTICES SERIES, LUNCH AND LEARN, MENTAL HEALTH FIRST AID (MHFA), PSYCHOLOGICAL FIRST AID (PFA) AND EMPOWERMENT SERVICES COMMUNITY CRISIS RESPONSE - OUTREACH DESIGNED FOR DELIVERY BY MENTAL HEALTH AND OTHER TRAINED CRISIS WORKERS WHO PROVIDE EARLY ASSISTANCE TO AFFECTED CHILDREN, FAMILIES, AND ADULTS AS PART OF AN ORGANIZED RESPONSE TO TRAGEDY SPECIALIZED TRAINING - TRAUMA INFORMED CARE, PSYCHOLOGICAL FIRST AID, MENTAL HEALTH FIRST AID, SELF-CARE, SUICIDE PREVENTION AND SEXUAL VIOLENCE PREVENTION SOME COMMUNITY TRAININGS ARE FEE BASED EMPOWERMENT SERVICES FOR SEXUAL ASSAULT SURVIVORS THAT INCLUDE WORKSHOPS, SPEAKING OPPORTUNITIES, AND SPECIAL EVENTS LIKE TAKE BACK THE NIGHT SUICIDE PREVENTION COMMUNITY TRAINING FOR ORGANIZATIONS, CHURCHES, BUSINESSES AND CIVIC GROUPS VIOLENCE PREVENTION EDUCATION FOR YOUTH THAT INCLUDES WORKSHOPS RELATED TO HEALTHY RELATIONSHIPS AND BULLYING PREVENTION HIGHLIGHTS FOR 2014THE CONCLUSION OF A SAMHSA SUICIDE PREVENTION GRANT RESULTED IN EXTENSIVE OUTREACH, POSITIVE OUTCOMES AND DATA PROVIDED BY CRISIS CENTER CARE COORDINATORS THE CRISIS CENTER PROGRAM HAS BEEN DEEMED A MODEL RESPONSE SYSTEM THROUGH A GRANT PROVIDED BY THE TAMPA BAY LIGHTNING, THE CRISIS CENTER PROVIDED THE PASCO COUNTY SCHOOL CRISIS RESPONSE TEAMS WITH STATE OF THE ART TRAINING BY DR. ROBERT MACY OF THE INTERNATIONAL TRAUMA INSTITUTE AND THE CRISIS CENTER’S VICKI HUMMER, LCSW THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE)BRITTANY CAME TO THE CRISIS CENTER’S EMPOWERMENT PROGRAM AFTER REALIZING THAT SHE HAD NOT HEALED FROM THE SEXUAL ABUSE SHE EXPERIENCED AS A CHILD SHE HAD ATTENDED OTHER SUPPORT GROUPS, BUT FOUND THEY TENDED TO BE A "NEGATIVE ENVIRONMENT" WHERE PEOPLE FOCUSED ON STRUGGLES AND BAD FEELINGS THE EMPOWERMENT PROGRAM CONNECTED BRITTANY WITH A SURVIVOR COMMUNITY BASED ON POSITIVE FEELINGS AND EXPERIENCES SHE HAS BUILT RELATIONSHIPS AND FRIENDSHIPS WITH FELLOW SURVIVORS IN A MUTUALLY SUPPORTIVE ENVIRONMENT THE PROGRAM ALSO PROVIDED AN OPPORTUNITY TO LEARN ABOUT CREATIVE EXPRESSION INCLUDING POETRY, ART AND MUSIC BRITTANY HAD FUN PARTICIPATING IN THE ACTIVITIES AND MADE GOOD FRIENDS WHO PROVIDED ENCOURAGEMENT IN THE HEALING PROCESS

(Code) (Expenses \$ 184,037 including grants of \$) (Revenue \$)

CLIENT SERVICES -

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,782,648 including grants of \$) (Revenue \$ 72,149)



















4e

Total program service expenses

9,125,817

Form 990 (2013)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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 	11a Yes	
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 	11b	No
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 	11c	No
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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 	12b	No
13 Is the organization a school 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 United States?	14a	No
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	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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>	23	Yes	
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>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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
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>	33		No
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>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	49			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 return.	2a	324			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>	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 instructions for 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 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				No
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	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
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				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				No
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				No
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>	14b				

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization MARIA PORTO DUARTE ONE CRISIS CENTER PLAZA TAMPA, FL 33613 (813) 964-1964	

