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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

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

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE CRISIS CENTER PLAZA

City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33613

D Employer identification number
59-1785265

E Telephone number
(813) 964-1964

G Gross receipts $ 14,614,501

F Name and address of principal officer
CLARA A REYNOLDS
ONE CRISIS CENTER PLAZA
TAMPA, FL 33613

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CRISISCENTER COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	384
6	Total number of volunteers (estimate if necessary)	**6**	70
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,436,033	8,471,731
9	Program service revenue (Part VIII, line 2g)	6,148,861	6,103,255
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,609	19,921
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,046	-11,553
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,620,549	14,583,354
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	210,690	1,236,665
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)	8,674,993	9,511,549
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶524,604		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,675,398	3,589,287
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,561,081	14,337,501
19	Revenue less expenses Subtract line 18 from line 12	59,468	245,853

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,245,198	7,734,635
21	Total liabilities (Part X, line 26)	1,204,739	1,448,323
22	Net assets or fund balances Subtract line 21 from line 20	6,040,459	6,286,312

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

****** 2020-02-17
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	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-02-17		P01274036

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**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE CRISIS CENTER 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 $ 6,325,571 including grants of $) (Revenue $ 6,031,766)
See Additional Data

4b (Code) (Expenses $ 1,357,588 including grants of $ 1,208,078) (Revenue $ 13,883)
See Additional Data

4c (Code) (Expenses $ 2,891,822 including grants of $) (Revenue $ 57,606)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 1,638,178 including grants of $ 28,587) (Revenue $ 0)

4e **Total program service expenses ▶** 12,213,159

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	74		
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**	384		
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? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**	25		
	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**	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

☑ Own website ☐ Another's website ☑ Upon request ☐ 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 O contains a response or note to any line in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total ▶			
c Total from continuation sheets to Part VII, **Section A** ▶			
d Total (add lines 1b and 1c) ▶	613,130	0	51,143

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 ▶ 5

			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 Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	245,809			
	b Membership dues	1b				
	c Fundraising events	1c	402,564			
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,580,780			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,242,578			
	g Noncash contributions included in lines 1a - 1f $					
	h Total. Add lines 1a-1f		8,471,731			
Program Service Revenue		Business Code				
	2a PROG SERV REVENUE-RELATED-990	624200	6,103,255	6,103,255		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f		6,103,255			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,696			3,696
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		16,225			
	b Less cost or other basis and sales expenses		0			
	c Gain or (loss)		16,225			
	d Net gain or (loss)			16,225		16,225
	8a Gross income from fundraising events (not including $ 402,564 of contributions reported on line 1c) See Part IV, line 18	a	19,594			
	b Less direct expenses	b	31,147			
	c Net income or (loss) from fundraising events			-11,553		-11,553
	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					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d					
	12 Total revenue. See Instructions		14,583,354	6,103,255	0	8,368

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,208,079	1,208,079		
2 Grants and other assistance to domestic individuals See Part IV, line 22	28,586	28,586		
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	678,948	202,132	476,816	
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	7,401,126	6,658,501	444,877	297,748
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	76,758	57,158	15,296	4,304
9 Other employee benefits	608,990	539,412	46,095	23,483
10 Payroll taxes	745,727	642,868	80,913	21,946
11 Fees for services (non-employees)				
a Management				
b Legal	65,364	30,247	31,659	3,458
c Accounting	45,450		45,450	
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)	378,156	348,507	29,053	596
12 Advertising and promotion	88,870	6,000		82,870
13 Office expenses	426,242	331,605	39,533	55,104
14 Information technology	443,249	386,098	33,208	23,943
15 Royalties . .				
16 Occupancy	179,947	149,007	29,303	1,637
17 Travel	89,818	75,845	11,328	2,645
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	12,652	10,362	1,624	666
20 Interest	21,730	19,197	2,189	344
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	471,838	308,794	160,434	2,610
23 Insurance . . .	567,039	518,173	42,181	6,685
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	228,667	228,089	551	27
b REPAIRS AND MAINTENANCE	208,192	157,586	48,292	2,314
c				
d				
e All other expenses	362,073	306,913	60,936	-5,776
25 **Total functional expenses.** Add lines 1 through 24e	14,337,501	12,213,159	1,599,738	524,604
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,721,358	1	1,969,424
	2	Savings and temporary cash investments	365,243	2	367,754
	3	Pledges and grants receivable, net	1,431,314	3	1,792,298
	4	Accounts receivable, net	842,237	4	772,347
	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	81,451	9	139,733
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 7,303,544			
	b	Less accumulated depreciation — 10b: 4,610,465	2,803,595	10c	2,693,079
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,245,198	16	7,734,635
Liabilities	17	Accounts payable and accrued expenses	860,382	17	1,268,363
	18	Grants payable		18	
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	344,357	23	179,960
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	1,204,739	26	1,448,323
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,954,270	27	5,191,480
	28	Temporarily restricted net assets	1,086,189	28	1,094,832
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	6,040,459	33	6,286,312
	34	Total liabilities and net assets/fund balances	7,245,198	34	7,734,635

Part XI Reconcilliation 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	14,583,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,337,501
3	Revenue less expenses Subtract line 2 from line 1	3	245,853
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,040,459
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	6,286,312

