



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

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
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable	C Name of organization THE CRISIS CENTER OF TAMPA BAY INC		D Employer identification number 59-1785265
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		E Telephone number (813) 964-1964
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) ONE CRISIS CENTER PLAZA	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33613		G Gross receipts \$ 11,074,049
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527J Website: ► WWW.CRISISCENTER.COMK Form of organization Corporation Trust Association Other ► L Year of formation 1978 M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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, THE 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

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	360
6 Total number of volunteers (estimate if necessary)	6	118
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	4,845,615	4,207,354
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,761,826	6,773,781
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,576	-54,514
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-20,108	-12,944
	10,610,909	10,913,677

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	160,925	170,791
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	7,376,563	7,250,270
b Total fundraising expenses (Part IX, column (D), line 25) ► 490,588	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,401,456	3,179,433
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,938,944	10,600,494
19 Revenue less expenses Subtract line 18 from line 12	-328,035	313,183

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	6,656,218	6,696,867
22 Net assets or fund balances Subtract line 21 from line 20	1,934,824	1,669,294
	4,721,394	5,027,573

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 MARIA PORTO DUARTE CFO Type or print name and title	2016-03-14 Date
-----------	---	--------------------

Paid Preparer Use Only	Print/Type preparer's name KAREN PRICE CPA	Preparer's signature KAREN PRICE CPA	Date 2016-03-14	Check <input type="checkbox"/> 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

Part III Statement of Program Service AccomplishmentsCheck 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. 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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 5,219,256 including grants of \$) (Revenue \$ 6,267,971)

TRANSCARE AMBULANCE SERVICES - 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 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 39,315) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

4b (Code) (Expenses \$ 1,451,744 including grants of \$ 166,383) (Revenue \$ 53,109)

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 (95,209 CALLS) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

4c (Code) (Expenses \$ 815,498 including grants of \$) (Revenue \$ 221,945)

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 (7,650 COUNSELING SESSIONS AND OVER 900 CLIENTS SERVED) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 1,545,752 including grants of \$ 4,408) (Revenue \$ 233,400)

4e Total program service expenses ► 9,032,250

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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)	28a	Yes	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	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? If "Yes," complete Schedule L, Part IV	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	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? If "Yes," complete Schedule R, Part I	34	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
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)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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? If "Yes," complete Schedule R, Part VI	38	Yes	
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			

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	69	
1b 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	360	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	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).	7a	Yes	
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? . . .	7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	No	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7f	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7h	Yes	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	8		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
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.	13a		
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	13b		
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 . . .	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	1a	20	
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	20	
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	Yes	
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
7b	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	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9		No
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			

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?	15a	Yes
a	The organization's CEO, Executive Director, or top management official	15b	Yes
b	Other officers or key employees of the organization		
	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 <input checked="" type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records <input checked="" type="checkbox"/> MARIA PORTO DUARTE

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	Former			
(1) BILL NESMITH	3 00	X						0	0	0
BOARD OF DIRECTORS										
(2) CHRISTOPHER ROGERS	3 00	X						0	0	0
BOARD OF DIRECTORS										
(3) CORNELIA CORBETT	1 00	X						0	0	0
BOARD OF DIRECTORS										
(4) DAVID FEEMAN	1 00	X						0	0	0
BOARD OF DIRECTORS										
(5) DR DAE SHERIDAN	1 00	X						0	0	0
BOARD OF DIRECTORS										
(6) FRED LAY	2 00	X						0	0	0
BOARD OF DIRECTORS										
(7) GARY WEISMAN	4 00	X	X					0	0	0
CHAIRPERSON										
(8) JAMIE KLINGMAN	3 00	X	X					0	0	0
SECRETARY/DIRECTOR										
(9) JOHN TOMLIN	1 00	X						0	0	0
BOARD OF DIRECTORS										
(10) KATY THOMPSON	3 00	X	X					0	0	0
TREASURER/DIRECTOR										
(11) LINDA MILLER	1 00	X						0	0	0
BOARD OF DIRECTORS										
(12) LISA YOB	1 00	X						0	0	0
BOARD OF DIRECTORS										
(13) LUCIANO PRIDA	3 00	X						0	0	0
BOARD OF DIRECTORS										
(14) ROBERT GRAMMIG	1 00	X						0	0	0
BOARD OF DIRECTORS										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instrumental Trustee	Office	Key employee	Highest compensated employee			
(15) ROBERT PAULSON	2 00	X					0	0	0
BOARD OF DIRECTORS									
(16) TANYA HILLARY	3 00	X		X			0	0	0
VICE CHAIRPERSON									
(17) TIM TRAUD	3 00	X					0	0	0
BOARD OF DIRECTORS									
(18) VALERIE FULBRIGHT	1 00	X					0	0	0
BOARD OF DIRECTORS									
(19) WENDY BOWMAN	1 00	X					0	0	0
BOARD OF DIRECTORS									
(20) CLARA A REYNOLDS	40 00			X			0	0	0
PRESIDENT									
(21) MARIA PORTO DUARTE	40 00			X			87,986	0	10,411
CHIEF FINANCIAL OFFICER									
(22) TERENCE K RAMOTAR	40 00			X			116,595	0	6,335
VICE PRESIDENT									
(23) W DAVID BRAUGHTON	40 00					X	166,632	0	18,028
CEO									

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A	►			
d Total (add lines 1b and 1c)	►	371,213	0	34,774

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 ►2

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck 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 442,297			
	b Membership dues	1b			
	c Fundraising events	1c 340,540			
	d Related organizations	1d			
	e Government grants (contributions)	1e 2,363,135			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,061,382			
	g Noncash contributions included in lines 1a-1f \$		8,911		
	h Total. Add lines 1a-1f		4,207,354		
Program Service Revenue	2a PROGRAM SERVICE REVENUE RELATED	Business Code 624200	6,773,781	6,773,781	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		6,773,781		
	3 Investment income (including dividends, interest, and other similar amounts)		4,096		4,096
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		78,374			
c Gain or (loss)		136,984			
d Net gain or (loss)		-58,610			-58,610
8a Gross income from fundraising events (not including \$ 340,540 of contributions reported on line 1c) See Part IV, line 18					
b Less direct expenses	a 7,800				
c Net income or (loss) from fundraising events	b 23,388		-15,588		-15,588
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	2,644	2,644		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		2,644			
12 Total revenue. See Instructions		10,913,677	6,776,425	0	-70,102

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	170,791	170,791		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	241,565	84,771	156,794	
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	5,803,393	5,138,193	379,790	285,410
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,494	57,420	7,475	4,599
9 Other employee benefits	529,332	462,375	47,284	19,673
10 Payroll taxes	606,486	533,977	48,201	24,308
11 Fees for services (non-employees)				
a Management				
b Legal	100,476	48,045	51,282	1,149
c Accounting	33,902	28,569	3,844	1,489
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)	205,949	192,234	13,278	437
12 Advertising and promotion	27,157	21,278		5,879
13 Office expenses	309,435	265,541	25,186	18,708
14 Information technology	266,497	227,251	21,594	17,652
15 Royalties				
16 Occupancy	125,335	114,319	8,532	2,484
17 Travel	47,510	44,896	1,394	1,220
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,037	6,143	925	4,969
20 Interest	52,808	42,446	3,500	6,862
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	549,267	360,244	189,023	
23 Insurance	367,026	333,165	25,119	8,742
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	238,141	237,107	1,034	
b REPAIRS AND MAINTENANCE	160,296	146,502	10,575	3,219
c CLIENT ASSISTANCE	115,585	115,585		
d				
e All other expenses	568,012	401,398	82,826	83,788
25 Total functional expenses. Add lines 1 through 24e	10,600,494	9,032,250	1,077,656	490,588
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 SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	707,089	1 1,258,865
2	Savings and temporary cash investments	560,140	2 445,522
3	Pledges and grants receivable, net	1,376,941	3 1,405,033
4	Accounts receivable, net	976,512	4 924,655
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	59,961	9 110,965
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,790,987
b	Less accumulated depreciation	10b	3,239,160
		2,975,575	10c 2,551,827
11	Investments—publicly traded securities	11	
12	Investments—other securities See Part IV, line 11	12	
13	Investments—program-related See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets See Part IV, line 11	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,656,218	16 6,696,867
Liabilities			
17	Accounts payable and accrued expenses	1,033,724	17 725,247
18	Grants payable	18	
19	Deferred revenue	306,137	19 260,578
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	594,963	23 683,469
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	1,934,824	26 1,669,294
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	3,776,346	27 4,034,397
28	Temporarily restricted net assets	945,048	28 993,176
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	4,721,394	33 5,027,573
34	Total liabilities and net assets/fund balances	6,656,218	34 6,696,867

Part XI Reconciliation of Net AssetsCheck 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	10,913,677
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,600,494
3	Revenue less expenses Subtract line 2 from line 1	3	313,183
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,721,394
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	-7,004
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,027,573

Part XII Financial Statements and ReportingCheck 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	2a	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	2b	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	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes

Additional Data

Software ID:
Software Version:
EIN: 59-1785265
Name: THE CRISIS CENTER OF TAMPA BAY INC

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	(Expenses \$	619,976	including grants of \$	4,408) (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 EDUCATION CASE MANAGEMENT FOR WORKING FAMILIES IN FINANCIAL CRISIS SOME FINANCIAL ASSISTANCE STRENGTHENING 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 2014 EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) THE CRISIS CENTER IS A PROVIDER OF FEMA ADMINISTERED ESFP FUNDS DUE TO FEDERAL REDUCTION MANDATES, THE CRISIS CENTER EXPERIENCED A 15% DECREASE IN ESFP 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 IN 2015, 87 CLASSES WERE PROVIDED AT JUST FULL SERVICE CENTER, SANCHEZ FULL SERVICE CENTERS, CRISIS CENTER OF TAMPA BAY (MAIN CAMPUS), THE SULPHUR SPRINGS RESOURCE CENTER AND THE TAMPA HOUSING AUTHORITY COMMUNITY OF TRIO AT ENCORE, A NEWSITE FOR THIS FISCAL YEAR EACH CLASS IS 3 HOURS IN LENGTH AND OUTCOMES HAVE BEEN 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 THE MONTHS OF JUNE THROUGH AUGUST WAS 9.22 HOMELESS PREVENTION - THE CRISIS CENTER WAS AWARDED A CITY OF TAMPA BLOCK GRANT AND A HILLSBOROUGH COUNTY BLOCK GRANT THESE GRANTS INCREASE THE ABILITY FOR CRISIS CENTER STAFF TO ASSESS CLIENTS FOR IMMEDIATE INTERVENTION WHO ARE AT IMMINENT RISK OF BECOMING HOMELESS THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) MS R IS A SINGLE MOTHER OF A 4-YEAR-OLD CHILD AND AN OLDER SON WHO LIVES IN MOROCCO SHE IS A SURVIVOR OF DOMESTIC VIOLENCE MS R MOVED AWAY FROM HER ABUSER IN LATE 2014 AND KEPT HER LOCATION A SECRET, UNTIL NOW SHE IS ALSO CURRENTLY SEEKING LEGAL ASSISTANCE TO GET A DIVORCE SHE CAME TO CRISIS CENTER OF TAMPA BAY SEEKING FINANCIAL SUPPORT TO RELOCATE TO A SAFE HOME FOR HER AND HER FAMILY SHE LOCATED A RESIDENCE AND NEEDED ASSISTANCE WITH \$670.00 FOR HER FIRST MONTH OF RENT MS R IS STARTING OUT FRESH AND WAS ABLE TO GET A NEW PLACE OF HER OWN, BUT EXHAUSTED MOST OF HER FUNDS IN THE PROCESS OF FINDING A NEW PLACE MS R HAS BEEN EMPLOYED FULL TIME AS AN ADMINISTRATIVE ASSISTANT SINCE 02/28/2015 SHE RECEIVES APPROXIMATELY \$1760 A MONTH AND HER EXPENSES ARE ABOUT EVEN WITH HER INCOME SHE LIVES ON A TIGHT BUDGET BUT SHE WAS MAKING JUST ENOUGH TO COVER HER EXPENSES MS R WAS ABLE TO PUT \$300 TOWARDS THE BALANCE OF HER RENT, BUT STILL NEEDED ASSISTANCE WITH THE REMAINING \$370 HER FAMILY STABILIZATION CASE MANAGER SUBMITTED AN APPLICATION FOR ASSISTANCE TO WOMENADE OF TAMPA BAY INC WOMENADE WAS ABLE TO ASSIST MS R WITH HER REMAINING BALANCE OF \$370 MS R IS NOW UP TO DATE ON ALL OF HER EXPENSES AND HAPPILY REPORTS ENJOYING HER NEW HOME WITH HER SON MS R EXPRESSED THAT SHE ENJOYED THE BUDGETING CLASS OFFERED BY THE CRISIS CENTER OF TAMPA BAY AND FOUND IT VERY HELPFUL SHE PLANS TO CONTINUE TO BUDGET TO NOT ONLY COVER ALL OF HER EXPENSES, BUT ALSO SEE WHERE COSTS COULD BE CUT TO BE ABLE TO SAVE MONEY SHE STATES THAT SHE AND HER SON NOW FEEL SAFE SHE CONTINUES TO WORK FULL TIME AND RECEIVES CHILDCARE FOR HER 4-YEAR-OLD SON THROUGH THE SCHOOL READINESS PROGRAM					
(Code					
(Expenses \$					
555,711					
including grants of \$					
173,018)					
SEXUAL ASSAULT SERVICES - ALL SERVICES ARE PROVIDED AT NO COST TO THE CLIENT - LOCATED IN NORTH TAMPA, SERVING ALL OF HILLSBOROUGH COUNTY OFFERING FORENSIC EXAMS ADVOCACY EMPOWERMENT PREVENTION SERVICES INFORMATION AND REFERRAL CONSULTATION HIGHLIGHTS FOR 2014 ADVOCATES PROVIDED ADVOCACY AND CASE MANAGEMENT TO 552 SURVIVORS OF SEXUAL ASSAULT FORENSIC EXAMS WERE PROVIDED TO 352 VICTIMS OF SEXUAL ASSAULT STRATEGIC GOALS FOR THE NEXT FISCAL YEAR WERE IDENTIFIED AS 1) OUTREACH TO HOMELESS AND RUNAWAY YOUTH, 2) INCREASED SERVICES TO YOUTH VICTIMS OF HUMAN SEX TRAFFICKING AND, 3) INCREASED OUTREACH AND SERVICES TO THE LGBTQ YOUTH POPULATION WHO ARE SURVIVORS OF SEXUAL ASSAULT A FEDERAL GRANT APPLICATION WAS SUBMITTED TO THE OFFICE ON VIOLENCE AGAINST WOMEN TO EXPAND EFFORTS TO REACH THESE UNDERSERVED POPULATIONS IF AWARDED, FUNDS WILL BE USED TO HIRE ANOTHER FULL-TIME ADVOCATE AND A PART-TIME THERAPIST TO PROVIDE TRAUMA RECOVERY COUNSELING AT NO CHARGE TO THE CLIENTS PARTNERSHIPS IN THE GRANT WILL INCLUDE, THE SPRING OF TAMPA BAY, METRO WELLNESS AND COMMUNITY CENTER, THE YBOR YOUTH CLINIC AND ECKERD COMMUNITY ALTERNATIVES, THE CHILD WELFARE COMMUNITY BASED CARE PROVIDER IN HILLSBOROUGH COUNTY THE CRISIS CENTER HAS ENHANCED COLLABORATION WITH THE MACDILL AFB ON FURTHER INITIATIVES, INCLUDING CASE REVIEWS WITH THE JUDGE ADVOCATE GENERAL CORP AND IMPLEMENTED AGREEMENTS FROM MACDILL REPRESENTATIVES TO PARTICIPATE IN THE SEXUAL ASSAULT RESPONSE TEAM (SART) THE SART IN HILLSBOROUGH COUNTY WAS RECOGNIZED BY THE FLORIDA COUNCIL AGAINST SEXUAL VIOLENCE AS A "BEST PRACTICE" MODEL AND HAS IMPLEMENTED A STATEWIDE SART COMMITTEE TO ENHANCE PRACTICES ACROSS THE STATE THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) SEXUAL ASSAULT SERVICES RECEIVED A CALL FROM A REPRESENTATIVE FROM THE US EMBASSY IN SOUTH AFRICA A US CITIZEN LIVING OVERSEAS HAD BEEN THE VICTIM OF A SEXUAL ASSAULT AND AGGRAVATED BATTERY AFTER MAKING THE DECISION TO BE WITH HER FAMILY FOR SUPPORT, THE VICTIM WAS GOING TO RETURN TO THE STATES WITHIN 48 HOURS ALTHOUGH THE FAMILY WAS ABLE TO BE PART OF HER SUPPORT SYSTEM, IDENTIFYING PROFESSIONAL SERVICES WAS PARAMOUNT TO THE HEALING PROCESS THE CONSULATE ORIGINALLY WANTED TO OBTAIN INFORMATION ON CRISIS CENTER OF TAMPA BAY SERVICES AND PROVIDE THE SURVIVOR WITH ONLY A REFERRAL HOWEVER, THE SAS ADVOCATE SUPPORT COORDINATOR AND THE US EMBASSY DEVELOPED A PLAN THAT WOULD ENABLE THE SURVIVOR AND HER FAMILY TO RECEIVE THE SUPPORT SHE NEEDED FROM THE CRISIS CENTER OF TAMPA BAY, QUICKLY AND SEAMLESSLY INFORMATION AND RELEASES WERE SENT TO THE EMBASSY TO BE COMPLETED PRIOR TO HER ARRIVAL THE SAS TEAM WAS ABLE TO IDENTIFY AN ADVOCATE AND COORDINATE WITH THE CORBETT TRAUMA CENTER, (CTC) FOR TRAUMA COUNSELING CTC DIRECTOR, TOM MARKO, WAS ABLE TO UTILIZE GRANT FUNDING, AS SHE WAS UNINSURED THE SURVIVOR ARRIVED WITH HER MOTHER AND UPON INITIAL DISCUSSION WITH THE ADVOCATE, IT WAS DISCOVERED THAT WHILE RECEIVING EMERGENCY MEDICAL CARE OVERSEAS, THE TREATING HOSPITAL CONDUCTED PRACTICES THAT WERE TRAUMATIZING TO THE VICTIM EMOTIONALLY, AND ALSO MIGHT HAVE MEDICALLY MISDIAGNOSED THE SURVIVOR THE SAS TEAM INITIATED A JOINT PROCESS WITH TRANSCARE TO TRANSPORT THE SURVIVOR TO AN AREA HOSPITAL FOR MEDICAL CARE THE EMT WHO TRANSPORTED HER UNDERSTOOD THE VICTIM HAD EXPERIENCED MANY TRAUMATIC INCIDENTS REGARDING THE ASSAULT PRIOR TO THEIR ARRIVAL AT THE HOSPITAL, THE EMT WAS ABLE TO SPEAK WITH THE HOSPITAL AND PREPARE FOR HER ARRIVAL IN ORDER TO AVOID HAVING TO SHARE THE INTIMATE DETAILS OF HER HISTORY IN AN OPEN, PUBLIC AREA TO DATE, THE VICTIM IS ON HER JOURNEY TO RECOVERY AN UNTREATED MEDICAL INJURY WAS DISCOVERED, IN WHICH APPROPRIATE MEDICAL CARE WAS RECEIVED COUNSELING IS IN PLACE, AND SHE CONTINUES TO WORK WITH AN ADVOCATE COMMUNICATION IS ONGOING BETWEEN THE SAS ADVOCATE AND THE US EMBASSY AS THE CRIMINAL INVESTIGATION IN SOUTH AFRICA CONTINUES THE ADVOCATE IS ABLE TO SUPPORT AND EMPOWER THE VICTIM DURING ALL FACETS OF HER JOURNEY FROM VICTIM TO SURVIVOR					

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	231,988	including grants of \$) (Revenue \$	60,382)
-------	----------------	---------	------------------------	---------------	----------

COMMUNITY OUTREACH AND TRAINING THE TRAINING DEPARTMENT OF THE CRISIS CENTER OFFERS INTERNAL TRAININGS TO STAFF 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 THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) TOM MUELLER, EDUCATION AND PREVENTION MANAGER, PROVIDES A SERIES OF PRESENTATIONS ON HEALTHY RELATIONSHIPS, BULLYING PREVENTION, AND SEXUAL VIOLENCE PREVENTION TO MIDDLE AND HIGH SCHOOL CLASSROOMS AND OTHER PROGRAMS SERVING YOUNG PEOPLE TOM COMBINES HIS SKILLS AS A TRAINER/EDUCATOR WITH HIS ABILITY TO ENGAGE PARTICIPANTS ON A NUMBER OF LEVELS AS EVIDENCED BY THE FOLLOWING HIGHLIGHTS TOM WAS PRESENTING TO AN 11TH GRADE CLASS AT PEPIN ACADEMY, A CHARTER SCHOOL FOR CHILDREN WITH SIGNIFICANT LEARNING CHALLENGES ONE STUDENT WAS UNABLE TO COMMUNICATE VERBALLY DUE TO AUTISM, BUT DESPERATELY WANTED TO PARTICIPATE AS THE CLASS CREATED A COLLECTIVE POEM, TOM HAD THE STUDENT POINT TO WORDS FROM A LIST THAT HE WANTED TO CONTRIBUTE TO THE POEM, INVITING A BROAD SMILE FROM THE STUDENT AND SENDING A MESSAGE TO THE OTHERS THAT HE HAD SOMETHING IMPORTANT TO CONTRIBUTE DURING A CLASS ON HEALTHY RELATIONSHIPS, A 10TH GRADE FEMALE STUDENT RELATED TO THE CLASS THAT SHE HAD EXPERIENCED SOME PERSONAL PROBLEMS AND CALLED 2-1-1, BASED ON WHAT MR. TOM HAD TOLD HER SHE SHARED THAT 2-1-1 DID FOLLOW-UP PHONE CALLS WITH HER 3-4 TIMES SHE SHARED THAT THIS WAS NOT ONLY VERY HELPFUL BUT, TOTALLY UNEXPECTED AND THE COMMENTS FROM A 7TH GRADE CLASS WHO DID THE BULLYING SERIES "IT'S PEOPLE LIKE YOU, MR. TOM, WHO HELP BULLYING VICTIMS BECOME HAPPY AGAIN" "YOU REALLY HELPED ME OPEN UP MY FEELINGS TO MY MOM SO THAT I COULD GET HELP" "AFTER YOUR CLASS, I FINALLY STOOD UP TO SOMEONE WHO WAS BULLYING ME, AND SOME OF THEM STOPPED!" "THE CLASS ESPECIALLY HELPED ME WITH THE THINGS I SAY OUT OF MY MOUTH THAT MAY BE HURTFUL TO OTHERS" "P.S. YOU WERE REALLY FUN, ESPECIALLY YOUR ACTIVITIES" "P.S. I WILL TELL PEOPLE ABOUT YOUR WEBSITE AND HOPE THEY USE IT"

(Code) (Expenses \$	138,077	including grants of \$) (Revenue \$)
-------	----------------	---------	------------------------	---------------	---

CLIENT SERVICES -

2014

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.Department of the
Treasury
Internal Revenue Service**Name of the organization**

THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number

59-1785265

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 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An 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 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,208,035	4,893,828	4,148,388	4,845,615	4,207,354	22,303,220
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	4,208,035	4,893,828	4,148,388	4,845,615	4,207,354	22,303,220
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)						1,201,233
6 Public support. Subtract line 5 from line 4						21,101,987

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	4,208,035	4,893,828	4,148,388	4,845,615	4,207,354	22,303,220
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,317	9,059	9,634	7,795	4,096	37,901
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	47,751	39,368	3,446	2,103	4,546	97,214
11 Total support Add lines 7 through 10						22,438,335
12 Gross receipts from related activities, etc (see instructions)					12	29,923,022

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	94 040 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	94 800 %

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►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 III Support 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
11a		
11b		
11c		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a The organization satisfied the Activities Test Complete **line 2** below

b The organization is the parent of each of its supported organizations Complete **line 3** below

c The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

	Yes	No
2b		

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

	Yes	No
3a		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

	Yes	No
3b		

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

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

Section A - Adjusted Net Income

1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3
 5 Depreciation and depletion
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
 6 Other expenses (see instructions)
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
 a Average monthly value of securities
 b Average monthly cash balances
 c Fair market value of other non-exempt-use assets
 d Total (add lines 1a, 1b, and 1c)
 e Discount claimed for blockage or other factors (explain in detail in Part VI) _____
 2 Acquisition indebtedness applicable to non-exempt use assets
 3 Subtract line 2 from line 1d
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
 6 Multiply line 5 by 035
 7 Recoveries of prior-year distributions
 8 Minimum Asset Amount (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

2014

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" 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
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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) Revenue 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 Revenue 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	(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

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

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

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		1,043,213	1,540,338
c Leasehold improvements		60,186		16,107	44,079
d Equipment		3,053,934		2,144,346	909,588
e Other		93,316		35,494	57,822
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					2,551,827

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total (Column (b) must equal Form 990, Part X, col. (B), line 13.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,221,386
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	232,716
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	81,997
e	Add lines 2a through 2d	2e	314,713
3	Subtract line 2e from line 1	3	10,906,673
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	7,004
c	Add lines 4a and 4b	4c	7,004
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,913,677

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	10,915,207
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	232,716
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	81,997
e	Add lines 2a through 2d	2e	314,713
3	Subtract line 2e from line 1	3	10,600,494
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	10,600,494

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	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND FROM FLORIDA INCOME TAX UNDER CHAPTER 220 OF THE FLORIDA STATUTES. THE IRC PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE ORGANIZATION REPORTS NO UNRELATED BUSINESS TAXABLE INCOME. HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED INCOME TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC 740 RELATING TO "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" AND DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S INCOME TAX FILINGS FOR PERIODS AFTER THE FISCAL YEAR ENDED 9/30/11 REMAIN SUBJECT TO EXAMINATION.
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSE FOR SPECIAL EVENTS REPORTED AS REDUCTION TO REVENUE ON SCH G 23,387 LOSS ON FIXED ASSETS REPORTED AS EXPENSE ON AUDITED FINANCIALS 58,610
PART XI, LINE 4B - OTHER ADJUSTMENTS	INCREASE IN CURRENT YEAR RESTRICTED DONATIONS 7,004
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSE FOR SPECIAL EVENTS REPORTED AS REDUCTION TO REVENUE ON SCH G 23,387 LOSS ON FIXED ASSETS REPORTED AS EXPENSE ON AUDITED FINANCIALS 58,610

Part XIII Supplemental Information (continued)

Return Reference	Explanation

2014

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming ActivitiesComplete 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number

59-1785265

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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> 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
1		Yes	No			
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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		CUP OF COMPASSION (event type)	DONOR EVENT (event type)	1 (total number)	
Revenue	1 Gross receipts . . .	346,950	1,390		348,340
	2 Less Contributions . . .	339,150	1,390		340,540
	3 Gross income (line 1 minus line 2) . . .	7,800			7,800
Direct Expenses	4 Cash prizes . . .				
	5 Noncash prizes . . .				
	6 Rent/facility costs . . .	4,821			4,821
	7 Food and beverages . . .	7,800	909		8,709
	8 Entertainment . . .				
	9 Other direct expenses . . .	9,858			9,858
	10 Direct expense summary Add lines 4 through 9 in column (d)				(23,388)
	11 Net income summary Subtract line 10 from line 3, column (d)				-15,588

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.

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

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

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

11 Does the organization conduct 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 activities conducted in

13a	%
13b	%

a The organization's facility

b An outside facility

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 provide any additional information (see instructions).

Return Reference

Explanation

**Schedule I
(Form 990)****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.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
THE CRISIS CENTER OF TAMPA BAY INCEmployer identification number
59-1785265**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 Domestic Organizations and Domestic Governments. 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 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)	106,509				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)	59,874				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
(3) WHEELS OF SUCCESS INC 5420 W CYPRESS ST TAMPA, FL 33607	56-2372792	501(C)(3)		5,995	FMV	2004 CHRYSLER VEHICLE	THE PURPOSE OF THE DONATION TO WHEELS OF SUCCESS IS TO SUPPORT THE ENTITY'S MISSION OF PROVIDING RELIABLE TRANSPORTATION TO FAMILIES IN NEED

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

3 Enter total number of other organizations listed in the line 1 table ► 0

Part III Grants and Other Assistance to Domestic Individuals. 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
PART I, LINE 2	THE CRISIS CENTER OF TAMPA BAY, INC (CCTB) HAS 2 SUBCONTRACTORS AS PART OF OUR 2-1-1 CARE COORDINATION GRANT WITH THE CHILDREN'S BOARD OF HILLSBOROUGH COUNTY (CBHC) OUR PARTNERS (HISPANIC SERVICES COUNCIL, INC AND TAMPA BAY COMMUNITY AND FAMILY DEVELOPMENT CORPORATION (BETHESDA MINISTRIES)) ARE REQUIRED TO SUBMIT ANNUAL BUDGETS WHICH ARE REVIEWED AND APPROVED BY CCTB AND CBHC THESE BUDGETS ARE INCLUDED IN THE CBHC CONTRACT WITH CCTB THE PARTNERS ARE REQUIRED TO SUBMIT MONTHLY REIMBURSEMENT REQUESTS WHICH ARE REVIEWED BY THE MANAGER, GRANTS & CONTRACTS AND APPROVED BY THE VICE PRESIDENT, CLIENT SERVICES EACH YEAR THE MANAGER, GRANTS & CONTRACTS PERFORMS A FISCAL AUDIT OF EACH SUBCONTRACTOR TO ENSURE THAT FUNDS ARE SPENT APPROPRIATELY THE AUDIT REPORT IS SUBMITTED TO THE CBHC FOR REVIEW

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor 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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number

59-1785265

Part I Questions Regarding Compensation**1a** 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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b 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**2** 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?**3** 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

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 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**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** 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**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 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**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 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**8** 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**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 W DAVID BRAUGHTON, CEO	(i) 116,160 0	(ii) 0 0	(iii) 50,472 0	13,331 0	4,697 0	184,660 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
------------------	-------------

Schedule L
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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.

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

Name of the organization
THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number

59-1785265

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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 Benefiting 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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**Name of the organization
THE CRISIS CENTER OF TAMPA BAY INC**Employer identification number**

59-1785265

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TRANSCARE AMBULANCE SERVICES TOTAL TRANSPORTS - 39,315 9-1-1 TRANSPORTS - 25,805 MENTAL HEALTH/BAKER ACT TRANSPORTS - 7,700 PARATRANSIT TRANSPORTS - 5,810 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 PSYCHIATRIC 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 FRIGHTENING 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 PROVIDES PARATRANSIT SERVICES FOR THOSE IN NEED OF TRANSPORTATION TO MEDICAL APPOINTMENTS. THIS SPECIALIZED FORM OF NON-EMERGENCY TRANSPORTATION ALLOWS PEOPLE WITH DISABILITIES TO HAVE ACCESS TO TRANSPORTATION TO RECEIVE MEDICAL CARE. THE VAST MAJORITY OF PARATRANSIT MEDICAL TRANSPORTS TAKE PLACE WITHOUT PROBLEMS OR CONCERN. EDMOND AVILA, A TRANSCARE PARATRANSIT DRIVER, HAD ALREADY COMPLETED MULTIPLE TRANSPORTS DURING HIS DAYTIME SHIFT WHEN HE WAS SENT BY DISPATCH TO IRENE'S HOME, A 74-YEAR-OLD WOMAN SUFFERING FROM A NUMBER OF MEDICAL CONDITIONS, INCLUDING KIDNEY DISEASE. EDMOND HELPED GET IRENE SAFELY SITUATED IN THE VAN AND STARTED TO TRANSPORT HER TO THE DIALYSIS CENTER. EDMOND AND IRENE CHATTED FOR A COUPLE MINUTES AS THEY WERE DRIVING. WHEN HE ASKED HER A QUESTION HE IMMEDIATELY NOTICED THAT SHE DID NOT ANSWER. HE ASKED THE QUESTION AGAIN, TURNED AROUND TO LOOK AT IRENE, AND REALIZED SHE WAS UNCONSCIOUS AND UNRESPONSIVE. EDMOND IMMEDIATELY REQUESTED AN ADVANCED LIFE SUPPORT UNIT BE SENT THROUGH 9-1-1 TO ASSESS IRENE. DUE TO EDMOND'S TRAINING AND QUICK RESPONSE, IRENE WAS SAFELY AND RAPIDLY TRANSPORTED TO THE NEAREST HOSPITAL WHERE SHE RECEIVED EMERGENCY CARE.</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 PEER SUPPORT MENTAL HEALTH PEER SUPPORT (WARM LINE) THE CRISIS CENTER ENSURES THE 2-1-1 PROGRAMS ARE OPERATING AT/ABOVE STANDARDS AND UTILIZING BEST PRACTICES WHEN PROVIDING BEST IN CLASS SERVICES TO ALL WHO ACCESS THEM AS SUCH, THE CONTACT CENTER HOLDS NATIONAL ACCREDITATIONS BY THE AMERICAN ASSOCIATION OF SUICIDIOLOGY (AAS), THE ALLIANCE OF INFORMATION & REFERRAL SYSTEMS (AIRS), AND LICENSING BY THE ST/FL DEPARTMENT OF CHILDREN & FAMILIES SUBSTANCE ABUSE & MENTAL HEALTH (DCF-SAMH) FOR LEVEL 1 PREVENTION SERVICES THE 2-1-1 SERVICE AREA HANDLES CLOSE TO 200,000 CONTACTS EACH YEAR RANGING FROM INBOUND PHONE CALLS, IM/CHATS, TEXT MESSAGING, EMAILS, IN-PERSON CONTACTS AND CRISIS RESPONSES, SAFETY CHECKS, REASSURANCE CALLS, FOLLOW UP CONTACTS AND CARE COORDINATION, ALL USING A CLIENT-CENTERED, TRAUMA INFORMED APPROACH ON AVERAGE, 80 PERCENT OF ALL CALLS ARE ANSWERED, AND 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 CONCERN 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 SCREENED FOR LETHALITY HUNDREDS OF THOSE INDIVIDUALS ARE PROVIDED SHORT-TERM CARE COORDINATION INCLUDING THE DEVELOPMENT, AND ONGOING MAINTENANCE, OF AS MANY SAFETY PLANS ALL WHO CONTACT 2-1-1 ARE CARED FOR BY TRAINED INTERVENTION SPECIALISTS AND CARE COORDINATORS WHO HAVE THE ABILITY TO SPEAK TO THE UNSPEAKABLE WITH COMPETENCY AND COMPASSION HIGHLIGHTS FOR 2014 HANDLED 95,209 CALLS 13,579 CRISIS CALLS 75,206 INFORMATION AND REFERRAL CALLS 2,555 LETHALITY ASSESSMENTS - SUICIDE 3,869 OTHER CALLS SERVING VETERANS FLORIDA VETERANS OUTREACH PROJECT (844) MYFLVET THROUGH CONTINUED FUNDING BY THE FLORIDA LEGISLATURE, 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 SUBSTANCE ABUSE SERVICES-USING EXISTING 2-1-1 INFRASTRUCTURE TO PROVIDE AN EASILY ACCESSIBLE ENTRY POINT FOR FINDING VETERAN-CRITICAL INFORMATION AND SERVE AS A PRIMARY SOURCE OF INFORMATION AND REFERRAL FOR RETURNING VETERANS ONE SIMPLE TELEPHONE CALL TO 844-MYFLVET (693-5838) IS ALL THAT IS NEEDED TO BEGIN THE PROCESS OF CONNECTING THE VETERAN TO LIFE-SAVING HELP THIS SYSTEM HELPS FLORIDA VETERANS IN THE DESIGNATED FIVE COUNTIES CONNECT WITH FEDERAL VA-FUNDED SERVICES, RECEIVE THE ASSISTANCE THEY 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 ALIGN WITH THE AGENCY'S LARGER PEER SUPPORT INITIATIVE THIS IS THE FIRST WARM LINE INITIATIVE OF ITS KIND TO BE OFFERED IN HILLSBOROUGH COUNTY THE GOAL OF THE SERVICE IS TO INCREASE THE LEVEL OF ACCESS TO RELEVANT SERVICES SPONSORED BY THE FEDERAL VETERANS ADMINISTRATION AS WELL AS THOSE BEHAVIORAL HEALTH SERVICES THAT ARE LOCATED IN THE FIVE COUNTY AREAS THAT THE PROJECT SERVES (PASCO, PINELLAS, POLK, MANATEE AND HILLSBOROUGH COUNTIES) MENTAL HEALTH WARM LINE THROUGH GENEROUS DONATIONS FROM PRIVATE DONORS, 2-1-1 & SPS WERE ABLE TO BEGIN PEER SUPPORT FOR MENTAL HEALTH CONSUMERS IN HILLSBOROUGH COUNTY THE SEED MONEY ENABLED PROGRAM STAFF TO EXPAND PEER SUPPORT SERVICES IN A COORDINATED EFFORT TO NON-MILITARY, MENTAL HEALTH CONSUMERS A PEER SUPPORT PROGRAM COORDINATOR PROVIDES OVERSIGHT TO PAID AND VOLUNTEER STAFF AS WELL AS PROGRAMMING OF ALL PEER-RELATED SERVICES CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK (CFBHN) IS ALSO WORKING WITH THE CRISIS CENTER LEADERSHIP TO HELP SUPPORT THE PEER SUPPORT PROGRAM BY IDENTIFYING TRAINED, CERTIFIED PEER SPECIALISTS WHO CAN VOLUNTEER, WHILE ALSO IDENTIFYING ADDITIONAL FUNDING TO HELP SUSTAIN THE PROGRAM CHILD DEVELOPMENT OUTREACH & COMMUNITY INVOLVEMENT CHILD DEVELOPMENT INFOLINE (CDI) (813) 425-GROW - FOURE CARE COORDINATORS, ALONG WITH THE CDI PROGRAM COORDINATOR, CONTINUE TO PARTICIPATE IN COMMUNITY ACTIVITIES AND REPRESENT THE CRISIS CENTER & CDI IN THE COMMUNITY PARENTS, FAMILY MEMBERS, AND FRIENDS WHO HAVE QUESTIONS ABOUT A CHILD'S DEVELOPMENT, BEHAVIOR, OR LEARNING CAN CALL THE CDI TO SPEAK WITH A CARE COORDINATOR THE CARE COORDINATOR WILL CONDUCT A DEVELOPMENTAL SCREENING TO IDENTIFY AREAS IN WHICH A CHILD'S DEVELOPMENT MAY DIFFER FROM WHAT IS CONSIDERED NORMAL DEVELOPMENT IN CHILDREN OF THE SAME AGE IF A CONCERN IS IDENTIFIED, THE CHILD MAY QUALIFY FOR SPECIAL SERVICES WI</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4B	<p>TH PROPER CONSENT, THE CARE COORDINATOR WILL DIRECT THE FAMILY TO APPROPRIATE COMMUNITY RESOURCES, PROVIDE THEM WITH ACTIVITIES TO DO WITH THEIR CHILD TO HELP STRENGTHEN THE AREAS OF CONCERN, AND COMPLETE A FOLLOW-UP TO IDENTIFY AREAS OF IMPROVEMENT. THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) MAGGIE CALLED IN ON THE NATIONAL SUICIDE PREVENTION LINE (1-800-273-TALK) TO SPEAK WITH A 2-1-1 CCTB INTERVENTION SPECIALIST. MAGGIE EXPLAINED THAT SHE WAS 31 YEARS OLD AND FOR THE FIRST TIME IN HER LIFE HAD BEEN DIAGNOSED WITH A MENTAL ILLNESS. SHE WENT ON TO EXPLAIN THE IMPACT OF THE ILLNESS ON HER LIFE. SHE RECENTLY LOST HER JOB. HER RELATIONSHIP WITH HER HUSBAND FAILED, AND SHE NO LONGER LIVED IN HER HOME. SHE WAS LIVING WITH HER GRANDPARENTS AND FELT TRAPPED AND LONELY. THESE FEELINGS LED TO THOUGHTS THAT SHE WANTED TO TAKE HER LIFE. THE SPECIALIST ON THE LINE CREATED A SAFETY PLAN WITH MAGGIE. THE PLAN INCLUDED CALLING HER BEST FRIEND WHO LIVES MILES AWAY BUT ALWAYS MADE THE PAIN FEEL BETTER FOR A WHILE. THE SPECIALIST ARRANGED FOR A FOLLOW UP WITH THE SUICIDE PREVENTION CARE COORDINATION (SPCC). THE SPCC CALLED MAGGIE AND TOGETHER THEY REVIEWED HER SAFETY PLAN AND REALIZED THAT EVEN THOUGH IT HAD BEEN HELPFUL, IT WAS NOT ENOUGH. THE SPCC AND THE CALLER EXPLORED THE OPTION OF COUNSELING. MAGGIE DECIDED TO MAKE THE CALL FOR COUNSELING AND GOT AN APPOINTMENT SET UP WITHIN A COUPLE OF WEEKS. DURING THE WAITING PERIOD, MAGGIE AND THE SPCC CONTINUED TALKING ALMOST EVERY OTHER DAY. DURING THESE TWO WEEKS OF WAITING, MAGGIE WAS ABLE TO FIND A PART TIME JOB THAT SHE LOVED. SHE WAS STILL UPSET THAT SHE WOULD NOT BE MAKING ENOUGH MONEY TO MOVE OUT ON HER OWN, BUT SHE WAS PROUD OF HERSELF FOR MAKING PROGRESS. AFTER MAGGIE'S FIRST COUNSELING APPOINTMENT, SHE AND THE SPCC TALKED. MAGGIE SAID THE SESSION HELPED, BUT SHE DID NOT THINK SEEING THE COUNSELOR EVERY THREE WEEKS WAS SUFFICIENT. THE SPCC AND MAGGIE REACHED OUT TO HER COUNSELOR TOGETHER AND WERE ABLE TO GET HER SCHEDULED FOR WEEKLY APPOINTMENTS. MAGGIE HAS KEPT IN ROUTINE CONTACT WITH THE CARE COORDINATION TEAM. SHE REPORTS FEELING HEALTHIER AND HAS BEEN ABLE TO KEEP HER JOB. SHE PLANS TO EVENTUALLY MOVE INTO HER OWN APARTMENT ONE DAY AND SHE NOW HAS MUCH MORE HOPE.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>CORBETT TRAUMA CENTER THE CRISIS CENTER OF TAMPA BAY'S CORBETT TRAUMA CENTER HAS LOCATIONS IN BRANDON, TAMPA AND NORTH TAMPA. IT PROVIDES 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 900 INDIVIDUALS 7,650 COUNSELING SESSIONS 421 OF THE INDIVIDUALS SERVED WERE CHILDREN 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 TO ENHANCE THE EFFORTS, THE CHILDREN'S BOARD OF HILLSBOROUGH COUNTY FUNDED A COLLABORATIVE GRANT TO A LOCAL AGENCY TO BEGIN THE PROCESS OF ESTABLISHING A NETWORK OF INFANT MENTAL HEALTH IN HILLSBOROUGH COUNTY. THE CRISIS CENTER WAS THE FIRST AGENCY IN THE COLLABORATIVE TO INITIATE TRAINING FOR CLINICAL STAFF IN CHILD PARENT PSYCHOTHERAPY (CPP). THE CRISIS CENTER IS A KEY PARTNER IN THE EXPANDED EFFORT TO MAKE CPP AVAILABLE TO FAMILIES IN THE CHILD WELFARE SYSTEM. IN OCTOBER THE CORBETT TRAUMA CENTER BEGAN A THREE-YEAR RESEARCH PROJECT THROUGH USF FUNDED BY THE NATIONAL INSTITUTE FOR MENTAL HEALTH (NIMH), THE STUDY IS TITLED STEPPED CARE FOR CHILDREN AFTER TRAUMA OPTIMIZING TREATMENT. CORBETT TRAUMA CENTER PARTICIPATION INCLUDES TWO PART-TIME RESEARCH THERAPISTS, A COORDINATOR/SCREENER, AND PROJECT DIRECTOR. THE PROJECT IS WELL UNDERWAY, MEETING ALL RECRUITMENT GOALS SERVING NINE FAMILIES, THUS FAR THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) FIVE-YEAR-OLD "JENNA," AN ONLY CHILD, FIRST CAME TO THE CORBETT TRAUMA CENTER COUNSELING FOR THE ISSUES OF WITNESSING DOMESTIC VIOLENCE BETWEEN HER CAREGIVERS, AS WELL AS THE LOSS OF A LOVED ONE. REPORTEDLY, HER SYMPTOMS INCLUDED HAVING A CHALLENGE ADJUSTING AND SHOWING SOME ANXIETY IN HER ADJUSTMENT DURING HER THERAPY AT CORBETT TRAUMA CENTER, JENNA LEARNED A DEEP BREATHING TECHNIQUE WHILE SHE MADE BUTTERFLY WINGS TO SELF-SOOTHE. SHE WAS ABLE TO IDENTIFY AND EXPRESS MANY FEELINGS AND INCREASE HER SENSE OF CURRENT SAFETY BY PLAYING GAMES LIKE THE "THINKING, FEELING AND DOING" GAME AND "BE SAFE." A TALKATIVE AND FRIENDLY CHILD, JENNA FREQUENTLY BROUGHT A BELOVED STUFFED ANIMAL CAT TO SESSION. SHE WAS THRILLED TO COME IN ONE WEEK AND SHARE SHE HAD BEEN SURPRISED BY THE GIFT OF A REAL CAT. JENNA HAD THE OPPORTUNITY TO PROCESS LOSS BY READING THE BOOK "THE INVISIBLE STRING AND DOING AN ART PROJECT MAKING HER OWN STRING PICTURE. AS SHE SHARED HER LOSS IN THERAPY, MANY MEMORIES WITH HER LOVED ONE WERE DISCLOSED, AND SHE KNEW IT WAS OK TO MISS SOMEONE AND COULD FEEL BETTER TO SHARE IT. JENNA LEARNED IT WOULD NOT MAKE OTHERS SAD TO SHARE MEMORIES AT HOME. JENNA'S COUNSELING WRAPPED UP WHEN GOALS WERE MET. GOING INTO A NEW SCHOOL YEAR, SHE FELT SAFE AND HAPPY WITH HER LOVED ONES. SHE SHARED SHE WAS NOT HAVING NIGHTMARES AND CAREGIVERS REPORTED THAT HER WORRIED THOUGHTS HAD DECREASED. JENNA WAS EXCITED TO MAKE NEW FRIENDS, AND TO BEGIN KINDERGARTEN.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	MANY PROVISIONS REGARDING THE BOARD OF DIRECTORS WERE UPDATED IN THE BYLAWS, INCLUDING INCREASING MINIMUM NUMBER OF DIRECTORS, ESTABLISHING AN INITIAL TERM FOR BOARD MEMBERS, ESTABLISHING AN ELIGIBILITY CRITERIA FOR BOARD MEMBERS, ESTABLISHING AN ATTENDANCE POLICY FOR BOARD MEMBERS AT BOARD MEETINGS, ESTABLISHING A FORMAL POLICY FOR NOMINATING AND ELECTING BOARD MEMBERS, AND UPDATING THE COMMITTEE STRUCTURE. A COPY OF THE UPDATED BYLAWS IS AVAILABLE UPON REQUEST

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET CHANGE IN RESTRICTED ASSETS -7,004