

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax****Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

2016**Open to Public Inspection****A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017**

- B Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization The Crisis Center of Tampa Bay Inc		D Employer identification number 59-1785265
Doing business as		E Telephone number (813) 964-1964
F Name and address of principal officer Clara A Reynolds One Crisis Center Plaza Tampa, FL 33613		G Gross receipts \$ 11,657,849
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No H(c) Group exemption number ►		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ► WWW CRISISCENTER COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 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 170,000 requests for help each year, the nonprofit agency offers a range of evidence-based programs designed to meet community needs - in other words, we are the community's gateway to help, hope and healing during a crisis. 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 ► <input type="checkbox"/> 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	21
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 2016 (Part V, line 2a)	5	301
6 Total number of volunteers (estimate if necessary)	6	107
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)	5,252,325	5,999,264
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,887,482	5,629,169
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,678	8,872
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-20,172	-14,134
	11,123,313	11,623,171

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	293,042	211,696
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,409,981	7,820,513
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 506,269		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,017,918	3,010,133
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,720,941	11,042,342
19 Revenue less expenses Subtract line 18 from line 12	402,372	580,829

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	7,015,430	7,282,782
22 Net assets or fund balances Subtract line 21 from line 20	1,615,267	1,301,790
	5,400,163	5,980,992

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 Clara A Reynolds President and CEO Type or print name and title	2018-04-30 Date
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Paid Preparer Use Only	Print/Type preparer's name Michelle M Sanchez CPA	Preparer's signature Michelle M Sanchez CPA	Date 2018-04-25	Check <input type="checkbox"/> if self-employed	PTIN P00848115
	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 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 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 \$ 5,425,776 including grants of \$) (Revenue \$ 5,544,728)
 See Additional Data

4b (Code) (Expenses \$ 1,754,308 including grants of \$ 151,613) (Revenue \$ 8,770)
 See Additional Data

4c (Code) (Expenses \$ 819,447 including grants of \$) (Revenue \$ 71,440)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 1,187,880 including grants of \$ 60,083) (Revenue \$ 8,705)

4e Total program service expenses ► 9,187,411

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

- 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?
- 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
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
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
- 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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a** **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
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
- 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
- 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
- 28** Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
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** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 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** 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** 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** Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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** **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** 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** 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

	Yes	No
20a		No
20b		
21	Yes	
22	Yes	
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34		No
35a		No
35b		
36		No
37		No
38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	60	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	301	
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?			7e No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		7f No
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7g
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7h
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			8
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			9a
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?			9b
9a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			13a
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	21	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	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		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	Yes
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	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	13	Yes
13 Did the organization have a written whistleblower policy?	14	Yes
14 Did the organization have a written document retention and destruction policy?	15	
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	16a	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	16b	
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?		
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?		

Section C. Disclosure

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

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

Check if Schedule Q 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 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

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	
		Former Individual trustee or director	Highest compensated employee	Key employee	Officer			
See Additional Data Table								

1b Sub-Total ► **c Total from continuation sheets to Part VII, Section A** ► **d Total (add lines 1b and 1c)** ►

576,987	0	49,229
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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 ► 4

		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	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? 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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a 299,542					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c 372,500					
	d Related organizations	1d					
	e Government grants (contributions)	1e 3,876,427					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,450,795					
	g Noncash contributions included in lines 1a-1f \$	1,241					
	h Total. Add lines 1a-1f		5,999,264				
		Business Code					
Program Service Revenue	2a Prog serv revenue-Related-990	624200	5,629,169	5,629,169			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		5,629,169					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,872			8,872	
	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						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 372,500 of contributions reported on line 1c) See Part IV, line 18	a	16,056				
b Less direct expenses	b	34,678					
c Net income or (loss) from fundraising events			-18,622			-18,622	
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		4,488	4,488			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		4,488					
12 Total revenue. See Instructions		11,623,171	5,633,657	0		-9,750	