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-1785265

Name: THE CRISIS CENTER OF TAMPA BAY INC

Form 990 (2018)

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, STAND-BY SERVICE FOR SPECIAL EVENTS, AND COMMUNITY PARAMEDICINE SERVICES ON A BLS LEVEL TRANSCARE IS ACCREDITED BY THE COMMISSION ON THE ACCREDITATION OF AMBULANCE SERVICES (CAAS) IT IS ONE OF ONLY NINETEEN 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 SEE 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 (101,501 CALLS) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

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 (7,650 COUNSELING SESSIONS AND OVER 804 CLIENTS SERVED OF WHICH 225 WERE CHILDREN) PROGRAM HIGHLIGHTS REFLECTED ON SCHEDULE O

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses $ 1,345,840 including grants of $ 28,587) (Revenue $ 0)

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 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, AND 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 OR 2-1-1 LOCATED IN NORTH TAMPA, SERVING ALL OF HILLSBOROUGH COUNTY OFFERING -FORENSIC EXAMS-ADVOCACY-EMPOWERMENT -PREVENTION SERVICES-INFORMATION AND REFERRAL-CONSULTATION622 SURVIVORS OF SEXUAL ASSAULT SERVED AND 335 FORENSIC EXAMS PROVIDED TO VICTIMS OF SEXUAL ASSAULT CLIENT STORIES A 37 YEAR OLD WOMAN WHO CAME TO CCTB IN JULY 2018 FOR A SEXUAL ASSAULT FORENSIC EXAM THE WOMAN WAS SEXUALLY ASSAULTED BY HER BOYFRIEND'S NEPHEW OUR ADVOCATE ACCOMPANIED HER DURING THE FORENSIC EXAM AND SHE RECEIVED CONTINUED ADVOCACY SERVICES FROM OUR ADVOCATE OUR ADVOCATE WAS ABLE TO MAKE A REFERRAL FOR THE LADY TO FCASV AND LEGAL ASSISTANCE TO VICTIMS PROGRAM FOR A PRO BONO ATTORNEY TO REPRESENT HER AT THE UPCOMING INJUNCTION HEARING AT THE HEARING THE JUDGE APPROVED THE INJUNCTION WITH NO EXPIRATION DATE, THEREFORE MAKING IT PERMANENT THE ASSAILANT WAS ARRESTED FOR SEXUAL BATTERY AND THE STATE ATTORNEY'S OFFICE IS MOVING FORWARD WITH PROSECUTING THE CASE ADVOCATE ALSO REFERRED THE LADY TO CORBETT TRAUMA CENTER WHERE SHE IS ACTIVELY RECEIVING COUNSELING SERVICES THE LADY IS STRUGGLING FINANCIALLY AND COULD NOT AFFORD A BUS PASS, IN EFFECT PREVENTING HER FROM ATTENDING COUNSELING AS A RESULT, OUR ADVOCATE REFERRED THE LADY TO ADVOCACY CARE COORDINATION ACC STAFF PROVIDED THIS LADY WITH BUS PASSES SO SHE COULD CONTINUE TO ADDRESS THE TRAUMA AND HEAL THE LADY HAS SAFELY RELOCATED, APPLIED FOR CRIME VICTIM COMPENSATION, AND IS CURRENTLY DOING WELL OUR ADVOCATE ACCOMPANIED CLIENT FOR SUPPORT DURING THE INTAKE FOR LEGAL ASSISTANCE TO VICTIMS PROJECT, THE STATE ATTORNEY OFFICE INTAKE, THE ARRAIGNMENT, AND INJUNCTION HEARING ONE OF OUR ADVOCATES HAS BEEN WORKING WITH THE MOTHER OF THREE YOUNG GIRLS (AGES 9-14) WHO WERE ALL SEXUALLY ABUSED OVER A PERIOD OF TIME BY A FAMILY MEMBER THE CLIENT IS A SINGLE PARENT AND WORKS MULTIPLE JOBS TO TAKE CARE OF HER DAUGHTERS AFTER RELOCATING FOR THEIR SAFETY CLOSE TO CHRISTMAS TIME, SHE DID NOT HAVE MUCH MONEY TO SPEND ON MAKING THE HOLIDAY SPECIAL THE ADVOCATE REFERRED THE FAMILY TO CCTB'S HOLIDAY GIVING PROGRAM AND EACH GIRL GOT THEIR DREAM GIFTS, INCLUDING A GIANT BARBIE DREAM HOUSE THE CLIENT WAS TEARFUL WHEN ACCEPTING THE GIFTS BECAUSE SHE REALIZED THAT THIS CHRISTMAS WOULD STILL BE A HUGE SUCCESS AND EACH GIRL WOULD GET EVERYTHING THEY WANTED THEN, SHORTLY AFTER CHRISTMAS SHE FOUND OUT THAT THE ASSAILANT'S MOTHER FILED A RETALIATORY STALKING INJUNCTION AGAINST HER, DESPITE THE CLIENT NEVER STALKING HER AS A RESULT OF THE INJUNCTION, THE CLIENT WAS NOT PERMITTED TO WORK FOR A PERIOD OF TIME, MAKING FINANCES TIGHT YET AGAIN OUR ADVOCATE HELPED REFER THE CLIENT TO THE SPRING'S LEGAL SERVICES PROGRAM, AND AN ATTORNEY REPRESENTED HER FOR THE INJUNCTION HEARING, SUCCESSFULLY GETTING THE INJUNCTION DISMISSED SERVING VETERANSFLORIDA VETERANS OUTREACH PROJECT - (844) MYFLVET THROUGH CONTINUEDFUNDING BY THE FLORIDA LEGISLATURE, THE VETERANS ADMINISTRATION AND THE DEPARTMENT OF CHILDREN AND FAMILIES, THE CRISIS CENTER INITIATED THE FLORIDA VETERANS SUPPORT LINE THE PURPOSE OF THIS PROGRAM IS TO CONNECT FLORIDA VETERANS TO SERVICES, ESPECIALLY MENTAL HEALTH AND SUBSTANCEABUSE SERVICES USING THE EXISTING STATEWIDE 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 CONNECT WITH FEDERAL VA-FUNDED SERVICES, RECEIVE THE ASSISTANCE THEY NEED AND PREVENT THEM FROM FALLING INTO A CYCLE OF DESPAIR AND ISOLATION THE PROJECT MEETS THE NEEDS OF MILITARY VETERANS AND THEIR FAMILIES BY PROVIDING CARE COORDINATION BY TRAINED PEERS (MILITARY VETERANS THAT HAVE SELF-IDENTIFIED CO-OCCURRING BEHAVIORAL HEALTH CHALLENGES) INTERVENTION SPECIALISTS PROVIDED HELP TO 24,258 VETERANS THROUGH CRISIS INTERVENTION AND VITAL LINKAGES OTHER SPECIALTIES - CHILD DEVELOPMENT INFOLINE A CHILDREN'S BOARD OF HILLSBOROUGH COUNTY (CHILDREN'S BOARD) FUNDED PARTNER, VIA THE HELP ME GROW INITIATIVE TO SCREEN AND LINK FAMILIES OF CHILDREN WITH DEVELOPMENTAL CONCERNS TO COMMUNITY BASED CARE COORDINATION, ASSESSMENT SERVICES AND IN-HOME CRISIS SUPPORT PROGRAMS HEALTHY TRANSITIONS CARE COORDINATION FOR AT-RISK YOUTH AGES 16-24 FACING SERIOUS LIFE CHALLENGES THE PROGRAM IS PART OF A COLLABORATIVE SERVICE WITH CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK AND SUCCESS 4 KIDS & FAMILIES

