

Form 990  
2017Department 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](http://www.irs.gov/form990)

Open to Public  
Inspection

## A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018

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 INCD Employer identification number  
59-1785265

Doing business as

E Number and street (or P O box if mail is not delivered to street address) Room/suite  
ONE CRISIS CENTER PLAZAF Telephone number  
(813) 964-1964G City or town, state or province, country, and ZIP or foreign postal code  
TAMPA, FL 33613  
H Gross receipts \$ 12,648,149

**Part III Statement of Program Service Accomplishments**

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

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**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 Q.

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or 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 \$ 6,049,901 including grants of \$ ) (Revenue \$ 6,091,670 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,912,565 Including grants of \$ ) (Revenue \$ 26,041 )  
See Additional Data

**4c** (Code ) (Expenses \$ 1,077,307 including grants of \$ ) (Revenue \$ 55,402 )  
See Additional Data

#### See Additional Data Table

**4d Other program services (Describe in Schedule O.)**

**Part IV Checklist of Required Schedules**

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

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete *Schedule C, Part I*

4 **Section 501(c)(3) organizations.**  
Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  
If "Yes," complete *Schedule C, Part II*

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  
If "Yes," complete *Schedule C, Part III*

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

	<b>Yes</b>	<b>No</b>
1	Yes	
2	Yes	
3		No
4		No
5		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 IV, column (A), line 12 if "Yes" complete Schedule H and II.

	<b>Yes</b>	<b>No</b>
<b>20a</b>		No
<b>20b</b>		
<b>21</b>	Yes	

**Facts And Circumstances Test**

**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 . . . . . 

**1a** Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . **1a** 69

**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** 390

**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** Yes

**b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O **3b** Yes

**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).**

**a** Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7a** Yes

**b** If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b** Yes

**c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c** No

**d** If "Yes," indicate the number of Forms 8282 filed during the year **7d**

**e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e** No

**f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f** No

**g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	12,787,941
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	193,993
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	32,866

**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**

**1a** Enter the number of voting members of the governing body at the end of the tax year

	1a	25	Yes	No
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>1b</b> Enter the number of voting members included in line 1a, above, who are independent		24		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
<b>6</b> Did the organization have members or stockholders?		6		No
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		8a	Yes	
<b>a</b> The governing body?		8b	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?		9		No
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

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

**10a** Did the organization have local chapters, branches, or affiliates?

	Yes	No
<b>10a</b>		No
<b>10b</b>		
<b>11a</b>	Yes	
<b>12a</b>	Yes	

**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?

**11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

[REDACTED]

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

**1b Sub-Total**

**c Total from continuation sheets to Part VII, Section A**

**d Total (add lines 1b and 1c)**

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533.9

1

47.006

**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 <b>former</b> 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

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## Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns . . .	1a	340,727				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	418,690				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,509,379				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,167,237				
	g Noncash contributions included in lines 1a-1f \$		21,146				
	<b>h Total.</b> Add lines 1a-1f . . . . .			6,436,033			
<b>Program Service Revenue</b>	2a PROG SERV REVENUE-RELATED-990	Business Code					
	b	624200	6,148,861	6,148,861			
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .		6,148,861				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		7,538			7,538	
	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			14,071			
c Gain or (loss)			0				
d Net gain or (loss) . . . . .			14,071			14,071	
8a Gross income from fundraising events (not including \$ 418,690 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	14,680					
b Less direct expenses . . . . .	b	27,600					
c Net income or (loss) from fundraising events . . . . .			-12,920			-12,920	
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		26,966	26,966			
b							
c							
d All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		26,966					
<b>12 Total revenue.</b> See Instructions . . . . .		12,620,549	6,175,827	0		8,689	

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	67,500	67,500		
2 Grants and other assistance to domestic individuals See Part IV, line 22	143,190	143,190		
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	660,437	196,794	463,643	
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	6,781,830	6,067,974	406,333	307,523
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	570,376	513,490	30,299	26,587
10 Payroll taxes	662,350	566,037	74,184	22,129
11 Fees for services (non-employees)				
a Management				
b Legal	84,144	36,923	41,900	5,321
c Accounting	37,665		37,665	
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)	463,179	433,125	29,684	370
12 Advertising and promotion	312,758	264,634		48,124
13 Office expenses	326,566	239,281	49,124	38,161
	216,804	274,444	22,252	20,000