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	151,463	151,463		
2 Grants and other assistance to domestic individuals See Part IV, line 22	60,233	60,233		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	645,287	183,503	340,743	121,041
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	5,948,811	5,303,960	451,748	193,103
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	80,806	60,349	14,700	5,757
9 Other employee benefits	526,775	472,971	36,894	16,910
10 Payroll taxes	618,834	532,878	62,490	23,466
11 Fees for services (non-employees)				
a Management				
b Legal	78,786	26,180	52,205	401
c Accounting	38,580	32,487	4,283	1,810
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)	300,970	263,980	36,544	446
12 Advertising and promotion	6,261	1,594	540	4,127
13 Office expenses	284,162	222,013	31,259	30,890
14 Information technology	283,297	241,464	24,280	17,553
15 Royalties				
16 Occupancy	134,585	104,837	27,858	1,890
17 Travel	70,300	58,895	6,479	4,926
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,330	4,386		1,944
20 Interest	27,757	24,320	3,133	304
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	532,217	356,275	167,659	8,283
23 Insurance	470,011	415,595	47,934	6,482
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	221,852	220,585	1,252	15
b REPAIRS AND MAINTENANCE	199,264	157,506	39,843	1,915
c				
d				
e All other expenses	355,761	291,937	-1,182	65,006
25 Total functional expenses. Add lines 1 through 24e	11,042,342	9,187,411	1,348,662	506,269
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,305,573	1	1,140,862
	2 Savings and temporary cash investments	910,367	2	719,754
	3 Pledges and grants receivable, net	1,470,776	3	1,816,617
	4 Accounts receivable, net	934,947	4	965,528
	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	54,165	9	100,664
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,631,826	
	b Less accumulated depreciation	10b	4,092,469	2,339,602
	11 Investments—publicly traded securities		10c	2,539,357
	12 Investments—other securities See Part IV, line 11		11	
	13 Investments—program-related See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11		14	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	7,015,430	15	7,282,782
Liabilities	17 Accounts payable and accrued expenses	885,850	16	789,154
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	40,405
	21 Escrow or custodial account liability Complete Part IV of Schedule D		20	
	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		21	
	23 Secured mortgages and notes payable to unrelated third parties	546,533	22	472,231
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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		24	
	26 Total liabilities. Add lines 17 through 25	1,615,267	25	1,301,790
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,427,193	27	4,736,695
	28 Temporarily restricted net assets	972,970	28	1,244,297
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,400,163	33	5,980,992
	34 Total liabilities and net assets/fund balances	7,015,430	34	7,282,782

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	11,623,171
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,042,342
3	Revenue less expenses Subtract line 2 from line 1	3	580,829
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,400,163
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,980,992

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
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
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
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		
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?		
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		

Additional Data

Software ID:

Software Version:

EIN: 59-1785265

Name: The Crisis Center of Tampa Bay Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

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 38,503) Program highlights reflected on Schedule O

Form 990, Part III, Line 4b:

GATEWAY SERVICES (FORMERLY 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 (108,868 calls) Program highlights reflected on Schedule O

Form 990, Part III, Line 4c:

Corbett Trauma Center - individual, family and group trauma counseling sessions for children and adults that are designed to help clients recover from sexual abuse, and other high level emotional trauma (6,255 counseling sessions and over 563 clients served) Program highlights reflected on Schedule O