(Code) (Expenses $ 292,338 including grants of $) (Revenue $)

TRAVELER'S AID HELPED 23,246 TRAVELERS IN 2019TRAVELERS AID OFFERS INTERVENTION SERVICES TO PEOPLE AT TAMPA INTERNATIONAL AIRPORT WHO ARE IN CRISIS OR ARE DISCONNECTED FROM THEIR SUPPORT SYSTEMS ASSISTANCE IS PROVIDED 7 DAYS A WEEK AT THE AIRPORT BOOTH, WHICH CAN BE FOUND ON THE TICKETING LEVEL NEXT TO THE USO OFFICE THE BOOTH IS STAFFED THROUGH THE WEEK BY OVER 30 DEDICATED VOLUNTEERS TRAVELER'S AID VOLUNTEERS LEND A HELPING HANDA SENIOR ADULT WAS BROUGHT TO THE TRAVELER'S AID DESK HE WAS VISIBLY STRESSED AND SHAKING ALL OVER THE VOLUNTEERS IMMEDIATELY SPRANG INTO ACTION, GETTING A CHAIR FOR HIM TO SIT IN AS THEY CALMLY ASKED QUESTIONS ABOUT HIS SITUATION HE SHARED THAT HE WAS STRUGGLING WITH PTSD AND REALLY JUST WANTED TO GET TO THE VA HOSPITAL THE VOLUNTEERS ON DUTY AT THE TRAVELER'S AID DESK CALLED AIRPORT POLICE WHO ARRIVED QUICKLY AND DISPATCHED FOR AN AMBULANCE HE WAS ONLY TRAVELING WITH A BACKPACK AND COULDN'T REMEMBER WHY HE WAS IN TAMPA OR WHERE HE WAS GOING WHILE WAITING FOR THE PARAMEDICS,(TAMPA FIRE AND RESCUE), HE SHARED THAT HE WAS ALSO BI-POLAR AND DIABETIC THE FIRST RESPONDER WAS AN AIRPORT MEDIC ON A BIKE WHO TOOK HIS VITALS AND CHECKED HIS BLOOD SUGAR AND SAW HIS LEVELS WERE DANGEROUSLY HIGH THANKFULLY, HE AGREED TO GO TO ST JOSEPH'S HOSPITAL SINCE IT WAS CLOSER THAN THE VA HOSPITAL, AND HIS DIABETIC EPISODE NEEDED TO BE ADDRESSED QUICKLY ONCE HE HAD LEFT IN THE AMBULANCE, AIRPORT STAFF THANKED THE TRAVELER'S AID VOLUNTEERS FOR QUICKLY CALLING FOR SUPPORT AND KEEPING HIM AS CALM AS POSSIBLE THROUGH THE ENTIRE EVENT