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARY WEISMAN CHAIRPERSON	4 00	X		X				0	0	0
(2) TANYA HILLARY VICE CHAIRPERSON	1 00	X		X				0	0	0
(3) KATY THOMPSON TREASURER/DIRECTOR	2 00	X		X				0	0	0
(4) JAMIE KLINGMAN SECRETARY/DIRECTOR	3 00	X		X				0	0	0
(5) WENDY BOWMAN BOARD OF DIRECTORS	2 00	X						0	0	0
(6) LISA BROWN BOARD OF DIRECTORS	2 00	X						0	0	0
(7) CORNELIA CORBETT BOARD OF DIRECTORS	1 00	X						0	0	0
(8) KIM DE LA PARTE BOARD OF DIRECTORS	1 00	X						0	0	0
(9) DAVID FREEMAN BOARD OF DIRECTORS	1 00	X						0	0	0
(10) VALERIE FULBRIGHT BOARD OF DIRECTORS	1 00	X						0	0	0
(11) ROBERT GRAMMIG BOARD OF DIRECTORS	1 00	X						0	0	0
(12) FRED LAY BOARD OF DIRECTORS	3 00	X						0	0	0
(13) LINDA MILLER BOARD OF DIRECTORS	1 00	X						0	0	0
(14) BILL NESMITH BOARD OF DIRECTORS	1 00	X						0	0	0
(15) ROBERT PAULSON BOARD OF DIRECTORS	2 00	X						0	0	0
(16) LUCIANO PRIDA BOARD OF DIRECTORS	2 00	X						0	0	0
(17) CHRISTOPHER ROGERS BOARD OF DIRECTORS	1 00	X						0	0	0

Part VII

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

Section B. Independent Contractors

Form 990 (2013)

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	480,735				
	b	Membership dues	1b					
	c	Fundraising events	1c	376,766				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,843,673				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,144,441				
	g	Noncash contributions included in lines 1a-1f \$		4,426				
	h	Total. Add lines 1a-1f		4,845,615				
Program Service Revenue	2a	PROGRAM SERVICE REVENUE - RELATED	Business Code 624200	5,761,826	5,761,826			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		5,761,826				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,795			7,795
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses		79,401			
		c	Gain or (loss)		63,620			
		d	Net gain or (loss)		15,781			15,781
8a		Gross income from fundraising events (not including \$ 376,766 of contributions reported on line 1c) See Part IV, line 18	a	2,250				
		b	Less direct expenses	b	24,460			
		c	Net income or (loss) from fundraising events		-22,210			-22,210
9a		Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME	624200	2,102	2,102				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		2,102					
12	Total revenue. See Instructions		10,610,909	5,763,928	0	1,366		

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 governments and organizations in the United States. See Part IV, line 21.	160,925	160,925		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	416,811	176,327	240,484	
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.	5,790,870	5,030,047	492,247	268,576
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	77,785	66,602	8,342	2,841
9	Other employee benefits.	448,519	384,034	48,105	16,380
10	Payroll taxes.	642,578	566,585	52,202	23,791
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	174,135	133,725	39,321	1,089
c	Accounting.	47,517	36,490	10,730	297
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	281,505	216,178	63,566	1,761
12	Advertising and promotion.	31,546	18,659	1,140	11,747
13	Office expenses.	459,796	409,451	24,838	25,507
14	Information technology.	293,249	241,142	22,057	30,050
15	Royalties.				
16	Occupancy.	126,571	115,062	9,036	2,473
17	Travel.	89,576	60,988	9,235	19,353
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	126,093	83,042	40,582	2,469
20	Interest.	58,053	30,603	21,134	6,316
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	520,424	331,038	189,386	
23	Insurance.	373,990	339,221	26,380	8,389
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	FUEL	323,821	322,073	1,716	32
b	REPAIRS & MAINTENANCE	193,043	178,053	11,988	3,002
c	CLIENT ASSISTANCE	174,365	174,365		
d	OTHER EXPENSES	127,772	51,207	2,327	74,238
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	10,938,944	9,125,817	1,314,816	498,311
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		598,283	1	707,089
	2	Savings and temporary cash investments		562,136	2	521,998
	3	Pledges and grants receivable, net		1,287,857	3	1,376,941
	4	Accounts receivable, net		1,222,796	4	976,512
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		86,771	9	59,961
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a6,603,363			
	b	Less accumulated depreciation	10b3,627,788	2,982,527	10c	2,975,575
	11	Investments—publicly traded securities		32,668	11	38,142
	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 34)		6,773,038	16	6,656,218
Liabilities	17	Accounts payable and accrued expenses		754,891	17	1,033,724
	18	Grants payable			18	
	19	Deferred revenue		148,252	19	306,137
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		820,466	23	594,963
	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			25	
	26	Total liabilities. Add lines 17 through 25		1,723,609	26	1,934,824
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		4,304,713	27	3,776,346
	28	Temporarily restricted net assets		744,716	28	945,048
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,049,429	33	4,721,394
	34	Total liabilities and net assets/fund balances		6,773,038	34	6,656,218

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	10,610,909
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,938,944
3	Revenue less expenses Subtract line 2 from line 1	3	-328,035
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,049,429
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,721,394

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 in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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 in Schedule O	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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