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

(Code	(Expenses \$	884,374	including grants of \$	571) (Revenue \$	2,386)
Sexual Assault ServicesAnother component of The Corbett Trauma Center is Sexual Assault Services (SAS), the only certified rape crisis center in Hillsborough County. SAS (formerly, the Nurse Examiner's Program) was the first program to provide sexual assault forensic medical exams in Hillsborough County. The SAS center was established in 1979 and was the first such center in Florida. Sexual Assault Services employs a total of 16 individuals including seven registered nurse practitioners, six full-time and two part-time advocates and is supported by 32 volunteers who respond to sexual assault victims overnight and on weekends. Victims of sexual assault need compassion, sensitivity, and caring. Dealing with the feelings and issues resulting from the crime can be overwhelming and confusing. Sexual Assault Services at the Crisis Center provides a safe and confidential environment where sexual assault victims can begin healing from the trauma they've experienced. Every year, SAS provides advocacy and forensic medical exams for over 500 victims of sexual assault. The program provides training to dozens of groups including Florida Hospital, the Hillsborough County Sheriff's Office (HCSO), MacDill Air Force Base, St. Joseph's Hospital, the Tampa Bay Buccaneers, Tampa General Hospital and the Tampa Police Department (TPD). The Program Director of the SAS chairs the Hillsborough County Sexual Assault Response Team, is a member of the board of the Florida Council Against Sexual Violence (FCASV) and is a member of the Advisory Board for the Harrell Center, a division of the University of South Florida (USF) College of Public Health. 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 have implemented a statewide SART committee to enhance practices across the state. Victims of sexual assault/rape can contact Sexual Assault Services for support and assistance by dialing (813) 264-9961. Located in North Tampa, serving all of Hillsborough County offering Forensic exams/Advocacy/Empowerment/Prevention services/Information and Referral/Consultation/Highlights for 2017. Advocates provided advocacy and case management to 652 survivors of sexual assault. Forensic exams were provided to 360 victims of sexual assault. The Difference We are Making (Real stories about real people)Janet (not her real name), a survivor of sexual violence came to the Crisis Center of Tampa Bay shortly after being assaulted in her own home by a stranger. Janet had not only been assaulted within the comfort of her own home, but had her personal belongings stolen by the assailant which resulted in both emotional and financial disarray. The resilient survivor came to the Crisis Center for a forensic exam and was provided emotional support and resources by a volunteer victim advocate as well as immediate medical attention from the sexual assault nurse examiner. The volunteer advocate was able to effectively safety plan with Janet to establish healthy coping mechanisms and an active plan of self-safety and care for the survivor to refer to when she left. After leaving the Crisis Center an advocate followed up with Janet to assist her and provide on-going emotional support, crisis intervention, and resources. The advocate assisted Janet in obtaining public benefits in the form of crime victim compensation as Janet's right being a victim of a heinous crime. With the assistance of the advocate, Janet was able to receive \$1,500 dollars in relocation assistance to move to a new residence and evade constant thoughts of the trauma. Prior to Janet being able to receive crime victim compensation funds, the advocate and care coordinators collaborated to see what Janet's immediate needs were. The advocate provided further safety planning with Janet to identify a stable support system out of the area. The care coordinators were able to provide financial assistance for travel expenses for Janet to temporarily relocate to her family's home state so she could begin the healing process around loved ones. While Janet was away from work and confiding in her support system, the advocate coordinated with Janet's legal representation to obtain updates for Janet. The advocate also assisted in crafting Janet's impact statement that she could present at her legal proceedings in order to express how deeply the crime had affected her emotionally, physically, and financially. When Janet returned to resume her employment again, the advocate and care coordinators collaborated in seeing to that Janet was able to receive financial assistance in paying for food, toiletries, and utilities as well as purchasing a security system to bring Janet some peace of mind in her new home. During the prosecution preparation, Janet struggled to retell her most intimate details of the assault to attorneys and investigator. Because of her difficulty, Janet decided that it would be important to have the advocate present for her future hearings and legal proceedings. The rapport between Janet and the advocate continues to evolve as the advocate becomes familiar to the different ways the advocate can meet Janet's unique needs and assist in the healing process. The advocate will be with Janet every step of the way and will ensure Janet has the services she needs to move on with her life.					
(Code	(Expenses \$	303,506	including grants of \$	59,512) (Revenue \$	6,319)
Client and Volunteer Services					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) (D) (E)

(A) Compensated Employees, and Independent Contractors		(B)	(C)	(D)	(E)	(F)
Name and Title		Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
FRANK FERNANDEZ		0 05	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			
ROBERT GRAMMIG		0 00	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			
LINDA MILLER		0 35	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			
BILL NESMITH		0 05	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			
LUCIANO PRIDA		0 80	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			
CHRISTOPHER ROGERS		0 75	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			
DR DAE SHERIDAN		0 45	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			
NANCY STERNITZKY		0 70	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			
TIMOTHY SWEENEY		0 20	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			
KALEY TASH		0 30	<input checked="" type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Key employee <input type="checkbox"/> Highest compensated employee <input type="checkbox"/> Founder	0	0	0
.....	BOARD OF DIRECTORS	.....	X			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (C) | (D) |

(A) Officers, and Independent (B) Directors		(C)	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)				
JOHN TOMLIN	0 05	X		0	0
BOARD OF DIRECTORS	.....				0
TIM TRAUD	0 25	X		0	0
BOARD OF DIRECTORS	.....				0
CLARA A REYNOLDS	40 00	X	X	156,390	0
PRESIDENT & CEO	.....				9,603
Maria Porto-Duarte	40 00		X	113,563	0
CHIEF FINANCIAL OFFICER	.....				10,911
SANDRA MCLAUGHLIN	40 00		X	97,211	0
VP - development	.....				9,917
KATHERINE ANDROFF	40 00		X	96,770	0
VP - talent management	.....				9,446
SONJA HALL	40 00		X	113,053	0
VP - client services	.....				9,352
Scott Bendert	40 00		X	0	0
CHIEF FINANCIAL OFFICER	.....				0