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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER ROGERS CHAIRMAN	0 75	X		X				0	0	0
JAMIE KLINGMAN PAST CHAIRPERSON	1 30	X		X				0	0	0
LUCIANO PRIDA VICE CHAIRPERSON	0 80	X		X				0	0	0
DR ROGER BOOTHROYD SECRETARY	0 60	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
DAVID TRAVIS BOARD OF DIRECTORS	0 60	X						0	0	0
CORNELIA CORBETT BOARD OF DIRECTORS	0 05	X						0	0	0
TANYA HILLARY BOARD OF DIRECTORS	0 65	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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOPE GONZALEZ BOARD OF DIRECTORS	0 60	X						0	0	0
JAMES NOZAR BOARD OF DIRECTORS	0 60	X						0	0	0
JAMES PORTER BOARD OF DIRECTORS	0 60	X						0	0	0
DR KALEY TASH BOARD OF DIRECTORS	0 30	X						0	0	0
KATY THOMPSON BOARD OF DIRECTORS	0 35	X						0	0	0
MERIDETH A FREEMAN BOARD OF DIRECTORS	0 60	X						0	0	0
LINDA MILLER BOARD OF DIRECTORS	0 35	X						0	0	0
LISA MCGLYNN BOARD OF DIRECTORS	0 60	X						0	0	0
SASHA LOHN BOARD OF DIRECTORS	0 60	X						0	0	0
REBECCA ROSENTHAL BOARD OF DIRECTORS	0 60	X						0	0	0

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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT GRAMMIG BOARD OF DIRECTORS	0 00	X						0	0	0
BERNARD SEELEY BOARD OF DIRECTORS	0 60	X						0	0	0
KAREN SKYERS BOARD OF DIRECTORS	0 60	X						0	0	0
TIM TRAUD BOARD OF DIRECTORS	0 25	X						0	0	0
CLARA A REYNOLDS PRESIDENT & CEO	40 00			X				151,410	0	11,339
JENNIFER MOORE VP - DEVELOPMENT	40 00			X				101,101	0	9,255
KATHERINE ANDROFF VP - TALENT MANAGEMENT	40 00			X				109,655	0	9,661
SCOTT BENDERT CHIEF FINANCIAL OFFICER	40 00			X				134,358	0	10,698
SONJA HALL VP - CLIENT SERVICES	40 00			X				116,606	0	10,190

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,207,354	5,252,325	5,999,279	6,436,033	8,471,731	30,366,722
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	4,207,354	5,252,325	5,999,279	6,436,033	8,471,731	30,366,722
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)						641,993
6 **Public support.** Subtract line 5 from line 4						29,724,729

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	4,207,354	5,252,325	5,999,279	6,436,033	8,471,731	30,366,722
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,096	9,436	8,871	7,538	3,696	33,637
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						30,400,359

12 Gross receipts from related activities, etc (see instructions)	12	30,580,031

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 2018 (line 6, column (f) divided by line 11, column (f))	14	97 780 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	97 190 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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* ***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	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?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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 (explain in Part VI) **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 ☐ 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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)

Facts And Circumstances Test

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SCHEDULE 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number
59-1785265

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" 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? ☐ Yes ☐ No

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	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 7/25/06, 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? ☐ Yes ☐ 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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

Complete if the organization answered "Yes" 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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" 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		3,094,828	1,386,387	1,708,441
c Leasehold improvements		14,880	11,461	3,419
d Equipment		4,157,876	3,212,617	945,259
e Other		35,960		35,960
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				2,693,079

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	14,802,316
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	204,040		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	31,147		
e	Add lines **2a** through **2d**			2e	235,187
3	Subtract line **2e** from line **1**			3	14,567,129
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	16,225		
c	Add lines **4a** and **4b**			4c	16,225
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	14,583,354

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	14,572,688
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	204,040		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	31,147		
e	Add lines **2a** through **2d**			2e	235,187
3	Subtract line **2e** from line **1**			3	14,337,501
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	14,337,501

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 X, LINE 2	THE CRISIS CENTER IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER THE PROVISIONS OF 501(C)(3) OF THE INTERNAL REVENUE CODE AND CHAPTER 220 13 OF THE FLORIDA STATUTES ACCORDINGLY , NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS MAN AGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE CRISIS CENTER'S TAX EXEMP T STATUS OR OF ANY TAX POSITIONS THE CRISIS CENTER HAS TAKEN THAT ARE SUBJECT TO A SIGNIFI CANT DEGREE OF UNCERTAINTY

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSE FOR SPECIAL EVENTS REPORTED AS REDUCTION TO REVENUE ON SCH G 31,147

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN ON FIXED ASSETS 16,225

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSE FOR SPECIAL EVENTS REPORTED AS REDUCTION TO REVENUE ON SCH G 31,147

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.**

▶ **Go to *www irs gov/Form990* for instructions and the latest information**

OMB No 1545-0047

2018

Open to Public Inspection

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 ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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? **Yes**	**No**	**(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
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	384,158	38,000		422,158
	2 Less Contributions	368,244	34,320		402,564
	3 Gross income (line 1 minus line 2)	15,914	3,680		19,594
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	15,914	3,680		19,594
	8 Entertainment				
	9 Other direct expenses	11,553			11,553
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				31,147
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-11,553