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
1	Cash—non-interest-bearing	1,140,862	<b>1</b>	1,721,358
2	Savings and temporary cash investments	719,754	<b>2</b>	365,243
3	Pledges and grants receivable, net	1,816,617	<b>3</b>	1,431,314
4	Accounts receivable, net	965,528	<b>4</b>	842,237
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
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		<b>6</b>	
7	Notes and loans receivable, net		<b>7</b>	
8	Inventories for sale or use		<b>8</b>	
9	Prepaid expenses and deferred charges	100,664	<b>9</b>	81,451
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	7,044,171	
b	Less accumulated depreciation	<b>10b</b>	4,240,576	2,539,357
11	Investments—publicly traded securities		<b>10c</b>	2,803,595
12	Investments—other securities See Part IV, line 11		<b>11</b>	
13	Investments—program-related See Part IV, line 11		<b>12</b>	
14	Intangible assets		<b>13</b>	
15	Other assets See Part IV, line 11		<b>14</b>	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>15</b>	<b>16</b>	7,245,198
<b>Liabilities</b>				
17	Accounts payable and accrued expenses	789,154	<b>17</b>	860,382
18	Grants payable		<b>18</b>	
19	Deferred revenue	40,405	<b>19</b>	0
20	Tax-exempt bond liabilities		<b>20</b>	
21	Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
22	Loans and other payables to current and former officers, directors, trustees, key employees, and highest compensated employees			

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,620,549
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,561,081
3	Revenue less expenses Subtract line 2 from line 1	3	59,468
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,980,992
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	6,040,459

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

	Yes	No
2a		No
2b	Yes	

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

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-1785265

**Name:** THE CRISIS CENTER OF TAMPA BAY INC

Form 990 (2017)

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### **Form 990, Part III, Line 4a:**

TRANSCARE PROVIDES PRIMARY 9-1-1 BASIC LIFE SUPPORT (BLS) SERVICES IN THE CITY OF TAMPA, BLS EMERGENCY AND NON-EMERGENCY AMBULANCE SERVICE THROUGHOUT HILLSBOROUGH COUNTY, COUNTYWIDE PSYCHIATRIC TRANSPORTS TO/FROM ALL AREA HOSPITALS, TRANSPORTATION TO STATE PSYCHIATRIC FACILITIES, AND STAND-BY SERVICE FOR SPECIAL EVENTS TRANSCARE OPERATES 24 HOURS A DAY, 365 DAYS A YEAR (TOTAL TRIPS 39,346) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

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**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 (126,191 CALLS) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

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**Form 990, Part III, Line 4c:**

CORBETT TRAUMA COUNSELING (CTC) - INDIVIDUAL, FAMILY AND GROUP TRAUMA COUNSELING SESSIONS FOR CHILDREN AND ADULTS THAT ARE DESIGNED TO HELP CLIENTS RECOVER FROM SEXUAL ABUSE, AND OTHER HIGH LEVEL EMOTIONAL TRAUMA (7,365 COUNSELING SESSIONS AND OVER 772 CLIENTS SERVED (OF WHICH 337 WERE CHILDREN) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