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.**2016****Open to Public
Inspection**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 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.
- b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.
- c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.
- d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

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

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2016

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	4,148,388	4,845,615	4,207,354	5,252,325	5,999,279	24,452,961
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	4,148,388	4,845,615	4,207,354	5,252,325	5,999,279	24,452,961
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)						860,144
6	Public support. Subtract line 5 from line 4						23,592,817

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	4,148,388	4,845,615	4,207,354	5,252,325	5,999,279	24,452,961
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,634	7,795	4,096	9,436	8,871	39,832
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						24,492,793
12	Gross receipts from related activities, etc (see instructions)					12	30,245,570

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 2016 (line 6, column (f) divided by line 11, column (f))	14	96 330 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	94 790 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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	<input type="checkbox"/>
b 33 1/3% support tests—2015. 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	<input type="checkbox"/>

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>
--	--------------------------

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	1	
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)	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	3a	
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	3b	
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	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
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	4b	
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	4c	
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)	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	
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 I of Schedule L (Form 990 or 990-EZ)	8	
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	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below	10a	
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)	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11		
a		
b		
c		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1		
	1	
2		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1		
	1	
2		
	2	
3		
	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)
- The organization satisfied the Activities Test Complete **line 2** below
 - The organization is the parent of each of its supported organizations Complete **line 3** below
 - 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.

- 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

- 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

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

- 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**.

- 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
2a		
2b		
3a		
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		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

2016

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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 on Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	► \$
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,829,285	1,201,200	1,628,085
c Leasehold improvements		14,880	5,940	8,940
d Equipment		3,780,534	2,885,329	895,205
e Other		7,127		7,127
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				2,539,357

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ►

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	11,912,808
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	254,958
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	34,679
e	Add lines 2a through 2d	2e	289,637
3	Subtract line 2e from line 1	3	11,623,171
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	11,623,171

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

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

1	Total expenses and losses per audited financial statements	1	11,331,979
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	254,958
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	34,679
e	Add lines 2a through 2d	2e	289,637
3	Subtract line 2e from line 1	3	11,042,342
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	11,042,342

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
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-1785265

Name: The Crisis Center of Tampa Bay Inc

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	direct expense for special events reported as reduction to revenue on sch g 34,679

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	direct expense for special events reported as reduction to revenue on sch g 34,679

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

2016

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete if the organization answered "Yes" on 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.Name 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" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- | | |
|---|--|
| 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 CUP OF COMPASSION (event type)	(b) Event #2 Beer & Bowties (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	368,642	19,914		388,556
2 Less Contributions	356,524	15,976		372,500
3 Gross income (line 1 minus line 2)	12,118	3,938		16,056
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	2,880	2,700		5,580
7 Food and beverages	12,119	3,938		16,057
8 Entertainment				
9 Other direct expenses	12,511	530		13,041
10 Direct expense summary Add lines 4 through 9 in column (d)				34,678
11 Net income summary Subtract line 10 from line 3, column (d)				-18,622

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

	(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				
2 Cash prizes				
3 Noncash 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 _____

Yes No

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

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 activity 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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue Service

Name of the organization

The Crisis Center of Tampa Bay Inc

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

Complete if the organization answered "Yes," on 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.**2016****Open to Public
Inspection**

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

 Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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)	96,853				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)	54,610				The purpose of providing assistance to Bethesda Ministries is to support organization's general purpose which is to assist underprivileged individuals in obtaining economic self-sufficiency

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

2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
(1) Rent assistance	72	37,991			
(2) utilities assistance	29	5,959			
(3) clothing and household expense assistance	10	15,740			
(4) Food Assistance	2	213			
(5) Transportation Assistance	4	330			
(5)					
(6)					
(7)					

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.
PART I, LINE 2	

2015

Open to Public
Inspection**Schedule J**
(Form 990)Department of the
Treasury
Internal Revenue
Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on 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 Cnris 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 on 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 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 on 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?

4a No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b No

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c No

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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?

5a No

b Any related organization?

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

5b No

6 For persons listed on 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?

6a No

b Any related organization?