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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	26	21,033			
(2) UTILITIES ASSISTANCE	4	1,462			
(3) LODGING, GIFT CARDS, MEDICAL ASSISTANCE, AND MISC	28	2,820			
(4) FOOD ASSISTANCE	9	0			
(5) TRANSPORTATION ASSISTANCE	25	3,271			
(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	

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
2-1-1 BIG BEND PO BOX 10950 TALLAHASSEE, FL 323022950	51-0201771	501(C)(3)	126,227				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS
2-1-1 BREVARD PO BOX 561627 ROCKLEDGE, FL 32956	59-1897447	501(C)(3)	133,742				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
2-1-1 BROWARD 250 NE 33RD STREET OAKLAND PK, FL 33334	65-0589294	501(C)(3)	90,603				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS
211 PALM BEACH TREASURE COAST PO BOX 3588 LANTANA, FL 334653588	23-7153017	501(C)(3)	114,705				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHARLOTTE COUNTY BOCC211 CHARLOTTE 1050 LOVELAND BLVD PORT CHARLOTTE, FL 33980	59-6000541	501(C)(3)	31,422				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA 735 NE 125TH STREET NORTH MIAMI, FL 33161	59-0637867	501(C)(3)	87,013				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TAMPA BAY CARES 5500 RIO VISTA DRIVE SUITE 5500 CLEARWATER, FL 33760	59-3355555	501(C)(3)	125,642				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS
UNITED WAY LEE COUNTY 7273 CONCOURSE DRIVE FORT MYERS, FL 33908	59-1005169	501(C)(3)	54,917				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF NORTHEAST FLORIDA 40 E ADAMS STREET 200 JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	62,043				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS
UNITED WAY OF WEST FLORIDA (NO LONGER UW ESCAMBIA) 1301 WEST GOVERNMENT STREET PENSACOLA, FL 32502	59-0651076	501(C)(3)	88,878				THESE AGENCIES PROVIDE PEER-TO-PEER VETERANS CARE COORDINATION TO VETERANS AND THEIR FAMILIES WHO CALL THEIR LOCAL 2-1-1 OR THE 844-MYFLVET VETERANS SUPPORT LINE EACH AGENCY IS ALLOTTED FUNDING FOR CARE COORDINATORS AND RESOURCE SPECIALISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FLORIDA VETERANS FOUNDATION INC 400 S MONROE STREET TALLAHASSEE, FL 32399	26-2748811	501(C)(3)	287,508				TO SUPPORT THE FLORIDA DEPT OF VETERANS' AFFAIRS, THE VETERANS OF THE STATE, AND CONGRESSIONALLY CHARTERED VETERAN SERVICE ORGANIZATIONS
THE HOUSING AUTHORITY OF THE CITY OF TAMPA 5301 W CYPRESS ST TAMPA, FL 33607	59-6001289	501(C)(3)	5,379				PROGRAMS AND SERVICES RELATED TO THE 2012 CENTRAL PARK/YBOR CHOICE NEIGHBORHOOD IMPLEMENTATION GRANT

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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 Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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	**1b**		
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?	**2**		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accured 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**		

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 compensation	(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)	151,410	0	0	0	11,339	162,749	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE CRISIS CENTER OF TAMPA BAY INC

Employer identification number
59-1785265

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TRANSCARE SERVICES 9-1-1 TRANSPORTS 26,637 MENTAL HEALTH/BAKER ACT TRANSPORTS 8,304 PARATR ANSIT TRANSPORTS 2,609 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 NINETEEN CAAS-ACCREDITED AGENCIES IN THE STATE OF FLORIDA AND THE ONLY CAAS-ACCREDIT ED ORGANIZATION IN HILLSBOROUGH COUNTY LESS THAN 1% OF AMBULANCE SERVICES IN THE NATION H OLD THIS ACCREDITATION TRANSCARE PLACES TREMENDOUS VALUE ON QUALITY PATIENT CARE AND COMP ASSIONATE 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 THI S IS A FRIGHTENING AND SOMETIMES ONCE IN A LIFETIME EXPERIENCE EVEN AFTER THE EMERGENCY H AS 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 SUP ERIOR CARE UNDER OFTEN VERY DIFFICULT CIRCUMSTANCES TRANSCARE'S CUSTOMER SERVICE STAFF AL SO ATTENDS CULTURAL DIVERSITY TRAINING AND CONSTANTLY REMAINS CURRENT ON MEDICAL BILLING S TANDARDS IN ORDER TO ASSIST PATIENTS THROUGH DIFFICULTIES WITH BILLING AND INSURANCE ISSUE S THE DIFFERENCE WE ARE MAKING TRANSPORTS MOST OF THE TIME, TRANSCARE MAKES A DIFFERENCE WHEN WE RESPOND TO A CALL FOR HELP, WE GENERALLY RECEIVE THE CALL THROUGH ONE OF OUR VARI OUS COMMUNICATION AVENUES MOST OFTEN COMING THROUGH TAMPA FIRE RESCUE AND THE 911 SYSTEM SOMETIMES HOWEVER, WE RESPOND TO A NEED BY BEING AT THE RIGHT PLACE AT THE RIGHT TIME AND HAVING THE TRAINING AND TOOLS TO MAKE A DIFFERENCE TWO SUCH INCIDENTS OCCURRED IN 2019 ONE OF OUR UNITS HAD BEEN DISPATCHED TO A MINOR INCIDENT THE PATIENT ON THE OTHER END WAS NOT IN A CRITICAL SITUATION AND WAS IN NEED OF TRANSPORTATION ONLY WHILE RESPONDING TO T HE CALL, EMTS CAME UPON A SLOWED AREA OF TRAFFIC AFTER MANEUVERING THROUGH THE DELAY THEY CAME ACROSS A VERY SERIOUS ACCIDENT INVOLVING A MOTORCYCLE, THEY WERE THE FIRST EMS ON SC ENE REALIZING WHAT WAS GOING ON THEY ASSESSED THE SITUATION AND BEGAN TREATING THE PATIEN T THE PATIENT WAS THE RIDER OF A MOTORCYCLE THAT HAD BEEN INVOLVED IN A SERIOUS CRASH TH EY PLACED AN AIRWAY IN THE PATIENT AND BEGAN CPR WHILE DOING COMPRESSIONS IT WAS NOTED TH AT WITH EACH COMPRESSION THE PATIENT WAS BLEEDING PROFUSELY THE CREW CONTINUED CPR, WHILE ATTEMPTING TO BANDAGE THE WOUNDS AFTER A SHORT PERIOD OF TIME THEY WERE RELIEVED BY TAMP A RESCUE PARAMEDICS THEY THEN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	CONTINUED TO THEIR ORIGINAL CALL, AS IF THE SHORT DELAY HAD BEEN PART OF THE PLAN FOR THE DAY IT SHOULD BE NOTED THAT BOTH OF THESE GENTLEMEN ARE VERY NEW EMTS AND DID AN EXCEPTI ONAL JOB FOR WHAT IS LIKELY THE FIRST INCIDENT OF THIS MAGNITUDE THEY HAVE EVER SEEN IN A NOTHER INCIDENCE OF RIGHT PLACE AT THE RIGHT TIME, EMT WAS ON HER WAY TO WORK SHE CAME UP ON A PATIENT IN CARDIAC ARREST IN THE STREET THE PATIENT HAD BEEN STRUCK BY A CAR ON HIS BICYCLE TWO BYSTANDERS WERE ATTEMPTING CPR, UNFORTUNATELY THEIR COMPRESSIONS WERE LESS TH AN EFFECTIVE OUR EMT EVALUATED THE PATIENT, TOOK OVER THE LEAD, AND MAINTAINED THE PATIEN T UNTIL ADDITIONAL UNITS COULD ARRIVE FROM PASCO FIRE RESCUE UPON ARRIVAL OF THE ADDITION AL UNITS, OUR EMT CONTINUED ON HER WAY TO WORK AND BEGAN HER DAY THESE TWO INCIDENTS ARE JUST TWO OF THE EXAMPLES OF HOW TRANSCARE BRINGS HELP, HOPE AND HEALING TO THE COMMUNITIES WE SERVE COMMUNITY PARAMEDICINE PATIENT IS A 62 YEAR OLD FEMALE DIAGNOSED WITH HYPERTENS ION, TYPE 2 DIABETES, AND CONGESTED HEART FAILURE SHE JUST HAD AN AUTOMATIC IMPLANTABLE C ARDIOVERTER DEFIBRILLATOR (AICD) PLACED APPROXIMATELY TWO WEEKS PRIOR TO BEING PUT ON OUR SERVICE DURING OUR INITIAL VISIT THE COMMUNITY PARAMEDIC WAS ABLE TO IDENTIFY SEVERAL PAT IENT NEEDS SHE NEEDED EQUIPMENT TO MONITOR HER VITAL SIGNS, SHE NEEDED TO BE EDUCATED ON HOW TO USE THE EQUIPMENT ADDITIONALLY SHE NEEDED TO BE TRAINED TO RECOGNIZE THE SIGNS TO LOOK FOR WHEN TAKING HER VITAL SIGNS ARE THE RESULTS GOOD, MODERATE OR SERIOUS AND WHAT S HE NEEDS TO DO IN EACH SITUATION? AT THIS POINT, THE PATIENT HAD YET TO HAVE A FOLLOW UP A PPOINTMENT WITH A CARDIOLOGIST REGARDING HER AICD PLACEMENT WE FURTHER IDENTIFIED SOME ME DICATIONS THAT WERE NOT WORKING AS WELL AS SHE NEEDED, SPECIFICALLY HER BLOOD PRESSURE MED ICATIONS WE CONTACTED HER CARDIOLOGIST AND SET UP SEVERAL APPOINTMENTS FOR FOLLOW UP THE PATIENT WAS EDUCATED ON HOW TO TRACK HER VITAL SIGNS AND MAINTAIN A LOGBOOK AFTER RECEIV ING THE EQUIPMENT NEEDED TO DO SO, SHE BEGAN KEEPING A LOG WE WERE ABLE TO SEE OVER TIME HOW HER BLOOD PRESSURE WAS CONSTANTLY ELEVATED UTILIZING THIS INFORMATION, WE INFORMED TH E DOCTOR, WHO REVIEWED HER CHART ALONG WITH MY ASSESSMENTS AND A CHANGE WAS MADE TO HER ME DICATION THIS GREATLY AFFECTED HOW HER BLOOD PRESSURES WERE RUNNING, IN A POSITIVE WAY I NITIALLY, THE PATIENT WAS BARELY ABLE TO GET OFF THE COUCH AND HAD VERY LITTLE ENERGY AFT ER MUCH IN HOME TRAINING AND EDUCATION THE PATIENT WAS TAUGHT HOW TO EAT AND CARE FOR HERS ELF PROPERLY SHE BEGAN TO MOVE AROUND MORE AND EVEN STARTED TAKING WALKS AROUND HER NEIGH BORHOOD SHE WAS LIKE A WHOLE NEW PERSON COMPARED TO OUR FIRST COUPLE VISITS WITH HER HER INITIAL QUALITY OF LIFE SCORE WAS A 5 ON ADMISSION AND ON DISCHARGE IT WAS A 9 DURING TH E ADMISSION PROCESS THE PATIENT WAS ASKED ASKED "ON A SCALE OF 1-5 (5 BEING THE WORST) HOW WELL ARE YOU ABLE TO CARE FOR HERSELF?" SHE INITIALLY RATED HERSELF A 5 DURING THE DISCH ARGE INTERVIEW, WHEN ASKED THE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SAME QUESTION AGAIN, SHE GAVE HERSELF A SCORE OF A 1 THESE ARE HUGE IMPROVEMENTS NOT ONL Y TO HER QUALITY OF LIFE FROM A MEDICAL STANDPOINT BUT HER OVERALL ABILITY TO CONTINUE TO CARE FOR HERSELF MOVING FORWARD

990 Schedule O, Supplemental Information

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 -CERTIFIED RAPE CRISIS HOTLINE -HEALTHY TRANSITIONS CARE COORDINATION FOR AT RISK YOUTH -INFORMATION AND REFERRAL SERVICES TO VICTIMS OF CRIME -FLORIDA SUBSTANCE ABUSE HOTLINE GATEWAY HIGHLIGHTS FOR 2019 TOTAL CALLS- 101,501 I&R- 82,136 CRISIS- 19,365 SUICIDE LETHALITY ASSESSMENTS- 5,894 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 SUICIDOLOGY (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 TO THE CALLERS HELPED THROUGH INFORMATION AND REFERRALS, 5,661 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 COUNSELING SERVICE - THE CORBETT TRAUMA CENTER

990 Schedule O, Supplemental Information

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 UNIVERSIT Y 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 ADDITIO N, WE HAVE THERAPISTS WHO CAN PROVIDE TRAUMA RECOVERY THERAPY TO INFANTS AND THEIR CAREGIV ERS THROUGH CHILD PARENT PSYCHOTHERAPY OUR SPECIALLY TRAINED THERAPISTS WHO PRACTICE EVID ENCE-BASED TREATMENT ARE COMMITTED TO PROVIDING CARING AND COMPREHENSIVE ASSISTANCE TO THO SE WHO ARE FACING SERIOUS LIFE CHALLENGES TRAUMA CAN RESULT FROM MANY EVENTS SEXUAL ABUS E OR SEXUAL ASSAULT, DOMESTIC VIOLENCE, EMOTIONAL ABUSE, PHYSICAL ABUSE OR PHYSICAL ASSAUL T, HUMAN TRAFFICKING, SERIOUS ILLNESS, CYBER-CRIMES, BULLYING, DEATH OF SOMEONE CLOSE OR B EING THE VICTIM OF A CRIME 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 B E EVIDENT SOME OBSERVABLE SYMPTOMS ARE NOTICEABLE CHANGES IN MOOD OR BEHAVIOR, IRRITABILI TY, UNCHARACTERISTIC ANGER OR AGGRESSION, SLEEPING DIFFICULTY, FREQUENT PHYSICAL COMPLAINT S SUCH AS STOMACH UPSET OR HEADACHES, ISOLATION, SADNESS, OR RECURRENT OR UNRELENTING ANXI ETY OUR SERVICES ARE COVERED BY INSURANCE COMPANIES, INCLUDING MEDICAID AS WELL AS GRANT FUNDING FOR VICTIMS OF CRIME THOSE WHO NEED ADDITIONAL ASSISTANCE MAY QUALIFY FOR FREE AN D/OR SLIDING SCALE PAYMENT PLANS DONOR RESTRICTED FUNDS HELP COVER THE OUT OF POCKET EXPE NSES HIGHLIGHTS FOR 2019 EVIDENCED BASED COUNSELING SERVICES TO 804 INDIVIDUALS 7,650 TH ERAPY SESSIONS 225 OF THE INDIVIDUALS SERVED WERE CHILDREN PARTNERSHIPS THE CRISIS CENTER AND THE THIRTEENTH JUDICIAL CIRCUIT'S (HILLSBOROUGH COUNTY) ADMINISTRATIVE OFFICE OF THE C OURTS 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 HILLSB OROUGH COUNTY FUNDED A COLLABORATIVE GRANT TO A LOCAL AGENCY TO BEGIN THE PROCESS OF ESTAB LISHING A NETWORK OF INFANT MENTAL HEALTH IN HILLSBOROUGH COUNTY THE CRISIS CENTER WAS TH E FIRST AGENCY IN THE COLLABORATIVE TO INITIATE TRAINING FOR CLINICAL STAFF IN CHILD PAREN T PSYCHOTHERAPY (CPP) THE CRISIS CENTER IS A KEY PARTNER IN THE EXPANDED EFFORT TO MAKE C PP AVAILABLE TO FAMILIES IN THE CHILD WELFARE SYSTEM THE DIFFERENCE WE ARE MAKING (REAL STORIES ABOUT REAL PEOPLE) A LADY CAME THROUGH AS A REFERRAL FROM 2-1-1 ON MAY 10, 2019 A DVOCACY CARE COORDINATION (ACC) COMPLETED AN INTAKE WITH HER ON 5/14/19 THE LADY STATED T HAT SHE HAD BEEN LIVING AT THE SPRING DOMESTIC VIOLENCE SHELTER WITH HER 15 YEAR OLD SON S INCE THE END OF MARCH THE CLIENT HAD JUST ESCAPED AN ABUSIVE MARRIAGE AND WAS WORKING ON STARTING OVER ON HER OWN THE LADY HAD JUST GOTTEN A FULL TIME JOB AT AN ENGINEERING FIRM AND WAS GETTING READY TO GET H