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.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization THE CRISIS CENTER OF TAMPA BAY INC	Employer identification number 59-1785265
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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 11, check only one box)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,844,126	4,208,035	4,893,828	4,148,388	4,845,615	21,939,992
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	3,844,126	4,208,035	4,893,828	4,148,388	4,845,615	21,939,992
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)						957,342
6 Public support. Subtract line 5 from line 4						20,982,650

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	3,844,126	4,208,035	4,893,828	4,148,388	4,845,615	21,939,992
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,205	7,317	9,059	9,634	7,795	42,010
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 IV.)	58,223	47,751	39,368	3,446	2,103	150,892
11	Total support (Add lines 7 through 10)						22,132,892
12	Gross receipts from related activities, etc. (see instructions)					12	28,235,222
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 6, column (f) divided by line 11, column (f))	14	94 800 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	95 730 %
16a	33 1/3% support test—2013. 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		
b	33 1/3% support test—2012. 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		
17a	10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS FEES - 2009 AMOUNT \$ 58,223 2010 AMOUNT \$ 47,751 2011 AMOUNT \$ 39,368 2012 AMOUNT \$ 3,446 2013 AMOUNT \$ 2,103

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number
59-1785265

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items

a

Revenues included in 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 are a 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 programs

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" to 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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (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 Temporarily restricted endowment ▶

The percentages in 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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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' to 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				
b Buildings	2,583,551		978,624	1,604,927
c Leasehold improvements	60,186		11,541	48,645
d Equipment	3,850,921		2,619,166	1,231,755
e Other	108,705		18,457	90,248
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				2,975,575

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,044,491
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	409,122
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	24,460
e	Add lines 2a through 2d	2e	433,582
3	Subtract line 2e from line 1	3	10,610,909
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,610,909

Part XII

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,372,526
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	409,122
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	24,460
e	Add lines 2a through 2d	2e	433,582
3	Subtract line 2e from line 1	3	10,938,944
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,938,944

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.

Return Reference	Explanation
PART X, LINE 2	DESCRIPTION OF UNCERTAIN TAX POSITIONS. MANAGEMENT IS NOT AWARE OF ANY TAX POSITIONS THAT WOULD JEOPARDIZE THE CRISIS CENTER'S TAX EXEMPT STATUS OR OF ANY TAX POSITIONS THE CRISIS CENTER HAS TAKEN THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. TAX YEARS 2011 THROUGH 2013 REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSE FOR SPECIAL EVENTS REPORTED AS REDUCTION TO REVENUE ON SCH G 24,460
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSE FOR SPECIAL EVENTS REPORTED AS REDUCTION TO REVENUE ON SCH G 24,460

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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Name of the organization THE CRISIS CENTER OF TAMPA BAY INC	Employer identification number 59-1785265
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and email solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>CUP OF COMPASSION</u>	<u>DONOR EVENT</u>	<u>1</u>	(add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	358,046	12,070	8,900	379,016	
2	Less Contributions	. .	355,796	12,070	8,900	376,766	
3	Gross income (line 1 minus line 2)	. . .	2,250			2,250	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .	4,678		4,678	
	7	Food and beverages	.	7,672	2,400	10,072	
	8	Entertainment	. . .				
	9	Other direct expenses	.	8,835	320	555	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					(24,460)
	11	Net income summary Subtract line 10 from line 3, column (d) ▶					-22,210

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter 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? ☐ **Yes** ☐ **No**

b 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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

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 ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CRISIS CENTER OF TAMPA BAY INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes

☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HISPANIC SERVICES COUNCIL INC 2902 N ARMENIA AVE 201 TAMPA, FL 33607	59-3198934	501(C)(3)	107,619				THE PURPOSE OF PROVIDING ASSISTANCE TO THE HISPANIC SERVICES COUNCIL IS TO SUPPORT ORGANIZATION'S GENERAL PURPOSE WHICH IS TO INCREASE ACCESS AND OPPORTUNITIES FOR LATINOS
(2) THE TAMPA BAY COMMUNITY & FAMILY DEVELOPMENT CORP DBA BETHESDA MINISTRIES 3101 NORTH 34TH STREET TAMPA, FL 33605	31-1777684	501(C)(3)	53,306				THE PURPOSE OF PROVIDING ASSISTANCE TO BETHESDA MINISTRIES IS TO SUPPORT ORGANIZATION'S GENERAL PURPOSE WHICH IS TO ASSIST UNDERPRIVILEGED INDIVIDUALS IN OBTAINING ECONOMIC SELF-SUFFICIENCY

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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Open to Public Inspection

Name of the organization
THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number
59-1785265

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)W DAVID BRAUGHTON PRESIDENT	(i)	149,340	0	0	4,615	13,465	167,420	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

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THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number
59-1785265

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GARY WEISMAN ATTORNEY AT LAW PL	CHAIRPERSON	18,000	CONSULTING LEGAL SERVICES PROVIDED TO THE ORGANIZATION		No