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

(Code	) (Expenses \$	1,156,787	including grants of \$	210,690	) (Revenue \$	2,714 )
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SEXUAL ASSAULT SERVICES ANOTHER COMPONENT OF CORBETT 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 12 INDIVIDUALS, ONE FULL-TIME AND ELEVEN PART-TIME NURSE PRACTITIONERS AND IS SUPPORTED BY 26 VOLUNTEER ADVOCATES 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 ADVENT HEALTH, 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 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 2018 ADVOCATES PROVIDED ADVOCACY AND CASE MANAGEMENT TO 620 SURVIVORS OF SEXUAL ASSAULT FORENSIC EXAMS WERE PROVIDED TO 315 VICTIMS OF SEXUAL ASSAULT THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) A 16 YEAR OLD CLIENT WAS SEXUALLY ASSAULTED BY HER STEP-FATHER CLIENT'S STEP-FATHER HAS BEEN A PART OF HER LIFE SINCE A VERY YOUNG AGE AND BEGAN ASSAULTING HER AT THE AGE OF 8 CLIENT SHARED THE MOST RECENT ASSAULT WITH A FRIEND VIA TEXT MESSAGE HER FRIEND'S MOTHER SAW THE TEXT MESSAGE AND REPORTED TO DEPARTMENT OF CHILDREN AND FAMILIES (DCF) CLIENT CAME TO SAS FOR A FORENSIC EXAM ACCOMPANIED BY HER MOTHER CLIENT'S MOTHER CONSENTED TO ADVOCACY SERVICES AS WELL ADVOCATE FOLLOWED UP WITH CLIENT'S MOTHER WHO HAPPENED TO BE FILLING OUT PAPERWORK FOR AN INJUNCTION AT THE REQUEST OF THE CHILD PROTECTION INVESTIGATOR ASSIGNED TO THEIR CASE CLIENT'S MOTHER RECEIVED FREE LEGAL REPRESENTATION FROM AN ATTORNEY FROM THE SPRING OF TAMPA BAY ADVOCATE ACCOMPANIED CLIENT'S MOTHER TO THE INJUNCTION HEARING ON THE MORNING OF THE INJUNCTION HEARING CLIENT WAS INFORMED THE ASSAILANT WAS ARRESTED AND CHARGED WITH FOUR COUNTS OF SEXUAL BATTERY CLIENT'S INJUNCTION WAS TEMPORARILY GRANTED FOR 90 DAYS TO ALLOW DCF TO COMPLETE THEIR INVESTIGATION AND FOR THE ASSAILANT'S ATTORNEY TIME TO SPEAK WITH THE ASSAILANT AS IT HAD NOT HAPPENED PRIOR TO THAT DAY CLIENT'S MOTHER RECENTLY SHARED SHE HAS NOT BEEN GOING TO THE COURT HEARINGS BUT WAS INFORMED ADDITIONAL CHARGES HAVE BEEN ADDED TO THE CASE CLIENT IS NOW RECEIVING COUNSELING FROM CTC AND WORKING ON COPING MECHANISMS ADVOCATE ACCOMPANIED CLIENT TO THE DEPOSITION CLIENT'S MOTHER ALSO COMPLETED A CRIME VICTIM'S COMPENSATION APPLICATION AND RECEIVED THE FIRST CHECK

(Code	) (Expenses \$	263,441	including grants of \$	210,690	) (Revenue \$	2,714 )
CLIENT AND VOLUNTEER SERVICES						

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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
Officer or director or individual trustee	Individual trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated	Employee	Form 990	Form 990	Form 990	
JAMIE KLINGMAN ..... CHAIRMAN	1 30 .....	X		X				0	0	0
CHRISTOPHER ROGERS ..... CHAIR ELECT	0 75 .....	X		X				0	0	0
TANYA HILLARY ..... PAST CHAIRPERSON	0 65 .....	X		X				0	0	0
LUCIANO PRIDA ..... SECRETARY	0 80 .....	X		X				0	0	0
DAVID FEEMAN ..... TREASURER	0 80 .....	X		X				0	0	0
BARBARA CURTS ..... BOARD OF DIRECTORS	0 65 .....	X						0	0	0
BERNARD SEELEY ..... BOARD OF DIRECTORS	0 60 .....	X						0	0	0
CORNELIA CORBETT ..... BOARD OF DIRECTORS	0 05 .....	X						0	0	0
DAVID TRAVIS ..... BOARD OF DIRECTORS	0 60 .....	X						0	0	0
DR DAE SHERIDAN ..... BOARD OF DIRECTORS	0 45 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**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 Form 990 or Form 990-EZ.