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

6b No

7 For persons listed on 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

7 No

8 Were any amounts reported on 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

8 No

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

9 No

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 on 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 benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLARA A REYNOLDS PRESIDENT & CEO	(i) 148,320 ----- 0	(ii) 8,070 ----- 0	(iii) 0 ----- 0	(C) 4,742 ----- 0	(D) 4,861 ----- 0	(E) 165,993 ----- 0	(F) 0 ----- 0

Part III Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

~~Internal Revenue Service~~

Name of the organization

The Crisis Center of Tampa Bay Inc

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.

OMB No 1545-0047**2016****Open to Public
Inspection****Employer identification number**

59-1785265

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, Part III, Line 4A	TransCare Ambulance Services Total Transports - 38,503 9-1-1 Transports - 25,312 Mental Health/Baker Act transports - 7,544 Paratransit trips - 5,647 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 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. TransCare places tremendous value on quality patient care and compassionate service to every customer and stakeholder. 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, psychological first aid, 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. THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) Clara Reynolds, the CEO, and one of the supervisors were out making rounds to the EMT crews when they heard a call come through TransCare dispatch "Truck 65 Respond to 50-year-old female exhibiting acute psychiatric distress Stage for Tampa Police Department." When they arrived, the TransCare ambulance and Tampa Police were already on scene. Everyone was looking up to the top floor of an apartment building, where a woman was sitting in a window threatening to jump. The police and fire teams were doing their best to calm the woman and minimize the physical risk, but she remained agitated and kept moving from her living room window to the kitchen window. She then grabbed the power line that was right outside the window, and almost fell to the ground. Clara tapped into her training and experience as a social worker to have a conversation and build trust with the woman. Clara spoke calmly and confidently. She was soon able to obtain permission from the woman to enter her apartment and get next to her. Clara continued her conversation as police officers quietly entered the apartment. Clara quickly and safely took firm hold of the woman by the arm, so police could ultimately

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, Part III, Line 4A	pull her from the window to safety. The woman was then transported by the TransCare ambulance crew to a local hospital. All Crisis Center staff members receive training in Psychological First Aid, Mental Health First Aid, and Trauma Informed Care, so they have basic skills and tools to help them provide assistance to someone facing an emotional crisis. It's part of what makes the Crisis Center of Tampa Bay the community's elite provider of crisis and trauma services.