Part V

Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

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Name of the organization
THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number
59-1785265

Return Reference	Explanation
FORM 990, PART I, LINE 1	THE CRISIS CENTER OF TAMPA BAY IS TAMPA BAY'S ELITE PROVIDER OF CRISIS AND TRAUMA SERVICES RESPONDING TO OVER 183,000 REQUESTS FOR HELP EACH YEAR, THIS NONPROFIT AGENCY OFFERS A RANGE OF EVIDENCE-BASED PROGRAMS DESIGNED TO MEET COMMUNITY NEEDS THE MISSION OF THE CRISIS CENTER OF TAMPA BAY (THE CRISIS CENTER) IS TO ENSURE THAT NO ONE IN OUR COMMUNITY HAS TO FACE CRISIS ALONE THE VISION OF THE AGENCY IS TO BE THAT EXTRAORDINARY PLACE WHERE ALL PEOPLE FIND HELP, HOPE AND HEALING TO MAKE TOMORROW BETTER FOR MORE THAN FORTY YEARS, THE CRISIS CENTER HAS BEEN PROVIDING SERVICES TO INDIVIDUALS AND FAMILIES WHO SUFFER DISTRESS FROM SERIOUS LIFE CRISIS

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TRANSCARE AMBULANCE SERVICES TOTAL TRANSPORTS - 35,547 9-1-1 TRANSPORTS - 22,301 , MENTAL HEALTH/BAKER ACT TRANSPORTS - 7,112 TRANSCARE PROVIDES PRIMARY 9-1-1 BASIC LIFE SUPPORT (BLS) SERVICES IN THE CITY OF TAMPA, BLS EMERGENCY AND NON-EMERGENCY AMBULANCE SERVICE THROUGHOUT HILLSBOROUGH COUNTY, COUNTYWIDE PSY CHIATRIC TRANSPORTS TO/FROM ALL AREA HOSPITALS, TRANSPORTATION TO STATE PSYCHIATRIC FACILITIES, AND STAND-BY SERVICE FOR SPECIAL EVENTS TRANSCARE PLACES TREMENDOUS VALUE ON QUALITY PATIENT CARE AND COMPASSIONATE SERVICE TO EVERY CUSTOMER AND STAKEHOLDER FROM FIELD EMS PROVIDERS TO OUR BILLING STAFF, OUR GOAL IS TO TREAT EACH INDIVIDUAL- PATIENTS, FAMILIES AND OTHERS- WITH DIGNITY AND KINDNESS ALTHOUGH WE DEAL WITH MEDICAL EMERGENCIES HUNDREDS OF TIMES A DAY, WE NEVER FORGET THAT FOR EACH INDIVIDUAL WE TREAT THIS IS A TRAUMATIC AND SOMETIMES ONCE IN A LIFETIME EXPERIENCE. EVEN AFTER THE EMERGENCY HAS PASSED, THE STRUGGLE WITH BILLS OR INSURANCE CLAIMS CAN CONTINUE TO BE A DAUNTING TASK THROUGH ON-GOING TRAINING IN CLINICAL ISSUES, CULTURAL DIVERSITY, TRAUMA INFORMED CARE, AND SPECIAL NEEDS, TRANSCARE'S FIELD STAFF ARE ENABLED TO PROVIDE SUPERIOR CARE UNDER OFTEN VERY DIFFICULT CIRCUMSTANCES TRANSCARE'S CUSTOMER SERVICE STAFF ALSO ATTENDS CULTURAL DIVERSITY TRAINING AND CONSTANTLY REMAINS CURRENT ON MEDICAL BILLING STANDARDS IN ORDER TO ASSIST PATIENTS THROUGH DIFFICULTIES WITH BILLING AND INSURANCE ISSUES TRANSCARE IS ACCREDITED BY THE COMMISSION ON THE ACCREDITATION OF AMBULANCE SERVICES (CAAS) IT IS ONE OF ONLY TEN CAAS-ACCREDITED AGENCIES IN THE STATE OF FLORIDA AND THE ONLY CAAS-ACCREDITED ORGANIZATION IN HILLSBOROUGH COUNTY LESS THAN 1% OF AMBULANCE SERVICES IN THE NATION HOLD THIS ACCREDITATION THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) TRANSCARE RESPONDED TO A CALL FROM THE OUTPATIENT UNIT AT NORTHSIDE MENTAL HEALTH CENTER A NINE-YEAR-OLD BOY WAS BEING AGGRESSIVE TOWARD HIS MOTHER AND WAS ATTEMPTING TO RUN FROM THE PREMISES THE CHILD STRUGGLED WHILE HIS MOTHER ATTEMPTED TO KEEP HIM UNDER CONTROL SO HE COULD BE TRANSPORTED UNDER THE BAKER ACT TO THE CHILDREN'S CRISIS STABILIZATION UNIT THE TRANSCARE TEAM REMAINED CALM, PATIENT & RESPECTFUL TO THE CHILD AND HIS MOTHER THE CHILD REQUIRED RESTRAINTS IN ORDER TO PROTECT HIMSELF AND OTHERS AROUND HIM THE TEAM MEMBERS CALMLY REDIRECTED AND REASSURED THE CHILD AND WERE ABLE TO TRANSPORT HIM