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	ER FIRST PAYCHECK WHEN SHE FOUND OUT THAT SHE WAS BEING DISCHARGED FROM THE SPRING THE LA DY HAD DONE NOTHING WRONG, IT WAS JUST TIME FOR HER TO LEAVE THE SHELTER THE LADY CAME TO OUR ACC IN A PANIC, TERRIFIED ABOUT FINDING SOMEWHERE TO LIVE IN A WEEK'S TIME THE CLIEN T SAID SHE DID NOT WANT HER SON TO BE HOMELESS DURING FINALS AND HIS LAST WEEK OF SCHOOL ACC WORKED WITH THE LADY TO TRY AND HELP FIND HER SOMEWHERE TO LIVE THE LADY REACHED OUT TO HER FRIENDS AND ONE SAID THAT SHE WAS WILLING TO RENT OUT THE TOP FLOOR OF HER HOME TO THE LADY AND HER SON THE RENT WAS WELL WITHIN THE LADIES BUDGET, BUT SHE DID NOT HAVE ENO UGH SAVED UP FROM HER NEW JOB TO COVER HER MOVE-IN COSTS HER MOVE-IN COSTS TOTALED $1500, AND THE CLIENT HAD ALREADY PUT $500 OF HER OWN MONEY TOWARDS IT AND THE SPRING PROVIDED A NOTHER $500, LEAVING THE CLIENT WITH $500 REMAINING ACC MET WITH THE LADY BEFORE ONE OF H ER CCTB COUNSELING APPOINTMENTS (CLIENT WAS ALREADY ESTABLISHED IN COUNSELING BEFORE ACC) AND GOT ALL THE DOCUMENTS SHE NEEDED TO PRESENT HER CASE FOR FINANCIAL ASSISTANCE ACC PRE SENTED FOR THE LADIES CASE TO FINANCIAL ASSISTANCE AND SHE WAS APPROVED! THE LADY WAS ABLE TO MOVE IN TO THE SECOND FLOOR OF HER FRIEND'S HOME ALMOST IMMEDIATELY AND DID NOT HAVE T O SPEND ANY NIGHTS IN HER CAR THE LADY SAID SHE WAS INCREDIBLY THANKFUL FOR ALL THE HELP GIVEN TO HER THROUGH ACC CLIENT AND CLIENT'S SON CAME TO CCTB FROM CHILD ADVOCACY CENTER (CAC) THROUGH MARY LEE'S HOUSE ADVOCATE ASSESSED CLIENT WITH CVC AND ANOTHER ADVOCATE ASS ISTED CLIENT'S SON WITH SUPPORT CLIENT AND CLIENT'S SON HAVE ON-GOING SUPPORT FROM BOTH A DVOCATES AND WERE GIVEN A REFERRAL FOR ACC AND COUNSELING AS WELL CLIENT'S SON (SURVIVOR) STATED THAT DUE TO CCTB HE FELT HE COULD OPEN UP MORE ABOUT HIS TRAUMA WITH THE ADVOCATE AND COUNSELING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 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 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 AUDIT COMMITTEE OF THE CRISIS CENTER OF TAMPA BAY IS RESPONSIBLE FOR THE SELECTION OF THE ORGANIZATION'S INDEPENDENT AUDITORS THE AUDIT COMMITTEE MAINTAINS COMMUNICATION WITH THE INDEPENDENT AUDITORS, AS NECESSARY, DURING THE AUDIT AND IS RESPONSIBLE FOR REVIEWING AND APPROVING THE AUDITED FINANCIAL STATEMENTS