Return Reference	Explanation
FORM 990, Part III, Line 4b	<p>GATEWAY SERVICES (FORMERLY THE 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 INFORMATION AND REFERRAL SERVICES SUICIDE PREVENTION SERVICES (SPS) CRISIS COUNSELING VETERAN'S PEER SUPPORT CHILD DEVELOPMENT SCREENING ACCESS THROUGH 2-1-1. THE CRISIS CENTER ENSURES THE GATEWAY PROGRAMS ARE OPERATING AT/ABOVE STANDARDS AND UTILIZING BEST PRACTICES WHEN PROVIDING BEST IN CLASS SERVICES TO ALL WHO ACCESS THEM AS SUCH, THE GATEWAY 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 INCORPORATING A CLIENT-CENTERED, TRAUMA INFORMED APPROACH TO INTERVENTION, THE GATEWAY HANDLES CLOSE TO 150,000 CONTACTS EACH YEAR RANGING FROM INBOUND PHONE CALLS, INSTANT MESSAGES/CHATS, E-mails, CRISIS RESPONSES, REASSURANCE CALLS AND FOLLOW-UP CONTACTS. ALL WHO CONTACT 2-1-1 GET HELP FROM TRAINED INTERVENTION SPECIALISTS WHO HAVE THE ABILITY TO HEAR AND SPEAK TO THE UNSPEAKABLE WITH COMPETENCY AND COMPASSION. THE MAJORITY OF INDIVIDUALS AND FAMILIES WHO CONTACT US RECEIVE MUCH NEEDED INFORMATION AND REFERRALS, CONNECTING THEM TO THE HELP, HOPE AND HEALING NEEDED TO MAKE TOMORROW A BETTER DAY. IN ADDITION TO THE CALLERS HELPED THROUGH INFORMATION AND REFERRALS, 4,931 INDIVIDUALS CONTEMPLATING SUICIDE RECEIVED ASSESSMENTS TO DETERMINE THE LEVEL OF INTERVENTION NEEDED TO ENSURE THEIR SAFETY. HUNDREDS OF THOSE INDIVIDUALS WERE PROVIDED SHORT-TERM CARE COORDINATION AND SAFETY PLANNING THROUGH OUR IN-HOUSE TRAUMA RECOVERY SERVICE, THE CORBETT TRAUMA CENTER. HIGHLIGHTS FOR 2017 HANDLED 108,868 CALLS 27,237 CRISIS CALLS (INCLUDING SUICIDE CALLS) 50,732 INFORMATION AND REFERRAL CALLS 4,931 LETHALITY ASSESSMENTS - SUICIDE SERVING VETERANS FLORIDA VETERANS OUTREACH PROJECT (844) MYFLVET THROUGH CONTINUED FUNDING BY THE DEPARTMENT OF CHILDREN AND FAMILIES, 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 THE 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 HAVE SELF-IDENTIFIED CO-OCcurring HEALTH ISSUES) INTERVEN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, Part III, Line 4b	<p>TION SPECIALISTS PROVIDED HELP TO 3,078 VETERANS THROUGH CRISIS INTERVENTION, INFORMATION AND REFERRALS, INCLUDING CONNECTIONS TO CARE COORDINATION THROUGH THE CORBETT TRAUMA CENTER. THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) A CALL CAME IN THROUGH 2-1-1 VIA THE NATIONAL SUICIDE PREVENTION LIFELINE. THE CALLER, TOM (NAME CHANGED FOR CONFIDENTIALITY) WAS HOPING TO SPEAK TO A VETERAN INTERVENTION SPECIALIST. TOM IS A VETERAN OF THE U.S. MARINE CORP AND FOUGHT IN THE VIETNAM WAR. TOM DISCLOSED HE WAS FEELING SUICIDAL. TOM WAS HOMELESS BECAUSE HE HAS BEEN STRUGGLING WITH A GAMBLING ADDICTION. THE INTERVENTION SPECIALIST WAS ABLE TO DE-ESCALATE TOM AND CREATE A SAFETY PLAN WITH HIM. IN EXPLORING SAFETY, THE CARE COORDINATOR DETERMINED THAT TOM OWNED A GUN THAT WAS AT HIS DISPOSAL. THE SAFETY PLAN INCLUDED TOM GIVING HIS GUN TO SOMEONE FOR SAFEKEEPING AND ACCESSING SERVICES FROM THE VETERANS ADMINISTRATION (VA) HOSPITAL. TOM ALSO AGREED TO FOLLOW UP SERVICES AND WAS REFERRED TO CARE COORDINATION. THE CARE COORDINATOR later REACHED OUT TO TOM WHO WAS NOW STAYING WITH HIS SON AND TOGETHER, THEY REVIEWED TOM'S MOST URGENT NEEDS. THEY ALSO REVIEWED THE SAFETY PLAN. TOM DISCLOSED TO THE CARE COORDINATOR THAT HE WAS ADHERING TO HIS SAFETY PLAN AND HAD GIVEN UP HIS GUN. ADDITIONALLY, TOM WAS NOW ATTENDING GAMBLER'S ANONYMOUS, ANOTHER RECOMMENDATION FROM THE CARE COORDINATOR. TOM SAID HE WAS NO LONGER FEELING SUICIDAL. TOM STATED HE WAS GRATEFUL FOR THE HELP HE RECEIVED FROM THE INTERVENTION SPECIALIST AND FOR GIVING HIM ENCOURAGEMENT TO SEEK URGENT HELP WHEN HE NEEDED IT. THE MOST, TOM SUBSEQUENTLY CALLED THE CARE COORDINATOR TO THANK HER AND TO LET HER KNOW THE VA WOULD BE ASSISTING HIM IN FINDING A STABLE PLACE TO LIVE. TOM EXPRESSED HIS APPRECIATION FOR THE LINKAGES TO SERVICE. THE CARE COORDINATOR PROVIDED HIM THE CLIENT STATED HE IS CONFIDENT HIS LIFE IS TURNING AROUND AND HE OWED IT TO THE CRISIS CENTER OF TAMPA BAY. Special Projects: The Crisis Center identifies special projects that enhance the mission of the agency through community outreach and partnerships. Child Development Outreach & Community Involvement: Funded by the Children's Board of Hillsborough County, the Child Development Infoline. Care Coordinators provided services to 201 families experiencing severe emotional and behavioral disorders by providing early childhood screenings that resulted in linkages to services and supports. In 2018, the CDI will remain accessible to the public through the Crisis Center either by dialing 2-1-1 or 813-425-GROW. CDI Care Coordination will be transitioned to another agency, Healthy Transitions. This program is a Care Coordination services in partnership with Central Florida Behavioral Health Network and Success 4 Kids & Families with a purpose of serving youth, 16-25, who need support navigating the transition to adulthood. The Crisis Center Care Coordinator served 276 youth with support services, referrals and linkages. Other Projects - G</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, Part III, Line 4b	Green Dot A violence prevention program that focuses on bystander intervention as a means to prevent the next act of power-based violence. Green Dot is funded by the Department of Health - Building Strong Families Funded by the Siemer Foundation through the United Way Suncoast, a program to provide Case Management and financial assistance to prevent homelessness and prevent educational disruptions for children - Money Matters Supported by funds from the TECO Foundation, this is a three-hour course to teach budgeting and financial management. The Crisis Center provided 62 classes for the fiscal year.

Return Reference	Explanation
FORM 990, Part III, Line 4c	<p>CORBETT TRAUMA CENTER LOCATIONS IN BRANDON, TAMPA AND NORTH TAMPA INDIVIDUAL, FAMILY AND GROUP TRAUMA COUNSELING AND RESEARCH PROJECTS THROUGH THE UNIVERSITY OF SOUTH FLORIDA (USF) CORBETT TRAUMA CENTER PROVIDES TRAUMA COUNSELING, GROUP THERAPY, AND OTHER SUPPORT FOR INDIVIDUALS AND FAMILIES, INCLUDING CHILDREN AGE 3 OR OLDER. IN ADDITION, WE HAVE THERAPISTS WHO CAN PROVIDE TRAUMA RECOVERY THERAPY TO INFANTS AND THEIR CAREGIVERS THROUGH CHILD, PARENT PSYCHOTHERAPY. OUR SPECIALLY TRAINED THERAPISTS WHO PRACTICE EVIDENCE-BASED TREATMENT, ARE COMMITTED TO PROVIDING CARING AND COMPREHENSIVE ASSISTANCE TO THOSE WHO ARE FACING SERIOUS LIFE CHALLENGES. TRAUMA CAN RESULT FROM MANY EVENTS SEXUAL ABUSE OR SEXUAL ASSAULT, DOMESTIC VIOLENCE, EMOTIONAL ABUSE, PHYSICAL ABUSE OR PHYSICAL ASSAULT, HUMAN TRAFFICKING, SERIOUS ILLNESS, CYBER-CRIMES, BULLYING, DEATH OF SOMEONE CLOSE, BEING THE VICTIM OF A CRIME to name a few. A PERSON MAY ALSO BE A WITNESS TO THESE EVENTS AND OTHERS SUCH AS HOMICIDE, SERIOUS ACCIDENTS, OR DISASTERS. THE CONSEQUENCES OF TRAUMA MAY OR MAY NOT BE EVIDENT. SOME OBSERVABLE SYMPTOMS ARE NOTICEABLE CHANGES IN MOOD OR BEHAVIOR, IRRITABILITY, UNCHARACTERISTIC ANGER OR AGGRESSION, SLEEPING DIFFICULTY, FREQUENT PHYSICAL COMPLAINTS SUCH AS STOMACH UPSET OR HEADACHES, ISOLATION, SADNESS, OR RECURRENT OR UNRELENTING ANXIETY. OUR SERVICES ARE COVERED BY INSURANCE COMPANIES, INCLUDING MEDICAID, AND THOSE WHO NEED ADDITIONAL ASSISTANCE MAY QUALIFY FOR FREE AND/OR SLIDING SCALE PAYMENT PLANS. DONOR RESTRICTED FUNDS HELP COVER THE OUT OF POCKET EXPENSES. HIGHLIGHTS FOR 2017 EVIDENCED BASED COUNSELING SERVICES TO 563 INDIVIDUALS, 6,255 THERAPY SESSIONS. 247 OF THE INDIVIDUALS SERVED WERE CHILDREN. PARTNERSHIPS THE CRISIS CENTER AND THE THIRTEENTH JUDICIAL CIRCUIT'S (HILLSBOROUGH COUNTY) ADMINISTRATIVE OFFICE OF THE COURTS IMPLEMENTED A FUNDED AGREEMENT TO PROVIDE ASSESSMENT AND COUNSELING SERVICES TO THE CHILDREN'S ADVOCACY CENTER CLIENTS. 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 AUGUST 2015, 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 STEP-PED CARE FOR CHILDREN AFTER TRAUMA: OPTIMIZING TREATMENT. CORBETT TRAUMA CENTER PARTICIPATION INCLUDES TWO PART-TIME RESEARCH THERAPISTS, A COORDINATOR/SCREENER, AND PROJECT DIRECTOR. THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) SARA IS A 30 YEAR OLD, INDEPENDENT FEMALE. SHE WANTS TO ACCOMPLISH ANY TASK SHE PUTS HER MIND TO AND SHE WANTS TO DO IT BY HERSELF. SARA HAS A</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, Part III, Line 4c	HISTORY OF CHILDHOOD ABUSE FROM TRUSTED INDIVIDUALS AS SOON AS SHE COULD, SHE MOVED OUT OF HER CHILDHOOD HOME AND BEGAN HER INDEPENDENT LIFE IN 2012, SARA'S TRUST WAS ONCE AGAIN VIOLATED A MAN WITH WHOM SHE WAS IN A RELATIONSHIP SEXUALLY ASSAULTED HER AFTER THE ASSAULT, SARA DID WHAT SHE HAD ALWAYS DONE SHE DECIDED TO DEAL WITH IT ALL ON HER OWN SHE DID NOT WANT A FORENSIC EXAM AND SHE DID NOT WANT TO REPORT THE INCIDENT SARA BELIEVED THAT COUNSELING WOULD NOT HELP HER SHE HAD TRIED COUNSELING IN THE PAST AND STRUGGLED TO TALK ABOUT HER FEELINGS SHE FELT THAT SHE DID NOT CONNECT WITH THE THERAPIST AND SHE DECIDED TO JUST MANAGE IT ALL ON HER OWN HOWEVER, SARA CONTINUED TO STRUGGLE WITH INCREASING NIGHT TERRORS, FLASHBACKS, AND A FEELINGS OF NUMBNESS IN APRIL 2017, SARA DID SOMETHING SHE HAD NOT DONE IN A LONG TIME SHE DECIDED TO ASK FOR HELP SHE "GOOGLED" SUPPORT GROUPS FOR SEXUAL ASSAULT SURVIVORS AND DISCOVERED THE SEXUAL ASSAULT SURVIVOR GROUP AT THE CRISIS CENTER SARA DECIDED SHE WOULD BEGIN ATTENDING THE SESSIONS HELD AT THE CRISIS CENTER EVERY TUESDAY EVENING, JUST TO SEE IF IT WOULD HELP SHE SLOWLY BEGAN TO TRUST THE GROUP LEADER AND TO SEE THAT PERHAPS THERE WAS HOPE TO HEAL SARA LEARNED THAT COUNSELING WAS ALSO AVAILABLE WITHIN THE CORBETT TRAUMA CENTER IN JUNE, SARA DECIDED THAT RATHER THAN RELYING ON ONLY THE SUPPORT GROUP TO COPE WITH HER TRAUMA SYMPTOMS, SHE WOULD ONCE AGAIN, TRY COUNSELING SARA SCHEDULED AN APPOINTMENT WITH THE CORBETT TRAUMA CENTER AND BEGAN THE COUNSELING PROCESS TODAY, SARA IS COMMITTED TO COMPLETING HER THERAPY AND CONTINUES TO EXPLORE THE IDEA THAT THERE CAN BE HEALING FROM THE ABUSE SHE EXPERIENCED SARA IS IN A BETTER STATE OF MIND AND FINALLY ACKNOWLEDGES THAT SHE CAN ALLOW OTHERS TO HELP HER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE PRESIDENT/CEO AND THE CFO REVIEWED THE FORM 990 PRIOR TO SUBMISSION TO MEMBERS OF THE EXECUTIVE, FINANCE AND AUDIT COMMITTEES. THE CONTROLLER COORDINATED OBTAINING RESPONSES TO QUESTIONS FROM COMMITTEE MEMBERS. THE EXECUTIVE COMMITTEE ACCEPTED AND APPROVED THE FORM 990 FOR FILING ONCE A REVIEW WAS COMPLETED AND ALL QUESTIONS WERE ADDRESSED

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	THE CRISIS CENTER OF TAMPA BAY'S BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF THE ORGANIZATION'S INDEPENDENT AUDITORS. THE BOARD MAINTAINS COMMUNICATION WITH THE INDEPENDENT AUDITORS, AS NECESSARY, DURING THE AUDIT AND IS RESPONSIBLE FOR REVIEWING AND APPROVING THE AUDITED FINANCIAL STATEMENTS