SAFELY TO THE IN-PATIENT FACILITY THE STAFF AT NORTHSIDE WAS SO IMPRESSED BY THE PROFESSIONALISM AND SKILL DISPLAYED BY THE TRANSCARE STAFF THROUGHOUT THE ENTIRE SITUATION, THEY SENT A LETTER OF COMMENDATION THAT STATED, "THE TRANSCARE UNIT #30 TEAM WAS HIGHLY PROFESSIONAL AND SKILLED DURING THE CHILD'S RAGING BEHAVIOR, WHICH SUSTAINED IN INTENSITY FOR A RELATIVELY LONG PERIOD OF TIME THE OUTPATIENT DEPARTMENT STAFF IS APPRECIATIVE FOR UNIT #30'S SERVICE, ASSISTANCE, AND PROFESSIONALISM THROUGHOUT THE CRISIS, ONE OF THE MOST ESCALATED THE OUTPATIENT DEPARTMENT HAS SEEN IN DECADES "</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B	<p>2-1-1 CONTACT CENTER ALL SERVICES ARE PROVIDED AT NO COST TO THE CLIENT - LOCATED IN NORTH TAMPA, SERVING ALL OF HILLSBOROUGH COUNTY OFFERING SUICIDE PREVENTION SERVICES (SPS) CRI SIS COUNSELING INFORMATION AND REFERRAL SERVICES CHILD DEVELOPMENT SCREENING VETERAN'S PEE R SUPPORT MENTAL HEALTH PEER SUPPORT (WARM LINE) THE CRISIS CENTER ENSURES THE 2-1-1 PROGR AMS ARE OPERATING AT/ABOVE STANDARDS AND UTILIZING BEST PRACTICES WHILE PROVIDING BEST IN CLASS SERVICES TO ALL WHO ACCESS THEM AS SUCH, THE CONTACT CENTER HOLDS NATIONAL ACCREDIT ATIONS BY THE AMERICAN ASSOCIATION OF SUICIDOLOGY (AAS), THE ALLIANCE OF INFORMATION & REF ERRAL SYSTEMS (AIRS), AND LICENSING BY THE ST/FL DEPARTMENT OF CHILDREN & FAMILIES SUBSTAN CE ABUSE & MENTAL HEALTH (DCF - SAMH) FOR LEVEL 1 PREVENTION SERVICES THE 2-1-1 SERVICE A REA HANDLES CLOSE TO 200,000 CONTACTS EACH YEAR RANGING FROM INBOUND PHONE CALLS, IMCHATS , TEXT MESSAGING, EMAILS, IN-PERSON CONTACTS AND CRISIS RESPONSES, SAFETY CHECKS, REASSURA NCE CALLS, FOLLOW UP CONTACTS AND CARE COORDINATION, ALL USING A CLIENT-CENTERED, TRAUMA I NFORMED APPROACH ON AVERAGE, 80 PERCENT OF ALL CALLS ARE ANSWERED IN LESS THAN 60 SECONDS ENSURING THAT PERSONS ARE NOT FACING CRISIS ALONE, OR HAVING TO WAIT TO RECEIVE HELP AND SUPPORT THE MAJORITY OF INDIVIDUALS AND FAMILIES WHO CONTACT US RECEIVE INCREASED CONCRET E SUPPORTS THROUGH INFORMATION AND REFERRAL, CONNECTING THEM TO THE HELP, HOPE AND HEALING NEEDED TO MAKE TOMORROW A BETTER DAY THOUSANDS OF PERSONS CONTEMPLATING SUICIDE ARE SCRE ENED FOR LETHALITY HUNDREDS OF THOSE INDIVIDUALS ARE PROVIDED SHORT-TERM CARE COORDINATIO N INCLUDING THE DEVELOPMENT AND IMPLEMENTATION OF SAFETY PLANS ALL WHO CONTACT 2-1-1 ARE CARED FOR BY TRAINED INTERVENTION SPECIALISTS AND CARE COORDINATORS WHO HAVE THE ABILITY T O SPEAK TO THE UNSPEAKABLE WITH COMPETENCY AND COMPASSION HIGHLIGHTS FOR 2014 HANDLED 104 ,791 CALLS 16,832 CRISIS CALLS 64,246 INFORMATION AND REFERRAL CALLS 2,000 LETHALITY ASSES SMENTS - SUICIDE 1,650 SAFETY PLANS SERVING VETERANS THE CRISIS CENTER & MACDILL AFB HAVE ENJOYED A LONG-STANDING PARTNERSHIP, SERVING VICTIMS OF SEXUAL TRAUMA AS OF AUGUST 2014, WE HAVE FORMALIZED AN AGREEMENT WITH MACDILL AFB TO WORK COLLABORATIVELY WITH 2-1-1 & SPS TO SUPPORT THE BASE'S MARC (MACDILL AREA RESILIENCE CENTER) AND THE SERVICE AREA'S VETERAN S INITIATIVES FLORIDA VETERANS OUTREACH PROJECT (844) MY FLVET - FUNDED BY THE FLORIDA LEG ISLATURE, THE CRISIS CENTER INITIATED THE MY FLORIDA VET SUPPORT LINE THE PURPOSE OF THIS PROGRAM IS TO CONNECT FLORIDA VETERANS TO SERVICES - ESPECIALLY MENTAL HEALTH AND SUBSTAN CE ABUSE SERVICES - USING EXISTING 2-1-1 INFRASTRUCTURE WE PROVIDE AN EASILY ACCESSIBLE ENTRY POINT FOR VETERAN-CRITICAL