► **Attach to Form 990 or Form 990-EZ.**

**Schedule A (Form 990 or 990-EZ) and**

► **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

2017

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

**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

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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**

#### ABOUT THE

### **(iii) Type of organization**

**(iv) Is the organization listed in your governing document?**

**(v) Amount of monetary support**

(vi) Amount of other support (see

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(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**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	4,845,615	4,207,354	5,252,325	5,999,279	6,436,033	26,740,606
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	<b>Total.</b> Add lines 1 through 3	4,845,615	4,207,354	5,252,325	5,999,279	6,436,033	26,740,606
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)						714,433
6	<b>Public support.</b> Subtract line 5 from line 4						26,026,173

**Section B. Total Support**

	<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
7	Amounts from line 4	4,845,615	4,207,354	5,252,325	5,999,279	6,436,033	26,740,606
	<b>Gross income from interest</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>13 Total support.</b> (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 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
16 Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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 <b>Part VI</b> 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 <b>Part VI</b> 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	

any knowledge

**Sign Here**

*****	2019-08-07
Signature of officer	Date
CLARA A REYNOLDS PRESIDENT AND CEO	Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name MICHELLE M SANCHEZ CPA	Preparer's signature MICHELLE M SANCHEZ CPA	Date 2019-08-07	Check <input type="checkbox"/> if self-employed	PTIN P00848115
Firm's name ► WARREN AVERETT LLC	Firm's EIN ► 45-4084437			
Firm's address ► 400 NORTH ASHLEY DRIVE SUITE 700 TAMPA, FL 33602	Phone no (813) 229-2321			

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

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2017)

**Part IV Supporting Organizations (continued)**

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

- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

**1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or

	Yes	No

(Expenses \$ 1,420,228 including grants of \$ 210,690 ) (Revenue \$ 2,714 )

**4e Total program service expenses ► 10,460,001**

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions if any for previous years 2017			

# Additional Data

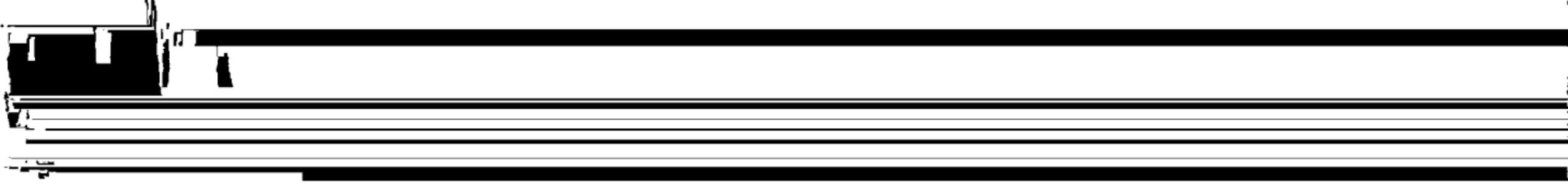
**Software ID:**

**Software Version:**

**EIN:** 59-1785265

**Name:** THE CRISIS CENTER OF TAMPA BAY INC

**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)



2017

Open to Public  
InspectionSCHEDULE D  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

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

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

Name of the organization THE CRISIS CENTER OF TAMPA BAY INC	Employer identification number 59-1785265
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<b>Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.</b> 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	

<b>Part II Conservation Easements.</b> 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		

<b>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</b> 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

	Amount
1c	
1d	
1e	

**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) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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) _____	

**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	12,833,337
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	193,993
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	32,866
e	Add lines 2a through 2d . . . . .	2e	226,859
3	Subtract line 2e from line 1 . . . . .	3	12,606,478
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	14,071
c	Add lines 4a and 4b . . . . .	4c	14,071
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	12,620,549

**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.

## **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 27,600 PPA 5,266

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN ON FIXED ASSETS 14,071

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSE FOR SPECIAL EVENTS REPORTED AS REDUCTION TO REVENUE ON SCH G 27,600 PPA 5,266

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

OMB No 1545-0047

2017

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Complete 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](http://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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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.

**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 provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I  
(Form 990)**Department of the  
Treasury  
Internal Revenue Service**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](http://www.irs.gov/form990).**2017****Open to Public  
Inspection**

Name of the organization

THE CRISIS CENTER OF TAMPA BAY INC

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?