INFORMATION AND SERVE AS A PRIMARY SOURCE OF INFORMATION A ND REFERRAL FOR RETURNING VETERANS ONE SIMPLE TELEPHONE CALL TO 844-MY FLVET (693-5838) IS ALL THAT IS NEEDED TO BEGIN THE PROCESS OF CONNECTING THE VETERAN TO LIFE-SAVING HELP TH IS SYSTEM HELPS FLORIDA VETERANS IN THE DESIGNATED FIVE COUNTIES (HILLSBOROUGH, MANATEE, P ASCO, PINELLAS AND POLK) CONNECT WITH FEDERAL VA-FUNDED SERVICES, RECEIVE THE ASSISTANCE T HEY NEED AND PREVENT THEM FROM FALLING INTO A CYCLE OF DESPAIR, ADDICTION AND HOMELESSNESS THE PROJECT MEETS THE NEEDS OF MILITARY VETERANS AND THEIR FAMILIES USING TRAINED PEERS (MILITARY VETERANS THAT MAY HAVE SELF-IDENTIFIED CO-OCCURRING HEALTH ISSUES) THIS PROJECT HAS BEEN EXPANDED TO INCLUDE A PEER SUPPORT COMPONENT THAT ALIGNS WITH THE AGENCY'S LARGE R PEER SUPPORT INITIATIVE THIS IS THE FIRST WARM LINE INITIATIVE OF ITS KIND TO BE OFFERE D IN HILLSBOROUGH COUNTY THE GOAL OF THIS SERVICE IS TO INCREASE ACCESS TO FEDERAL VETERA NS ADMINISTRATION RELEVANT PHYSICAL AND BEHAVIORAL HEALTH SERVICES MENTAL HEALTH WARM LIN E THROUGH GENEROUS DONATIONS FROM PRIVATE DONORS, 2-1-1 & SPS WERE ABLE TO BEGIN PEER SUPP ORT FOR MENTAL HEALTH CONSUMERS IN HILLSBOROUGH COUNTY THIS SEED MONEY ENABLED PROGRAM ST AFF TO EXPAND PEER SUPPORT SERVICES IN A COORDINATED EFFORT TO NON-MILITARY , MENTAL HEALTH CONSUMERS A PEER SUPPORT PROGRAM COORDINATOR HAS BEEN RECRUITED FOR THE NEW PROGRAM AND IS RESPONSIBLE FOR THE OVERSIGHT AND PROGRAMMING OF ALL PEER-RELATED SERVICES CENTRAL FLO RIDA BEHAVIORAL HEALTH NETWORK (CFBHN) IS ALSO WORKING WITH THE CRISIS CENTER LEADERSHIP T O HELP SUPPORT THE PEER SUPPORT PROGRAM BY IDENTIFYING TRAINED, CERTIFIED PEER SPECIALISTS WHO CAN VOLUNTEER WHILE LOOKING FOR ADDITIONAL FUNDING TO HELP SUSTAIN THE PROGRAM CHILD DEVELOPMENT OUTREACH & COMMUNITY INVOLVEMENT CHILD DEVELOPMENT INFOLINE (CDI) (813) 425-G ROW - FOUR CARE COORDINATORS, ALONG WITH THE CDI PROGRAM COORDINATOR, CONTINUE TO PARTICIP ATE IN COMMUNITY ACTIVITIES AND REPRESENT THE CRISIS CENTER IN THE COMMUNITY THESE OPPORT UNITIES HAVE BEEN A GREAT WAY TO EDUCATE THE COMMUNITY ABOUT EARLY CHILDHOOD DEVELOPMENT A S WELL AS THE CRISIS CENTER'S PROGRAMS & SERVICES THE DIFFERENCE WE ARE MAKING (REAL STOR IES ABOUT REAL PEOPLE) LATE ONE NIGHT, ASHLEY, A 2</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B	-1-1 INTERVENTION SPECIALIST, RECEIVED A CALL FROM WILL HE WAS 20 YEARS OLD, ATTENDING CLASSES AT HILLSBOROUGH COMMUNITY COLLEGE, AND HAD A STEADY JOB IN A CALL CENTER WHERE HE SOLD ADVERTISING, BUT HE WAS BATTLING DEPRESSION WILL SAID HE FELT LIKE HE WAS A FAILURE AND SUFFERED FROM ANXIETY AND WORRY HE SPOKE OF HAVING NO HOPE AND SAID IT WOULD BE "BETTER FOR EVERYONE IF I WASN'T HERE ANY MORE" ASHLEY SPENT THE NEXT 35 MINUTES ASSESSING THE SITUATION BY LISTENING TO WILL AND ASKING PROBING QUESTIONS THAT NIGHT SHE WAS ABLE TO GET WILL TO A PLACE WHERE HE WAS SAFE BOTH PHYSICALLY AND EMOTIONALLY SHE THEN ARRANGED TO HAVE DANIELLA, A SUICIDE PREVENTION CARE COORDINATOR AT THE CRISIS CENTER, FOLLOW UP WITH WILL AND DEVELOP A SAFETY PLAN TODAY, WILL IS RECEIVING TREATMENT FOR HIS DEPRESSION HE FEELS BETTER ABOUT HIS JOB, SCHOOL, AND WHAT THE FUTURE HOLDS HE HAS A NEW DIRECTION IN LIFE THAT ALL STARTED WHEN A COMPASSIONATE SPECIALIST AT THE CRISIS CENTER OF TAMPA BAY TOOK THE TIME TO LISTEN AND HELP WILL FIND THE SUPPORT HE NEEDED

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>CORBETT TRAUMA CENTER LOCATIONS IN BRANDON, TAMPA AND NORTH TAMPA INDIVIDUAL, FAMILY AND GROUP TRAUMA COUNSELING AND RESEARCH PROJECTS THROUGH THE UNIVERSITY OF SOUTH FLORIDA (USF) FUNDING SOURCES MOST INSURANCE, INCLUDING MEDICAID FREE AND/OR SLIDING SCALE PAYMENT PLANS FOR UNINSURED VICTIMS OF CRIME (REPORTED AND UNREPORTED), INCLUDING TRAFFICKING, SEXUAL ABUSE, PHYSICAL ABUSE, DOMESTIC VIOLENCE AND BULLYING "GAP" FUNDING TO COVER OUT OF POCKET EXPENSES "LAST RESORT" FUNDING FOR CONSUMERS WITH NO OTHER MEANS OF PAYMENT HIGHLIGHTS FOR 2014 COUNSELING SERVICES TO OVER 797 INDIVIDUALS 6,658 COUNSELING SESSIONS 350 OF THE INDIVIDUALS SERVED WERE CHILDREN PARTNERSHIPS THE CRISIS CENTER AND THE THIRTEENTH JUDICIAL CIRCUIT'S (HILLSBOROUGH COUNTY) ADMINISTRATIVE OFFICE OF THE COURTS IMPLEMENTED A FUNDED AGREEMENT TO PROVIDE ASSESSMENT AND COUNSELING SERVICES TO THE CHILDREN'S ADVOCACY CENTER CLIENTS FURTHERING THE RELATIONSHIPS WITH THE JUDICIARY, MEETINGS WERE HELD WITH JUDGES OF THE SIXTH JUDICIAL CIRCUIT COURT (PASCO COUNTY) TO ESTABLISH RELATIONSHIP FOR REFERRALS FROM EAST PASCO COUNTY FAMILY COURT THE COURT IS FAMILIAR WITH TRAUMA INFORMED CARE AND THE NEED FOR TRAUMA-SPECIFIC EVIDENCE BASED SERVICES TO COMBAT THE EFFECTS OF TRAUMA ON CHILDREN AND FAMILIES JUDGES ARE VERY INTERESTED IN EXPANDING AVAILABLE INTERVENTIONS FOR FAMILIES IN THE DEPENDENCY AND DELINQUENCY SYSTEMS IN AUGUST, THE CORBETT TRAUMA CENTER COMPLETED A THREE-YEAR RESEARCH PROJECT THROUGH USF, STEPPED CARE FOR CHILDREN AFTER TRAUMA THE FOLLOW-UP RESEARCH STUDY, STEPPED CARE FOR CHILDREN AFTER TRAUMA, OPTIMIZING TREATMENT, WAS SUBMITTED TO THE NATIONAL INSTITUTE FOR MENTAL HEALTH (NIMH) FOR CONSIDERATION MID-OCTOBER CORBETT TRAUMA CENTER PARTICIPATION WOULD INCLUDE TWO PART-TIME RESEARCH THERAPISTS, A COORDINATOR/SCREENER, AND PROJECT DIRECTOR A FUNDED AGREEMENT WAS SIGNED WITH AMIKIDS (YES) TO PROVIDE COUNSELING TO HILLSBOROUGH COUNTY YOUTH ADJUDICATED DELINQUENT WITH FUNDING TO BE PROVIDED THROUGH THE PRISON RAPE ELIMINATION ACT (PREA) THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) ANTHONY IS A 6-YEAR-OLD CHILD WHO WAS IN SCHOOL LAST JUNE WHEN THE POLICE ARRIVED AND BEGAN QUESTIONING HIM REGARDING A SEXUAL ABUSE CALL MADE BY THE SCHOOL ABOUT HIS OLDER STEPBROTHER ANTHONY WAS PETRIFIED AND INTIMIDATED BY THE PRESENCE OF LAW ENFORCEMENT THE SCHOOL CALLED HIS MOTHER, BUT SHE COULD NOT GET TO THE SCHOOL IN TIME TO BE PRESENT FOR THE