[Redacted]

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) RENT ASSISTANCE	174	83,423			
(2) UTILITIES ASSISTANCE	129	31,074			
(3) LODGING, GIFT CARDS, MEDICAL ASSISTANCE, AND MISC	107	28,273			
(4) FOOD ASSISTANCE	10	225			
(5) TRANSPORTATION ASSISTANCE	22	195			
(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	EACH YEAR, A FISCAL AUDIT IS PERFORMED TO ENSURE THAT FUNDS ARE SPENT APPROPRIATELY
PART I, LINE 2	

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

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

**2017****Open to Public  
Inspection**Name of the organization  
THE CRISIS CENTER OF TAMPA BAY INCEmployer identification number  
59-1785265**Part I Questions Regarding Compensation**

**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.

### 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)

**Part III      Supplemental Information**

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

**Return Reference**

**Explanation**

**SCHEDULE 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

59-1785265

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TRANSCARE SERVICES 9-1-1 TRANSPORTS 27,100 MENTAL HEALTH/BAKER ACT TRANSPORTS 7,222 PARATR ANSIT TRANSPORTS 5,024 TRANSCARE PROVIDES PRIMARY 9-1-1 BASIC LIFE SUPPORT (BLS) SERVICES IN THE CITY OF TAMPA, BLS EMERGENCY AND NON-EMERGENCY AMBULANCE SERVICE THROUGHOUT HILLSBO ROUGH COUNTY, COUNTYWIDE PSYCHIATRIC TRANSPORTS TO/FROM ALL AREA HOSPITALS, TRANSPORTATION TO STATE PSYCHIATRIC FACILITIES, AND STAND-BY SERVICE FOR SPECIAL EVENTS TRANSCARE IS AC CREDITED BY THE COMMISSION ON THE ACCREDITATION OF AMBULANCE SERVICES (CAAS) IT IS ONE OF ONLY SEVENTEEN 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 COM PASSIONATE 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 ABLE 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 TRANSPORTS UNIT 66 RECEIVED A DISPATCH FOR A POSSIBLE OBSTETRICS CASE TAMPA FIRE RESCUE UNITS WERE ON THE SCENE AND REQUESTED OUR UNIT RESPOND UPON THEIR ARRIVAL THEY FOUND AN 18 YEAR OLD FEMALE IN ACTIVE LABOR SHE HAD BEEN HAVING CONTRACTIONS FOR APPROXIMATELY 1 HOUR AND HAD A HISTORY OF GOOD PRENATAL CARE AFTER EVALUATING THE PATIENT AND PREPARING HER FOR TRANSPORT, THE DECISION WAS MADE THE PATIENT COULD MAKE IT TO THE HOSPITAL WITHOUT ISSUE SHORTLY AFTER THE TRANSPORT BEGAN, THE SITUATION BEGAN TO CHANGE AND THE MOTHER FELT THE URGE TO PUSH UPON EVALUATION IT WAS DETERMINED THAT DELIVERY WAS NOW IMMINENT THE UNIT PULLED TO THE SIDE OF THE ROADWAY, THE CREW CALLED FOR ADDITIONAL RESOURCES AND THE DRIVER MOVED TO ASSIST IN THE PATIENT COMPARTMENT A SHORT TIME LATER, A BABY GIRL WAS DELIVERED WITHOUT ANY COMPLICATIONS THE BABY'S NASAL PASSAGE AND AIRWAY WERE CLEARED AND THE BABY WAS EVALUATED FOR ANY LIFE-THREATENING ISSUES THE BABY BEGAN CRYING IMMEDIATELY AND SHE HAD GOOD COLOR THE UMBILICAL CORD WAS CLAMPED AND CUT AND THE BABY WAS SWADDLED IN A BLANKET FOR WARMTH SEEING THE MOTHER WASN'T READY TO DELIVER THE PLACENTA THE CREW THEN CONTINUED ON TO THE HOSPITAL THE HOSPITAL WAS NOTIFIED ENROUTE AND MET OUR UNIT AT THE DOOR

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	R UPON RELEASE TO HOSPITAL STAFF, MOTHER AND BABY WHERE DOING GREAT COMMUNITY PARAMEDICINE ONE OF OUR FIRST SET OF PATIENTS, A 64-YEAR-OLD MALE, WAS COMING TO THE END OF THE 90-DAY PROGRAM THIS PATIENT WAS BROUGHT INTO THE PROGRAM HAVING BEEN RECENTLY DIAGNOSED WITH DIABETES THIS PATIENT DID NOT HAVE A TERRIBLE QUALITY OF LIFE WHEN WE FIRST STARTED SEEING HIM, AS HE INITIALLY INDICATED IT WAS AN 8/10 BUT HE HAD ABSOLUTELY NO KNOWLEDGE OF DIABETES AND WHAT TO DO OR HOW TO CARE FOR THIS NEW SITUATION IN ADDITION, HE HAD JUST HAD HIP SURGERY, SO HE WAS ALSO UNABLE TO WORK OR GO TO THE GROCERY STORE HIMSELF AND HE WAS WORRIED WHAT TO DO DURING OUR FIRST VISIT, WE WERE QUICKLY ABLE TO IDENTIFY THAT THE PATIENT HAD NO EQUIPMENT TO MONITOR HIS BLOOD PRESSURE OR MORE IMPORTANTLY HIS BLOOD SUGAR HE ALSO HAD BEEN GIVEN NO INFORMATION ON WHAT TO EAT OR HOW TO EAT AFTER OUR INITIAL ASSESSMENT AND VISIT, WE WENT DIRECTLY TO HIS PCP'S OFFICE AND SPOKE TO THE DOCTOR AND COORDINATED A PRESCRIPTION FOR A NEW BLOOD GLUCOSE MONITOR WITH STRIPS AND LANCETS ADDITIONALLY, WE WERE ABLE TO TEACH THE PATIENT HOW TO USE THE NEW MACHINE AND HOW TO CORRECTLY DOCUMENT AND TRACK HIS VITAL SIGNS SO WE COULD OBSERVE AND FURTHER ASSESS HIS CONDITION OVER THE NEXT 2 MONTHS, WE MONITORED THE PATIENT AND HE SHOWED PROGRESSION AND STARTED EATING A LOT BETTER HE HAD GAINED CONSIDERABLE KNOWLEDGE OF THE DISEASE PROCESS AND HOW HIS DIET WAS SUCH A SIGNIFICANT FACTOR AT THE END OF 60 DAYS, AS HE WAS SCHEDULED TO BE DISCHARGED FROM THE PROGRAM, A ROUTINE LAB DRAW INDICATED HIS HEMOGLOBIN WAS LOW AS HE WAS STILL COMPLETING AN IN-HOME ANTIBIOTIC INFUSION, THE DECISION WAS MADE TO FURTHER EXTEND HIS PROGRAM INVOLVEMENT TO 90 DAYS TO ALLOW FOR CONTINUED MONITORING AND PATIENT CARE DURING THE LAST 30 DAYS OF THE PROGRAM, WE WERE ABLE TO PLACE HIM INTO A DIABETES EDUCATION CLASS AT ADVENTURE HEALTH TAMPA AND ARRANGE FOR AN APPOINTMENT WITH AN ENDOCRINologist DURING HIS VISIT WITH THE ENDOCRINologist, A1C LEVELS WERE AT 7% WHICH IS FANTASTIC FOR SOMEONE WHO IS A DIABETIC AND WITHIN THE RANGE WE WERE ATTEMPTING TO ACHIEVE THE PATIENT'S HEMOGLOBIN HAS ALSO RISEN BACK TO NORMAL LEVELS WITHOUT THE NEED OF A TRANSFUSION THIS PATIENT'S QUALITY OF LIFE, ALBEIT NOT TERRIBLY LOW FROM THE ONSET OF CARE, WENT FROM AN 8/10 TO A 10/10 WITH NOW A COMPLETE UNDERSTANDING ON HOW TO TAKE CARE OF HIMSELF

Return Reference	Explanation
FORM 990, PART III, LINE 4B	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/INTERVENTION - CRISIS COUNSELING - VETERAN'S PEER SUPPORT - CHILD DEVELOPMENT SCREENING GATEWAY HIGHLIGHTS FOR 2018 126,191 CALLS THROUGH 2-1-1(TOTAL CALLS) 40,169 CRISIS CALLS (INCLUDING SUICIDE CALLS) 80,891 INFORMATION AND REFERRAL CALLS 5,131 LETHALITY ASSESSMENTS - SUICIDE 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, EMAILS, 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

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)	(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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	TH ISSUES) INTERVENTION SPECIALISTS PROVIDED HELP TO 4,011 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) INTERVENTION SPECIALIST LIZ TOOK A CALL ON THE 2-1-1 INFORMATION LINE FROM A MILITARY VETERAN WHOSE NAME IS DON. DON TOLD LIZ THAT HE HAD BEEN HOMELESS FOR 4 MONTHS BECAUSE HE HAD BEEN FORCED OUT OF HIS APARTMENT WHEN HE HAD CALLED CODE ENFORCEMENT OF SOME CONCERN WITH THE APARTMENT. THE LANDLORD WAS NOT PLEASED THAT CODE ENFORCEMENT WAS CALLED, AND DON WAS EVICTED. DON TOLD LIZ THAT HE WAS FEARFUL AND UNDER A LOT OF STRESS. DON DID NOT KNOW WHAT THE NEXT STEPS MIGHT BE FOR HIM AND HE FELT LOST AND WITH NO MOTIVATION TO CONTINUE LIVING. DON DISCLOSED HE WAS SUICIDAL DURING THE TIME HE HAD BEEN HOMELESS. DON HAD BEEN ROBBED OF HIS BELONGINGS AND PHYSICALLY ATTACKED DURING THIS ATTACK. HE SUFFERED A TRAUMATIC BRAIN INJURY. DON DID NOT KNOW WHAT MIGHT HAPPEN IF HE SPENT MUCH MORE TIME ON THE STREETS. HE TOLD LIZ HE WAS AFRAID AND FELT ALONE. DON TOLD LIZ HE FELT THAT DYING BY SUICIDE WAS HIS ONLY OPTION. LIZ WAS ABLE TO TALK WITH DON AND EMPATHIZE WITH HIS SITUATION. LIZ DISCUSSED OPTIONS WITH DON TO SEE IF ANY OF THE SHELTERS OR OTHER COMMUNITY RESOURCES MIGHT BE A GOOD POSSIBILITY FOR HIM. AFTER DISCUSSING ALL OPTIONS DON AND LIZ DETERMINED THAT HE WOULD NOT BE ABLE TO KEEP HIMSELF SAFE AT THAT MOMENT. TOGETHER THEY AGREED TO CALL LAW ENFORCEMENT SO DON COULD BE TAKEN TO THE NEAREST MENTAL HEALTH RECEIVING FACILITY. LIZ REMAINED ON THE LINE WITH DON UNTIL LAW ENFORCEMENT ARRIVED AT HIS LOCATION, PROVIDING HIM WITH REASSURANCE AND SUPPORT. BEFORE ENDING THE CALL, DON EXPRESSED TO LIZ THAT HE COULD NOT IMAGINE WHAT WOULD HAVE HAPPENED IF SHE AND THE HOTLINE WERE NOT AROUND TO HELP HIM AND OTHERS LIKE HIM. FINALLY, DON ACCEPTED A FOLLOW UP WITH A VETERAN PEER AS WELL, FOR FURTHER SUPPORT. - SPECIAL PROJECTS THE CRISIS CENTER IDENTIFIES SPECIAL PROJECTS THAT ENHANCE THE MISSION OF THE AGENCY THROUGH COMMUNITY OUTREACH AND PARTNERSHIPS. HEALTHY TRANSITIONS ANSWERED 7,182 CALLS FROM TEENS AND YOUNG ADULTS. OTHER PROJECTS - 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.

Return Reference	Explanation
FORM 990, PART III, LINE 4C	CORBETT TRAUMA COUNSELING (CTC) LOCATIONS IN BRANDON, TAMPA, NORTH TAMPA AND SOUTH 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 3 AND 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 OR BEING THE VICTIM OF [REDACTED]

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C	E BEING REPORTED IN 2016, IT HAS TAKEN UNTIL NOW FOR IT TO MOVE THROUGH THE CRIMINAL JUSTICE SYSTEM AND A JURY TRIAL TO BE SCHEDULED. THROUGHOUT THIS TIME THE CLIENT HAS RECEIVED COUNSELING THROUGH CTC WHICH HAS BEEN HELPFUL TO AID HER IN HEALING FROM THE TRAUMA, BUT THE CLIENT [REDACTED]

## 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	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

# 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

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