POLICE QUESTIONING ANTHONY AND HIS FAMILY WERE REFERRED TO THE CORBETT TRAUMA CENTER TO ADDRESS THE SEXUAL ABUSE, WHICH WAS COMPOUNDED BY THE FEAR OF BEING QUESTIONED BY THE POLICE AT SCHOOL WITHOUT HIS MOTHER PRESENT LATER THAT SUMMER, ANTHONY HAD TO APPEAR IN DEPOSITIONS TO COMPLETE MORE OF THE INVESTIGATION AND REPORTING OF THE CASE HE WAS SCARED OUT OF HIS MIND HAVING TO GO OVER THE SAME SITUATION KNOWING THAT HIS MOTHER WOULD NOT BE IN THE ROOM WITH HIM DURING THE COURSE OF TREATMENT, ANTHONY WAS ABLE TO ADDRESS HIS FEARS THROUGH THERAPY THAT INCLUDED A NON-THREATENING INTRODUCTION TO A POLICE OFFICER AND THE COMFORT OF CREATING HIS OWN "SAFETY BEAR" THE SAFETY BEAR - MIMI - WAS A SAVIOR FOR ANTHONY HE TOOK HIS BEAR WITH HIM AND HELD HER TIGHT SO THAT HE COULD ANSWER THE QUESTIONS ABOUT HIS OLDER STEPBROTHER IN THE BEAR'S POCKET WAS A NOTE TO ANTHONY FROM HIS THERAPIST THAT SAID, "I CAN BE BRAVE - I CAN DO IT " ANTHONY DREW A PICTURE OF HIS BEAR FOR HIS THERAPIST TO REMIND HER THAT HE IS BRAVE AND THAT HE FEELS SAFE</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE CFO REVIEWED THE FORM 990 PRIOR TO SUBMISSION TO MEMBERS OF THE EXECUTIVE, FINANCE AND AUDIT COMMITTEES THE CFO COORDINATED OBTAINING RESPONSES TO QUESTIONS FROM COMMITTEE MEMBERS THE BOARD OF DIRECTORS ACCEPTED AND APPROVED THE FORM 990 FOR FILING ONCE A REVIEW WAS COMPLETED AND ALL QUESTIONS WERE ADDRESSED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS ARE PROVIDED COPIES OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. DIRECTORS ARE REQUIRED TO COMPLETE A WRITTEN QUESTIONNAIRE ABOUT ANY POTENTIAL CONFLICTS THEY MAY HAVE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CRISIS CENTER'S BASE PAY AND BENEFIT PROCESS WERE COMPARED TO OTHER NON-PROFIT AND LOCAL GOVERNMENTAL DATA FOR COMPETITIVE COMPARISONS. NON-PROFIT AND GOVERNMENT COMPARISONS WERE USED FOR BOTH BASE PAY AND BENEFITS COMPARISONS. WHERE NOTED, BENEFIT COMPARISONS ARE SPECIFIC TO THE TAMPA BAY AREA. INCENTIVE PLAN INFORMATION AND RECOMMENDATIONS ARE BASED ON DISCUSSION WITH MANAGEMENT, NATIONAL TREND DATA, AND OUR EXPERIENCE AND KNOWLEDGE OF EFFECTIVE PROGRAMS FOR ORGANIZATIONS SIMILAR TO THE CRISIS CENTER. RECOMMENDATIONS IN THE CATEGORY OF "OTHER AWARDS" ARE BASED ON ONGOING RESEARCH CONCERNING THE FACTORS THAT DISTINGUISH SUCCESSFUL ORGANIZATIONS WITH REGARD TO ATTRACTING AND RETAINING EMPLOYEES.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CRISIS CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST