Application Form

Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: Download Application

The evaluation rubric that will be used to score your request is now available here: Download Rubric

Please pay attention to character limits while working on your draft. These limits include spaces.

Organization Name*

Caring & Sharing Center for Independent Living, Inc., DBA Disability Achievement Center

Proposal Name*

Please choose a short name to identify this project within the grant portal:

LED Marquis Sign

EIN*

593102837

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1992

Organizational Mission Statement*

What is your organization’s mission statement? This should be no longer than one or two sentences.

"Empowering People with Disabilities" is Disability Achievement Center's mission statement that includes information, training, mentoring, advocacy, an transition services to truly empower.

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): https://sam.gov/content/home

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

LVTYWF3L7D55

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

$937,271.00

Amount Requested*

The maximum grant amount is $199,999.

$30,000.00

Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Organization Programmatic Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Disability Achievement Center has been serving as the Center for Independent Living serving people of all ages with a disability in Pinellas and Pasco Counties since 1992. Our goal is to keep people with disabilities safe and independent in their communities. The 5 Core Servicers all Center for Independent Living offer include: Information & Referral, Independent Living Skills training, Peer Mentoring, Individual and Systemic Advocacy, and Transition services. Then we are tasked to respond to the local community. The greatest need is for durable medical equipment and repairs to existing equipment, as well as home modifications to prevent individuals with disabilities from being prematurely institutionalized which comes at a much greater cost to society. What began with a loaner closet quickly grew into the program it is today where we give refurbished and sanitized equipment to those who need it. Returns are always welcome! A few years ago, we partnered with AAAPP to grow our incontinence supply bank and now Diapers for Dignity is our 2nd most requested program behind the equipment. With COVID, we pivoted and began delivering food to people with disabilities who could not get to the normal food sources and did not receive food from other sources (ie. meals on wheels). Many of these individuals saw their home helpers and caregivers vanish, leaving them with no options. This program continues to grow mainly because of inflation taking more from fixed incomes. We are actively involved with Emergency Management, serving on ESF-8 Health & Medical Preparedness Coalitions, Pinellas VOAD, and serve as a Closed POD for Department of Health Emergency Response to offer our expertise and assistance in preparing for, responding to, and recovering from and local disasters.

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Our 2500 square foot warehouse holds a cache of wheelchairs, walkers, rollators, shower and bath equipment, hoyer lifts, and a host of the most common items that people with disabilities need. We sanitize and refurbish equipment and give it to people with disabilities who cannot afford to pay for such items. Recognizing that we have the largest durable medical equipment cache in the region, we are a natural fit to respond regionally and statewide during disasters. As such, we are active members of ESF-8 Health & Medical Preparedness Coalitions, Pinellas VOAD, and Pinellas Emergency Management Recovery Branch. We assist our consumers with developing emergency plans and they rely on us for information.
Pinellas County disseminates emergency information via the Billboard Emergency Alert System (BEAS). BEAS is a public-private partnership program created by Pinellas County Emergency Management that actively involves the County and voluntary entities to provide important messages via digital signs. Pinellas County continually seeks partners for their BEAS. According to David Chawk with Pinellas County Economic Development, over 19000 individual vehicles pass by our building at 12552 Belcher Rd, Largo every day. Passersby and Consumers would benefit from receiving critical information in a timely manner and will learn to look to Disability Achievement Center for providing that information. Disability Achievement Center believes that our commitment to being an active responder during a disaster will be cemented by participating in Pinellas County BEAS. We were in the process of obtaining quotes to purchase a new outdoor LED marquis just before COVID hit (current prices are about the same). All funding earmarked for that project was diverted to providing services, including building hardening and food distribution during the lockdown.

Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets

- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

Information during the onset of COVID lockdowns was mixed at best. People scrambled for information to make good decisions, yet many people with disabilities remain fearful of going out in public to this day. During the COVID lockdown, PSTA busses were limited to 10 riders per bus. In the heat of the summer, people with disabilities who relied on public transportation watched their perishable groceries go bad as full bus after full bus passed them by as they tried to get home. That's what made us pivot to no contact food delivery and pick up. Initial major purchases including refrigerators, freezers, and carts were funded through the PPP. We also purchased a generator to so we would not lose food if power goes out. Laptops were purchased so staff could work from home. Unrestricted funding was used to make electrical upgrades to accommodate the new equipment and to power climate control throughout the building. Disability Achievement Center used its reserves to pay off the mortgage on our building to save thousands of dollars in interest and monthly mortgage payments going forward. This eliminated any funding available for the LED sign. Just as we thought the demand might be winding down, inflation began eating away at the ability to pay for groceries and demand for services is on the rise. When we started, we were helping approximately 50 families each month. This number has nearly doubled now! The Public Health Workforce funding through ACL allows for staff salaries and benefits but not for supplies needed to make the program work. We continue to use unrestricted funds to support the food program that would otherwise be used to purchase the LED sign or any other major purchases.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

Disability Achievement Center will purchase an LED sign to replace the existing manual marquis and participate in Pinellas County's BAES to share important messages that will benefit all visitors to the Center and all passersby. In learning about LED signs, we spoke with several vendors who expect this equipment to last at least 10-15 years. Effective communication is important for clear understanding and having the ability to change the sign quickly will enable us to share important information. For our Consumers who remain fearful and continue using our contactless food pick up, the information we post on the sign will educate and help overcome the deep fear currently experienced.

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

> The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

With all the noise being thrown out into the world, finding trustworthy information can be daunting, especially for some people with disabilities and seniors with cognitive impairments. People just don't know who to trust anymore. Disability Achievement Center is an island of stability for many of our Consumers. They turn to us for many things. Having an LED Marquis sign in front of our Center demonstrates our commitment to all with a disability by providing trustworthy and timely information. It also solidifies our commitment to Pinellas County Emergency Management to support all emergency response efforts. This double prong approach levels the playing field for our disadvantaged population served.

Number Served*

How many people will directly benefit from this capital purchase annually?

3800

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?
Duplicated: A client is counted each time they access services
Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

Other (Explanation Required)

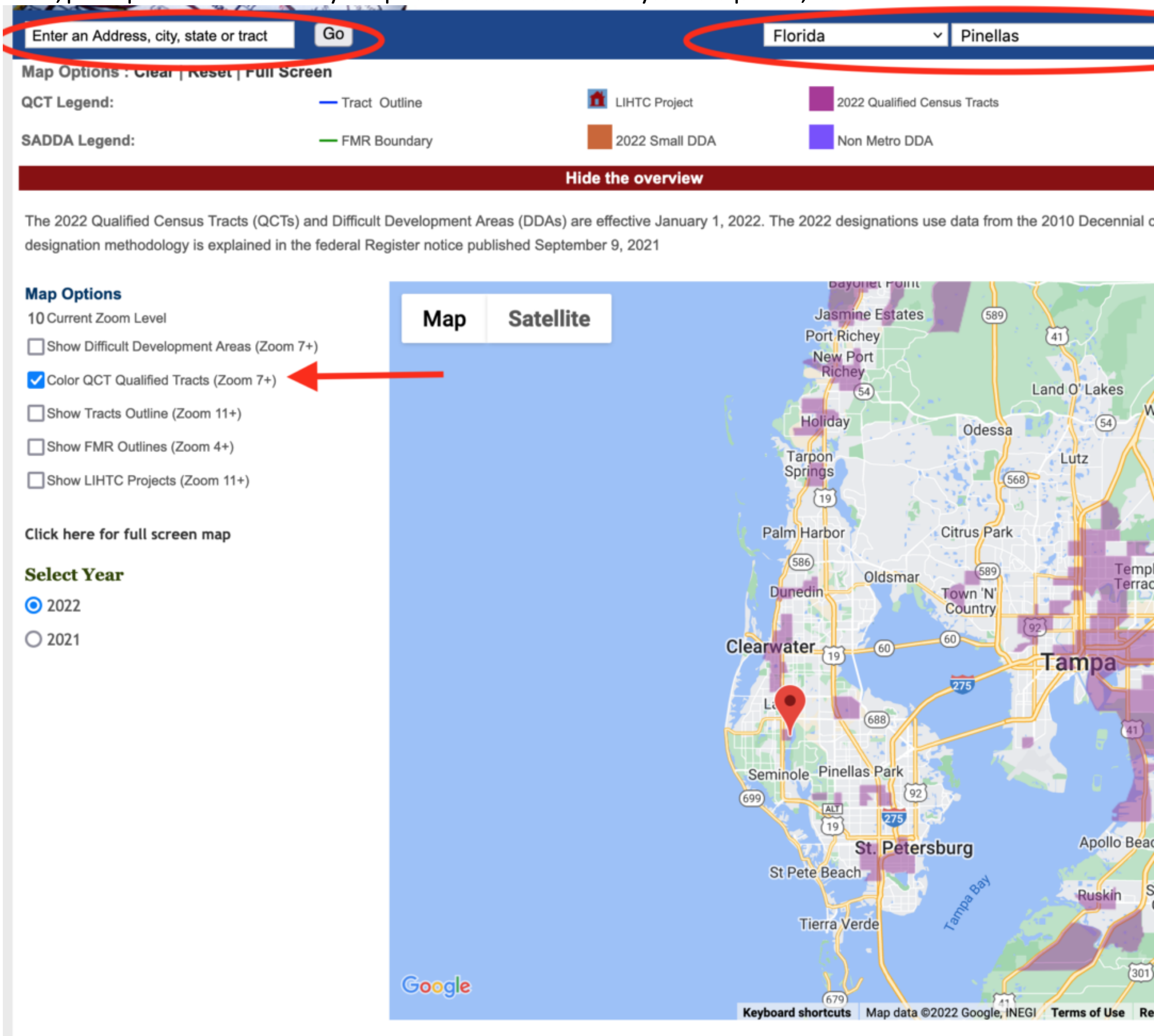
If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:
https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to “Color QCT Qualified Tracts.” The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.



Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: https://dos.myflorida.com/sunbiz/search/

12552 BELCHER RD SOUTH LARGO, FL 33773-3014

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*
Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

12552 Belcher Rd S, Largo, FL 33773

QCT Determination - Purchase*
Does this organization's proposed purchase benefit residents of QCTs?

No

Community Connection

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*
Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Disability Achievement Center's bylaws require that the majority of our Staff and Board of Directors be persons with disabilities, so we are who we serve!

Leadership Demographics - Board Membership*
Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC
Neurodiverse/physically disabled

Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

None of the above

Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

None of the above

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** $75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** $75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

Stewart Signs and Tampa Bay Signs quotes and specs.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If yes, identify the vendor and describe the relationship.
If no, write "No related parties below."

No related parties below.

Budget Summary*

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Budget-Template-Small-Capital-Purchases(1).xlsx
The current quotes of $27,030 from Stewart Signs and $29,105 from Tampa Bay Sign are valid for 30 days. Additional funding is requested to accommodate price changes at time of grant award.

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.

There are no other funding sources.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

This purchase will not affect operating costs.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*
Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Disability Achievement Center 2022-2023 Organization Budget.xlsx

Board of Directors List*
Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board of Directors 04142022.docx

IRS Form 990*
Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

2021 Form 990 DAC FYE 2022.6.30 signed.pdf

Most Recent Financial Statements*
Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Audited Financial Statements 2021.6.30.pdf

Insurance Requirements

Evidence of Insurance Coverage*
Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.

5.31.16 Certificate of Liability Ins.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Additional Upload

If you have something to share, you can upload it here in PDF format.

Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- Stewart Signs and Tampa Bay Signs quotes and specs.pdf
- Budget-Template-Small-Capital-Purchases(1).xlsx
- Disability Achievement Center 2022-2023 Organization Budget.xlsx
- Board of Directors 04142022.docx
- 2021 Form 990 DAC FYE 2022.6.30 signed.pdf
- Audited Financial Statements 2021.6.30.pdf
- 5.31.16 Certificate of Liability Ins.pdf

Jody Armstrong

From: Alejandro Vasquez <avasquez@stewartsigns.com>
Sent: Wednesday, August 31, 2022 11:31 AM
To: Jody Armstrong
Subject: Stewart signs 3182679
Attachments: 1002271-1-quote-2022-08-25_1537.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Jody,

Here is the quote with the install please let me know if you have any questions.

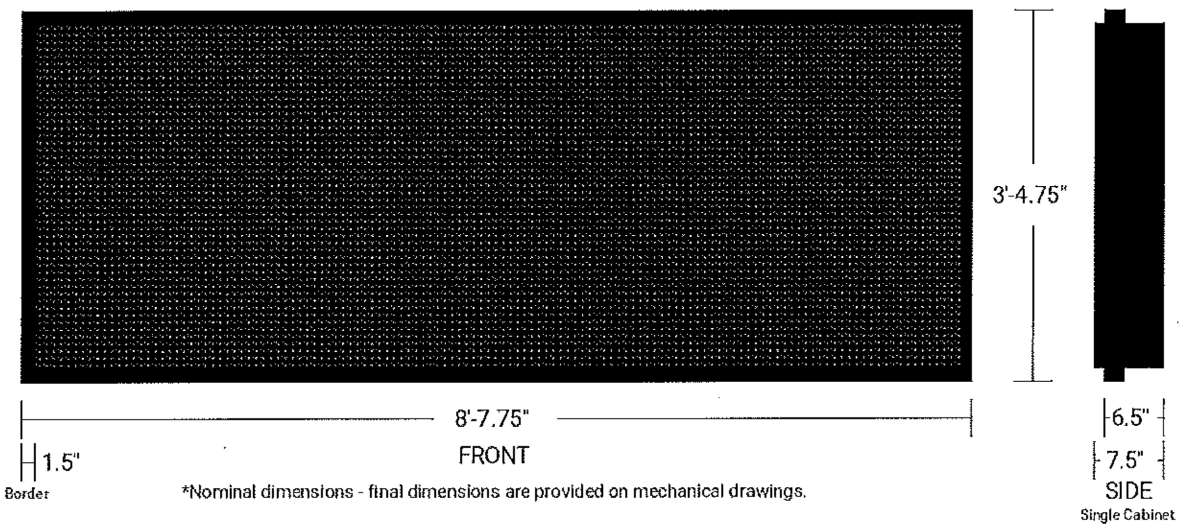
Alej

Alejandro Vasquez
Regional Sales Manager
Email: avasquez@stewartsigns.com
Mobile: 941.867.1818
Office: 888.237.3928 x2440
Fax: 800.485.4280
StewartSigns.com | About Us |

BuyBoard Contract # 592-19

Alejandro Vasquez
Sales Representative, Stewart Signs
a.vasquez@stewartsigns.com
1-888-237-3928 x2440

Polaris 20mm 48x128 Double Sided Full Color LED Display



*Nominal dimensions - final dimensions are provided on mechanical drawings.

LISTED

Energy Verified

LED Display Specifications

Model:	Polaris
Color:	Full Color
Pixel Pitch:	20mm (0.79")
Matrix - pixel height:	48
Matrix - pixel width:	128
Sides:	Double Sided*

** Two single sided cabinets in a master/master relationship.*

Cabinet Type:	Hinged
Modular Design:	No
Communication Method:	Cellular Data Modem with 5 Year Verizon Unlimited Data Plan**

*** Wireless Data Modem with no restrictions on distance. Wireless data plan provided for 5 years. By signing the customer affirms and agrees to the terms and conditions listed at https://www.signcommand.com/data-plan.*

Controller:	Industrial PC
Total pixels:	12,288
Total LEDs:	36,864
Brightness:	> 10,000 nits
Number of colors:	281 quintillion
Horizontal/vertical viewing angle:	140/70
Software:	SignCommand.com
Frames per second:	60
Auto or manual dimming:	Included

Electrical Requirements (Estimated)

Circuit:	1 circuit at 20 amps
Voltage:	240 volts

LED Display Electrical Use (Estimated)

Typical use (daytime):	491 watts per side
Typical use (nighttime):	98 watts per side
Maximum use:	983 watts per side
Max draw:	4 amps per side

Operating cost is approximately $26 per month per side, assuming the average of daytime and nighttime use and a price of $0.12 per kWh.

LED Display Dimensions

Nominal dimensions - final dimensions are provided on mechanical drawings.

Active display height:	3'-1.75" (37.75")
Active display width:	8'-4.75" (100.75")
Active display sq.ft.:	26.4 sq.ft. per side
Cabinet height:	3'-4.75" (40.75")
Cabinet width:	8'-7.75" (103.75")
Individual cabinet depth:	6.5"
Cabinet sq.ft.:	29.4 sq.ft. per side
Cabinet weight (approximate):	397 lbs. per side

Cabinet Options

Cabinet color:	Black (Glossy)
Ventilation:	Rear
Mounting and finishing package	Not included

Text Capabilities

6 rows of 5.5" text
4 rows of 7.1" text
4 rows of 7.9" text
3 rows of 10.2" text
2 rows of 18.9" text *
1 row of 37.8" text *
** Using regular text.*

Supported Formats

AVI, BMP, GIF, JPG, MOV, MP4, MPG, PNG, TIF, WMV

SignCommand®

Create and send amazing sign messages from anywhere with the easiest LED sign software in the Cloud.

Sign owners have told us that they want sign software that's easy to use and can be accessed from any device. Software with powerful editing and scheduling capabilities, built from the ground-up with security in mind. Software that just works and requires no installation or complex network setup.

Introducing SignCommand, the next generation in LED sign control. From a built-in library of video clips to easy collaboration with other users, your sign message will become a powerful voice for your organization. Get more from your sign with the power of the cloud!

Learn more at **stewartsigns.com/software**

powered by aws

The leader in **secure and reliable** cloud application hosting

Works across **all operating systems**, only a web browser required!

Access From Anywhere

Search, preview and add from our expanding graphics library optimized for use on signs, right inside the application.

The Media You Need

Access an expanding library of video clips and animations that are optimized for use on signs.

Your Message, On Your Time

Advanced scheduling options allow for highly customized messages based on date and time

Eye-Catching Special Effects

Many built-in effects will increase interest and attention in your sign message.

Delivering Peace-of-Mind

Offering features like two-factor authentication, it's built from the ground-up with a focus on the security of your sign and its message.

A Network of Support

Remote diagnostics & monitoring allow us to fix existing problems and prevent future ones.

StewartSigns
ONE SIGN, ONE COMPANY

stewartsigns.com • 800-237-3928

50 YEARS + OF EXCELLENCE

FC UL CERTIFICATION UL Energy Verified

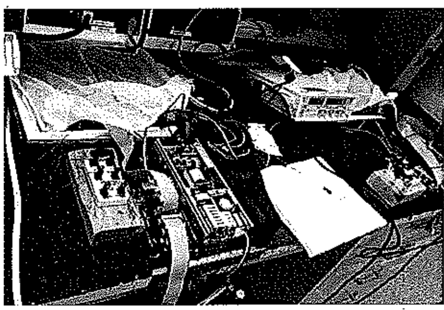
SignCommandFlyer-SS200801

Why UL Listing Matters

Learn more at stewartsigns.com/why-ul

Founded in 1894, Underwriter Laboratories is the standard in America for **safety and quality assurance**. Our full products undergo **thorough and rigorous testing** in these independent facilities. This commitment to quality allows us to provide some of the best warranties in the business, and helps to ensure that **your sign is safe** regardless of electrical and environmental conditions.

- UL engineers validate, test and certify our products down to the component level.
- Failure testing is conducted where parts such as fans are intentionally disabled.
- Our complete signs are tested as a whole, not just individual components.
- Production facilities require inspection by UL engineers for certification.
- ETL, MET and others are not equivalent. UL is considered the authority by all.

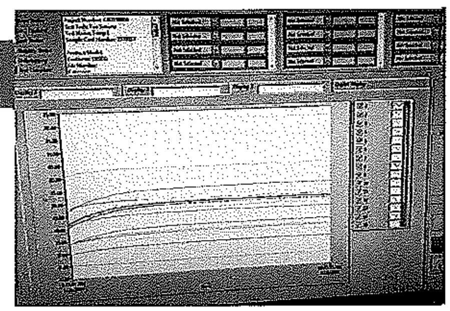


Spark and combustability testing

LOOK FOR THESE SYMBOLS ON YOUR ELECTRIC SIGN!

UL LISTED

FCC



Internal temperature testing

Why FCC Compliance Matters

Learn more at stewartsigns.com/why-fcc

The Federal Communications Commission regulates devices that emit radio waves. Unregulated signs **may cause interference** with emergency services, traffic or train control systems, and other vital communication. The FCC has the authority to **shut down non-compliant signs** should they interfere with these systems. Be sure to **protect your investment** by working with a sign manufacturer that is FCC compliant!

- All of our electronic signs are tested by an FCC-recognized, accredited laboratory.
- Radio frequencies are analyzed to ensure that they are below an acceptable level.
- Re-testing is required for all product changes and new products.
- Operating an unregulated sign may cause harmful interference in your area.
- Ensure that your new sign complies with FCC Part 15 standards.

StewartSigns
ONE SIGN, ONE COMPANY

50 YEARS OF EXCELLENCE

Quote #1002271-1
Customer #3182679
Quoted 8/25/2022
Valid until 9/24/2022*

Prepared for
Caring and Sharing DBA Disability Achievement Ctr
12552 S Belcher Rd
Largo, FL 33773

Prepared by
Alejandro Vasquez
avasquez@stewartsigns.com
1.888.237.3928 x2440

DESCRIPTION	PRICE
Double Sided Full Color Polaris Outdoor LED Sign For larger and higher resolution displays, a separate weather-resistant LED cabinet is top-hinged for easy front access to internal components. Our flagship LED sign. **LED display** • 20mm full color at 48 pixels high by 128 pixels wide (6,144 total pixels per side) • Active display area 3'2" x 8'5" (26.5 square feet per side) • Double sided LED cabinet, size 3'5" x 8'8" • 1 to 6 rows of text and use your own images and video clips • Entire sign UL Listed and FCC Part 15 compliant See full display capabilities **Communication method** Communication provided by cellular modem and 5-year Cell Connect data plan. See full specifications **Sign structure** • TCI® industrial powder coat finish, color: Black • External horizontal angles mount • Minimum wind load rating: 120mph, exposure B • Lifetime warranty on structure, including vandalism **Electrical specifications** • One 20 amp circuit at 240 volts, Max draw: 8.2 amps	$23,680.00 Install: $3,350.00 Sign installed: $27,030.00
Software SignCommand.com Cloud-based LED Sign Software FREE for the lifetime of the product. Control your sign from anywhere using any device. No monthly fees. Learn more.	Included
Freight • Shipping of sign from factory to location	Included

Total: $27,030.00
+ any applicable sales tax
Payment terms: 50% Down, Balance due before shipment

UL LISTED | UL Energy Verified | FC | SignCommand® | verizon 4G LTE

StewartSigns
ONE SIGN, ONE COMPANY

50 YEARS OF EXCELLENCE

Quote #1002271-1
Customer #3182679
Quoted 8/25/2022
Valid until 9/24/2022*

Prepared for: Caring and Sharing DBA Disability Achievement Ctr • Largo, FL
Prepared by: Alejandro Vasquez • avasquez@stewartsigns.com • 1.888.237.3928 x2440

SHIPPING INFORMATION

All items not specified here will be shipped to:
Caring and Sharing DBA Disability Achievement Ctr
12552 S Belcher Rd
Largo, FL 33773

Shipping terms: FOB Origin. Storage and other freight services may be added to your invoice should they be required. Unless managed installation services are included, customer is responsible for unloading of sign upon delivery. Signs greater than 6 feet wide are not eligible for lift gate services.

TERMS & CONDITIONS (*unless noted elsewhere in this quote)

TAX: Any applicable sales tax will be added to your invoice. Organizations exempt from sales tax must include exemption certificate with order.

PERMITS: Permits and zoning are the responsibilities of the buyer. Check with your city or county zoning office for proper permitting procedures in your area. Sealed engineer drawings available at additional cost.

INSTALLATION: Installation of footers, erection, electrical service to sign site, electrical hook-up, removal and/or disposal of any existing signage, and any decorative masonry are the responsibilities of the buyer. Managed installation services are available at additional cost.

CANCELLATION: Any cancellation may be subject to cancellation, return, and/or restocking fees. A late fee of 1.5% per month will be charged on any overdue balances. In the event of a payment default, customer will be responsible for all of Stewart Signs' costs of collection, including but not limited to court costs, filing fees and attorney fees.

SUPPORT: US-based phone and internet support are provided FREE for the lifetime of the product. A premier service warranty is available at additional cost.

SOFTWARE: By purchasing the SignCommand.com software product, you are agreeing with the Website Terms of Use (https://www.signcommand.com/terms) and Software End User License Agreement (https://www.signcommand.com/eula).

COMMUNICATION: Connectivity requires cell service at sign site. Must be within the United States (including Puerto Rico) with 4G LTE coverage shown on the Verizon Coverage Map (https://www.stewartsigns.com/verizon-map).

DATA PLAN: By purchasing the Cell Connect Data Plan, you are agreeing with the Data Plan Terms and Conditions (https://www.signcommand.com/data-plan).

ORDERING INSTRUCTIONS

1. Review this quote for accuracy. Sign and date the quote here.

2. Review any corresponding artwork provided with this quote. Check all spelling and colors. Sign and date the artwork.

3. Submit both documents along with your deposit payment to your sign consultant. Speak with your consultant about payment method options.

Customer's authorized signature for quote #1002271-1

SIGNATURE

PRINT NAME

DATE

Alejandro Vasquez 8/25/2022
Alejandro Vasquez, Sign Consultant

Limited Product Warranty ("Limited Warranty")

Definition of Warranty Coverage:

1) Stewart Signs (the "Company") expressly warrants to the original purchaser ("You" or "Buyer" or "Owner" or "Customer") that, for a period of five (5) years from the date of shipment (the "Warranty Period"), the electronic displays and the associated Company products (the "Product") will be reasonably free of material defects in materials and workmanship impacting Product fit, form and/or function. During the Warranty Period, the Company will, at its discretion, repair or replace any defective covered Product. The Owner will be responsible for removing and reinstalling any and all repaired or replacement parts. This Limited Warranty only applies to the Company's Product if installed, used, and maintained in the manner recommended by Company, and this Limited Warranty is conditioned upon compliance with all such instructions. Lifetime telephone support for the Product is provided, as needed.
2) In the event the Product is damaged during shipping, it is the responsibility of the Buyer to refuse delivery, causing the Product to be returned to the manufacturer for repair. Title to the Product passes to the Buyer upon the Company's delivery to the freight carrier. The Company assumes no liability for damage caused by careless handling or poor installation, except for work completed by employees of the Company. Loss or damage to the Product when in possession of the freight carrier is the responsibility of the Customer and is not covered by this Limited Warranty.
3) Any information or suggestion by the Company with respect to the Product concerning applications, specifications or compliance with zoning, codes and standards is provided solely for your convenience and without any representation as to accuracy or suitability. You must verify and test the suitability of any information with respect to the Product for your specific application.
4) Sign Structure and Sign Face: In the event the sign structure or identification/changeable copy portion of the sign malfunctions under normal use and service thereof DURING THE LIFE OF THE SIGN due to material defects in workmanship or materials, the Company will, at its option, repair or replace any defective materials.
5) Vandalism to Sign Faces: This Limited Warranty covers polycarbonate faces against breakage due to vandalism DURING THE LIFE OF THE SIGN. Warranty protection does not extend to these surfaces if damaged by gunshots, or when damaged coincident with damage to the sign cabinet in which the faces are installed.
6) Failed electronic parts or assemblies, with the exception of lamps, will be repaired or replaced, at the sole discretion of the Company. Owner bears the expense and responsibility of shipping Product to Company's Repair Center. Replacement or repaired parts are warranted to be free from material defects in material or workmanship for ninety (90) days, or for the remainder of the Warranty Period of the Product they are replacing or in which they are installed, whichever is longer.
7) The Company will repair failed LED pixels if greater than one half of one percent (0.5%) of the total number of pixels in the sign have failed in one (1) calendar year, provided the sign is installed with the recommended ventilation system for its location. The definition of pixel failure is when all LED's in the pixel will no longer emit light. Pixel repair is performed at the Company Repair Center. It is common knowledge within the sign industry that all LEDs degrade and produce less light as they age. Eventually the LEDs will require replacement even though the LEDs will still emit light. This Limited Warranty does not cover normal LED degradation.
8) <u>Customer Obligations:</u>
Failure by the Customer to properly maintain the Product, including but not limited to filters and the ventilation/air conditioning systems, will void coverage for affected components. The Customer shall notify the Company immediately of equipment failure and allow the Company full and free access to the Product when required. Waiver of liability or other restriction shall not be imposed as a site access requirement. The Customer is responsible for all costs and management oversight associated with providing the Company access to the Product, providing the necessary machines, communication facilities and other equipment, inclusive of but not limited to lifting equipment. Should on-site repair be required, Customer is required to have a responsible individual on-site to provide access to the Product as well as sign off on a completed work order.
9) <u>Exclusions and Restrictions:</u>
The Company reserves the right to restrict service, limit replacement parts, or invalidate this Limited Warranty to Customers whose account balance is past due.
This Limited Warranty specifically excludes any on-site labor required to service the covered Product, including diagnosis, removal, and installation of parts and/or products. Any on-site service required by the Customer of Company technicians or a local Company-authorized service provider is billable to the Customer based on an agreed-upon written quote.
This Limited Warranty does not apply to software. Software is covered by a separate agreement, which appears in the Company's software license agreement.
Ballasts are covered for three (3) years.
ID cabinet LED illumination and power supply are covered for two (2) years, when purchased as a system.
10) This Limited Warranty specifically <u>does not</u> cover the following:
    a) Third-party communication devices such as wireless devices and modems, which are covered by a separate electronic communication warranty.
    b) Damage to Product that has been moved from its original installation location or is mounted in a mobile structure.
    c) Cosmetic damage to the Product (including but not limited to scratches and dents that do not otherwise affect the fit, form or functionality of the Product or materially impair its use).
    d) Temperature sensor results: temperature sensors will register variable results, given local environmental factors such as direct sunlight, distance from concrete or asphalt, etc.; results are not guaranteed or covered under this Limited Warranty.
    e) Recovery or transfer of any data or software stored on the Product not originally installed on the Product by the Company.
    f) Light bulbs or lamps.

11) This Limited Warranty specifically <u>does not</u> cover conditions, defects or damage caused by or resulting from the following:
    a) Defects caused by: unreasonable or unintended use of Product; improper or unauthorized handling; accident; omission; neglect; vandalism (unless otherwise noted in this Limited Warranty); misuse; physical abuse; installation, use and/or fabrication, and maintenance of the Product by

any party other than the Company.

b) Damage (not resulting from manufacturing defects) that occurs while the Product is in the Owner's control and/or possession, unless otherwise noted in this Limited Warranty.
c) Extreme physical or electrical stress or interference; environmental conditions beyond the Company's control, such as man-made or naturally occurring electrochemical oxidation or corrosion and/or metallic pollutants; normal wear and tear; inadequate, improper, or surges of electrical power; lightning, floods, fire, acts of God, war, terrorism, or other external causes, including Force Majeure.
d) Unauthorized modification, including installation of third-party software on the Product.
e) Product modification or service by anyone other than: (a) the Company, (b) a Company-authorized service provider, or (c) Customer's own installation of Company approved parts with instruction from the Company. Service to damaged or malfunctioning Product which has not been ordered or authorized by the Company's Customer Satisfaction Department is not covered under this Limited Warranty and will automatically invalidate this Limited Warranty.
f) Computer viruses, Trojan horses, worms, self-replicating code or like destructive code which was not included in the Product by the Company.
g) Products installed with known or visible manufacturing defects at the time of installation.

12) All items returned to the Company must have a Return Materials Authorization ("RMA") number, available by using the contact information below. Items received without an RMA number will not be processed and will be returned to the Customer at their expense. The Customer is responsible for sending a defective part to the Company, after which the Company will send a repaired or replacement part to the Customer.
13) The Company will provide and be responsible for the cost of shipping parts from the Company to the Customer, with the exception of sign faces replaced due to vandalism. Standard shipping via the United States Postal Service or other commercial parcel delivery company is the default method of delivery. Expedited delivery is available to the Customer at his or her expense. The Customer will provide and be responsible for the cost of shipping parts to the Company.
14) Warranty claims must be registered with the Company within thirty (30) days of damage or malfunction. To register a claim, the Customer must contact the Company at the location specified below and provide (a) his or her name and any other required contact information, (b) Product and purchase descriptions, and (c) the nature of the defect. The Company reserves the right (at its sole discretion) to require proof of original purchase (e.g. paid invoice, receipt) and to visit the site of the installation or to require documentation of the claim before assuming any responsibility under the provisions of this Limited Warranty.
15) THE LIMITED WARRANTIES SET FORTH HEREIN ARE THE ONLY WARRANTIES MADE BY THE COMPANY IN CONNECTION WITH THE PRODUCT. THE COMPANY CANNOT AND DOES NOT MAKE ANY IMPLIED OR EXPRESS WARRANTIES WITH RESPECT TO THE PRODUCT, AND DISCLAIMS ALL OTHER WARRANTIES, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. THE COMPANY'S SOLE OBLIGATION UNDER THIS LIMITED WARRANTY SHALL BE TO REPAIR OR REPLACE MALFUNCTIONING OR DEFECTIVE PARTS OF THE PRODUCT. BUYER ASSUMES ALL RISK WHATSOEVER AS TO THE RESULT OF THE USE OF THE PRODUCT PURCHASED, WHETHER USED SINGULARLY OR IN COMBINATION WITH ANY OTHER PRODUCTS OR SUBSTANCES.
16) NO CLAIM BY BUYER OF ANY KIND, INCLUDING CLAIMS FOR INDEMNIFICATION, SHALL BE GREATER IN AMOUNT THAN THE PURCHASE PRICE OF THE PRODUCT WITH RESPECT TO WHICH DAMAGES ARE CLAIMED. IN NO EVENT SHALL COMPANY BE LIABLE TO BUYER IN TORT, CONTRACT OR OTHERWISE, FOR ANY SPECIAL, INDIRECT, INCIDENTAL, CONSEQUENTIAL, RELIANCE, PUNITIVE OR EXEMPLARY DAMAGES, OR FOR LOSS OF PROFIT, REVENUE OR USE, IN CONNECTION WITH, ARISING OUT OF, OR AS A RESULT OF, THE SALE, DELIVERY, SERVICING, USE OR LOSS OF USE OF THE PRODUCT SOLD HEREUNDER, OR FOR ANY LIABILITY THAT BUYER HAS TO ANY THIRD PARTY WITH RESPECT THERETO.

Contact Information:
Stewart Signs Customer Satisfaction
2201 Cantu Court, Suite 215
Sarasota, FL 34232
Phone: 855-841-4624
Web: www.stewartsigns.com/support/
Email: support@stewartsigns.com

From: Tampa Bay Signs LLC <sales@tampabaysignsandwraps.com>
Sent: Wednesday, September 7, 2022 10:20 AM
To: Jody Armstrong <jodya@mydacil.org>
Subject: RE: Thank You!

Good morning Jody,

Here is the estimate for the LED display...

LED Display: 6'x3' Full color 10mm double-sided display.
Cost: $26,210
Installation: $1695
Permit: $1200

Let me know when you're ready to proceed and I'll send you an official invoice with details on what we need to get started.

Thank you and hope you have a great day!

Roger Lisenby| Owner | Tampa Bay Signs, LLC
Phone: 727.324.9168 | Email: sales@tbsigns.com
Website: www.tbsigns.com

Reference: 10mm

Model	Description	Qty
GT6x-72X180-10-RGB-2V	**Galaxy® Outdoor Electronic Message Center - GT6x Series - 10mm RGB; 2V Interconnect Cable Length Is 20 Feet**	1
Daktronics Verizon Modem, 4G, Ethernet	Daktronics Verizon 4G Cellular Modem Only - Requires Daktronics Verizon Cellular Data Plan	1
Galaxy® External Temperature Sensor	External Temperature Sensor with 25 ft. Quick Connect Cable	1

Line Spacing:	*10mm*	***Ventilation:***	*Front*
Matrix:	*72 lines by 180 columns*	***Service Access:***	*Front Only-Can only access components from front*
LED Color:	*RGB- 281 Trillion Colors*	***Signal Connections:***	*Quick Connects External to Display*
Display Configuration:	*2V - two one sided displays - same content*	***Frames per Second:***	*60*
Cabinet Design:	*Single Section per face*	***Dimming:***	*Automatic, Scheduled, or Manual*
Paint:	*Semi-Gloss Black All Around*	***Readable Viewing Angle:***	*160 degrees horizontal x 90 degrees vertical*
Active Area:	*2' 5" H X 6' 0" W (Approx. Dimensions)*	***Optimal Viewing Angle:***	*140 degrees Horizontal x 70 degrees Vertical*
Cabinet Dimensions:	*2' 11" H X 6' 3" W X 0' 7" D (Approx. Dimensions)*	***Weight:***	*Unpackaged 155 lbs per display; Packaged 235 lbs per display*
Max Power:	*1020 watts/display*	***Compliance Info:***	*UL-Listed,FCC*

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: Caring & Sharing Center for Independent Living, Inc., DBA Disability Achievement Center

Proposal Name: LED Marquis Sign

A	B	C	D	E	F	G	H
Line Item	Item (Description)	Price Per Item	Quantity of Item	Purchase Total	ARPA Grant Funds Requested	Applicant Match	Funding Total
1	Outdoor LED Sign, installed	$ 30,000.00	1	$ 30,000	$ 30,000	$ -	$ 30,000
2		$ -		$ -	$ -	$ -	$ -
3		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		$ -		$ -	$ -	$ -	$ -
		TOTAL	1	$ 30,000	$ 30,000	$ -	$ 30,000

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL

Columns E, H, and the "TOTAL" row are locked and cannot be edited

Key

Item (Description)	*Brief name/description of the purchase requested*
Price per item	*The individual price of one unit of the proposed purchase*
Quantity of Item	*The number of units of the proposed purchase you are requested*
Purchase Total	*Total purchase cost of the proposed line item (quantity multipled by price)*
ARPA Grant Funds Requested	*The amount of ARPA funding requested for this line item*
Applicant Match	*The amount (if any) that you, the applicant, are contributing towards the purchase of the line item*
Funding Total	*Total funding for proposed line item (ARPA grant request plus applicant match)*

Caring & Sharing Center for Independent Living, Inc.
DBA Disability Achievement Center
2022 - 2023 Budget (Consolidated)

Contributions & Special Events	300
Foundation Grants & Contracts	43,000
Government Grants & Contracts	824,462
Fee-for-Service	-
RCC Property Holdings Inc	25,109
Other Income (In Kind/Misc.)	44,400
Total Revenue	**937,271**
Personnel	531,201
Professional Fees	29,653
Communications	15,424
Occupancy	75,200.50
Equipment Rental and Maintenance	6,855
Printing & Supplies	8,364
Transportation & Meetings	12,992
Consumer Equipment & Modification Assistance Program (CEMA)	144,993
Membership Dues and Liability Insurance	20,577
Other Expenses - Allowable	31,436
Other Expenses - Nonallowable (In Kind/Depreciation/Misc.)	60,575
Total Expenses	**937,271**
Net Income (Loss)	**0**
Distribution by Organization (Form 990)	
Caring and Sharing Center for Independent Living Inc	(25,109)
RCC Property Holdings inc	25,109
Net Income (Loss) by Organization	**0**

Disability Achievement Center Board of Directors List 2022

Jack Humburg **President**	839 13th Avenue North St Petersburg, FL 33701	Home: (727) 895-2542 Office: (727) 821-4819 Ext. 5717 Cell: (727) 224-8313 Fax: (727) 822-6240
Ross Silvers **Vice President**	Mobility & DART Manager PSTA 3201 Scherer Drive St. Petersburg, FL 33706	Voice/Relay: (727) 540-1844
Kimberly Leggett **Treasurer**	3621 19th Avenue South St Petersburg FL 33711	Office: (727) 540-1873 Home: (727) 644-0094
Barbara Page **Secretary**	2745 64th Way North St Petersburg, FL 33710	Office: (800) 342-0823 Ext. 9755 Office: (850) 488-9071 Ext. 9755 Fax: (850) 488-8640
Mary Bucca	3805 52nd Street North St. Petersburg, FL 33709	Home: (727) 528-0906 Cell: (727) 410-6397
Jennifer French	1950 43rd Street N St Petersburg FL 33713	Cell: (813) 362-0149
Laura McAndrew	4852 Trinidad Land O' Lakes, FL 34639	Cell: (630) 202-4539
Gloria Lepik Corrigan	2595 Countryside Blvd, #8-212 Clearwater, FL 33761	Cell: (215) 530-4494
Lynn DeCola	7339 Parkside Villas Dr N St. Petersburg, FL 33709	Cell: (941) 677-8534

Filing Instructions

Caring and Sharing Center for Independent Living, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2021

Date Due: May 16, 2022

Remittance: None is required. Your Form 990 for the tax year ended 6/30/21 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Moss, Krusick & Associates, LLC
501 S New York Ave Ste 100
Winter Park, FL 32789-4241

Important: **Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879EO* for the latest information.

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax: CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.

Taxpayer identification number: 59-3102837

Name and title of officer or person subject to tax: JOSEPH DIDOMENICO
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b,** or **7b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	1,015,737
2a Form 990-EZ check here ▶		**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶		**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶		**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶		**b Balance due** (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶		**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶		**b Total tax** (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) ____________, (EIN) ____________ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize MOSS, KRUSICK & ASSOCIATES, LLC (**ERO firm name**) to enter my PIN 02837 as my signature (**Enter five numbers, but do not enter all zeros**)

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ____________ Date 01/13/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59802712345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature W. ED MOSS JR. Date 01/13/22

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

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

C Name of organization: CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.

Doing business as: DISABILITY ACHIEVEMENT CENTER

Number and street (or P.O. box if mail is not delivered to street address): 12552 BELCHER ROAD SOUTH — Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: LARGO FL 33773-3014

D Employer identification number: 59-3102837

E Telephone number: 727-539-7550

G Gross receipts $ 1,015,737

F Name and address of principal officer:
JOSEPH DIDOMENICO
12552 BELCHER ROAD SOUTH
LARGO FL 33773

H(a) Is this a group return for subordinates? [ ] Yes [X] 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: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.DISABILITYACHIEVEMENTCENTER.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1991

M State of legal domicile: FL

Part I Summary

Activities & Governance

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	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	874,930	1,010,337
	9	Program service revenue (Part VIII, line 2g)	1,600	2,400
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	605	2,134
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,554	866
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	878,689	1,015,737
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	132,600	184,747
	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)	513,211	501,319
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	307,913	240,364
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	953,724	926,430
	19	Revenue less expenses. Subtract line 18 from line 12	-75,035	89,307

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	502,843	506,781
	21	Total liabilities (Part X, line 26)	134,806	49,437
	22	Net assets or fund balances. Subtract line 21 from line 20	368,037	457,344

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

JOSEPH DIDOMENICO — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
W. ED MOSS JR.	W. ED MOSS JR.	01/13/22		P00531414

Firm's name: MOSS, KRUSICK & ASSOCIATES, LLC — Firm's EIN: 59-3017072

Firm's address: 501 S NEW YORK AVE STE 100, WINTER PARK, FL 32789-4241 — Phone no. 407-644-5811

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 [X] 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 [X] 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 $ 881,746 including grants of $ 184,747) (Revenue $ 2,400)

SEE SCHEDULE O

4b (Code:) (Expenses $ 3,167 including grants of $) (Revenue $)

SERVICES DESIGNED TO INCREASE EMPLOYMENT OF PERSONS WITH DISABILITIES WITHIN THE LOCAL COMMUNITIES. THIS IS ACCOMPLISHED THROUGH EMPLOYMENT COUNSELING, EMPLOYMENT PLACEMENT, EMPLOYMENT ON THE JOB TRAINING, AND SUPPORTED EMPLOYMENT.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 884,913

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
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	X	
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		X
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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	X	
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		X
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		X
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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
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	X	

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	6			
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		

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on 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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on 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?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				

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

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

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** 10 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent **1b** 10			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O*	9		X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
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		X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on 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

JOSEPH DIDOMENICO 12552 BELCHER ROAD SOUTH
LARGO FL 33773 727-539-7550

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, and 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.

See instructions for the order in which to list the persons above.

☐ 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) JACK HUMBURG PRESIDENT	1.00 0.00			X				0	0	0
(2) ROSS SILVERS VICE PRESIDENT	1.00 0.00			X				0	0	0
(3) KIMBERLY LEGGETT TREASURER	1.00 0.00			X				0	0	0
(4) BARBARA PAGE SECRETARY	1.00 0.00			X				0	0	0
(5) MARY BUCCA BOARD MEMBER	1.00 0.00	X						0	0	0
(6) JENNIFER FRENCH BOARD MEMBER	1.00 0.00	X						0	0	0
(7) LAURA MCANDREW BOARD MEMBER	1.00 0.00	X						0	0	0
(8) GLORIA LEPIK CORRIGAN BOARD MEMBER	1.00 0.00	X						0	0	0
(9) DEBORAH MALONE BOARD MEMBER	1.00 0.00	X						0	0	0
(10) LYNN DECOLA BOARD MEMBER	1.00 0.00	X						0	0	0
(11) JOSEPH DIDOMENICO EXECUTIVE DIRECTOR	40.00 0.00			X				101,576	0	0

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Subtotal								101,576		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								101,576		

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 1

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
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		X
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		X

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
INNOVATIVE EMPLOYER SOLUTIONS 635 93RD AVE N ST. PETERSBURG FL 33702	SUPPORT	530,773
TOTAL ACCESS SOLUTIONS LLC 6020 FLORA TERRACE APOLLO BEACH FL 33572	SUPPORT	135,534

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 2

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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	943,197				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	67,140				
	g Noncash contributions included in lines 1a-1f	1g	$ 27,303				
	h **Total.** Add lines 1a–1f			1,010,337			
Program Service Revenue			Business Code				
	2a FEES & CONTRACTS VR EMPLOYMEN			2,400	2,400		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			2,400			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,134			2,134
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a MISC REVENUE			866	866		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			866			
	12 **Total revenue.** See instructions			1,015,737	3,266	0	2,134

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	184,747	184,747		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,575	97,132	4,443	
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	318,413	304,484	13,929	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,406	2,283	123	
9 Other employee benefits	40,021	39,172	849	
10 Payroll taxes	38,904	37,244	1,660	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,551		12,551	
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.)	14,767	14,006	761	
12 Advertising and promotion				
13 Office expenses	39,375	39,204	171	
14 Information technology				
15 Royalties				
16 Occupancy	87,672	85,170	2,502	
17 Travel	6,338	6,195	143	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30	28	2	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,662	8,103	559	
23 Insurance	11,201	9,630	1,571	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN KIND DONATIONS	27,303	27,303		
b TELEPHONE	13,194	12,386	808	
c MEMBERSHIP DUES	7,151	6,690	461	
d REPAIRS & MAINTENANCE	5,686	5,319	367	
e All other expenses	6,434	5,817	617	
25 **Total functional expenses.** Add lines 1 through 24e	926,430	884,913	41,517	0
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 X ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			258,473	1	200,458
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			98,611	4	152,191
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			22,490	9	24,153
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	152,410			
	b	Less: accumulated depreciation	10b	32,518	115,161	10c	119,892
	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			8,108	15	10,087
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)			502,843	16	506,781
Liabilities	17	Accounts payable and accrued expenses			50,621	17	45,786
	18	Grants payable				18	
	19	Deferred revenue				19	3,651
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties			84,185	23	
	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			134,806	26	49,437
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			329,446	27	447,195
	28	Net assets with donor restrictions			38,591	28	10,149
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			368,037	32	457,344
	33	Total liabilities and net assets/fund balances			502,843	33	506,781

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ..... [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,015,737
2	Total expenses (must equal Part IX, column (A), line 25)	2	926,430
3	Revenue less expenses. Subtract line 2 from line 1	3	89,307
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	368,037
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	457,344

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 [X] 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		X
	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	X	
	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 [X] 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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	X	
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 on Schedule O and describe any steps taken to undergo such audits	3b	X	

Federal Statements

Form 990 - Federal General Footnote

Description
ON 7/1/2014, RCC PROPERTY HOLDINGS, INC. WAS FORMED EXCLUSIVELY TO HOLD TITLE TO PROPERTY FOR CARING AND SHARING CENTER (DBA DISABILITY ACHIEVEMENT CENTER), AN EXEMPT ORGANIZATION UNDER IRC §501(C)(3), AND COLLECT RENTAL INCOME FROM THE PROPERTY. RCC PROPERTY HOLDINGS, INC. WILL MEET ANNUALLY IN JUNE FOR THE SPECIFIC PURPOSE OF DEDICATING FUNDS COLLECTED TO THE CENTER. THIS TRANSACTION RESULTED IN DAC MAKING A CONTRIBUTION IN THE AMOUNT OF $124,189 TO RCC PROPERTY HOLDINGS, INC. THE CONTRIBUTION WAS MADE UP OF A $5,000 CASH CONTRIBUTION AND $119,189 FOR THE TRANSFER OF FIXED ASSETS THAT WERE PREVIOUSLY OWNED BY THE DISABILITY ACHIEVEMENT CENTER.

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.

Employer identification number: 59-3102837

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 [X] 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 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	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	856,479	858,335	831,010	874,930	1,010,337	4,431,091
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	856,479	858,335	831,010	874,930	1,010,337	4,431,091
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)						
6 **Public support.** Subtract line 5 from line 4						4,431,091

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	856,479	858,335	831,010	874,930	1,010,337	4,431,091
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	645	283	935	605	2,134	4,602
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						4,435,693

12 Gross receipts from related activities, etc. (see instructions) 12 100,003

13 **First 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14 99.90 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 15 99.93 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2020.** 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—2019.** 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 lines 5b and 5c 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 (as 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 lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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 governmental entity (see instructions).*

			Yes	No
2	Activities Test. *Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? *If "Yes" or "No," 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):			
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 0.015 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 0.035.	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 0.85 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—*provide details in Part VI*)	
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 2020 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-2020**	**(iii)** **Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required–*explain in Part VI*). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI*. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Name of the organization	**Employer identification number**
CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.	59-3102837

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year .... ▶ $ ....

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: CARING AND SHARING CENTER FOR

Employer identification number: 59-3102837

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEPARTMENT OF VOCATIONAL REHABILITAT GENERAL REVENUE 4070 ESPLANADE WAY 2ND FLOOR, ROOM 270C TALLAHASSEE FL 32399	$ 398,493	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH & HUMAN SE 200 INDEPENDENCE AVE S.W. WASHINGTON D.C. DC 20201	$ 460,519	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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 instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.

Employer identification number: 59-3102837

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 (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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 Tax 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 FASB 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 FASB 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 FASB 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 make 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 program
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 on 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 Term 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 line 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				
c Leasehold improvements		130,834	26,732	104,102
d Equipment		21,576	5,786	15,790
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				119,892

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 FASB 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	1,031,748
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	16,011		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	16,011
3	Subtract line **2e** from line **1**			3	1,015,737
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,015,737

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	919,685
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	16,011		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	16,011
3	Subtract line **2e** from line **1**			3	903,674
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	22,756		
c	Add lines **4a** and **4b**			4c	22,756
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	926,430

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.

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

RCC NET INCOME $ 22,756

Part XIII Supplemental Information *(continued)*

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

2020

Open to Public Inspection

Name of the organization: CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.

Employer identification number: 59-3102837

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.

1 (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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

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 ADAPT HOUSING	97	130,817			
2 ASSISTIVE TECHNOLOGY DEVI	154	42,746			
3 DEAF ALERTING EQUIPMENT	51	11,184			
4					
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.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization: CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.

Employer identification number: 59-3102837

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	2	4,150	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	62	23,153	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	**30a**		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	**31**		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

DAA

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

2020

Open to Public Inspection

Name of the organization	Employer identification number
CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.	59-3102837

FORM 990 - ORGANIZATION'S MISSION

"EMPOWERING PEOPLE WITH DISABILITIES" IS DISABILITY ACHIEVEMENT CENTER'S MISSION. IT IS A MISSION THAT INCLUDES ADVOCACY, INFORMATION, MENTORING, TRAINING, TRANSITION AND BEYOND TO TRULY EMPOWER. RESPECT, CHOICE AND CHANGE ARE AT THE CENTER OF EMPOWERMENT. EVERY INDIVIDUAL IS ENCOURAGED TO EMBRACE EMPOWERMENT AND UNDERSTAND THAT IT MAY MEAN A NEW WAY OF LOOKING AT THINGS AND MAKING THEM HAPPEN. FISCAL, OPERATIONAL, ADVOCACY AND HUMAN RESOURCE POLICIES REFLECT SUPPORT FOR EMPOWERMENT AS AGENTS OF CHOICE AND CHANGE. ALL POLICIES OF THE ORGANIZATION MUST ADVANCE THE MISSION, ELIMINATE BARRIERS AND FOSTER INCLUSION.

SINCE 1992, DISABILITY ACHIEVEMENT CENTER HAS BEEN WORKING TO HELP PEOPLE WITH DISABILITIES IN PINELLAS AND PASCO COUNTIES TO REMOVE BARRIERS TO INDEPENDENCE AND ENSURE EQUALITY. WE HAVE A REPUTATION FOR EXCELLENCE COMBINED WITH CONSUMER-FOCUSED COMPASSIONATE SERVICES THAT HELP THOSE WE SERVE TO GAIN OR MAINTAIN INDEPENDENCE AT HOME, AT WORK, AND IN ALL ASPECTS OF COMMUNITY LIFE.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

COMMONLY KNOWN AS A CENTER FOR INDEPENDENT LIVING, WE PROVIDE THE FOLLOWING FIVE CORE INDEPENDENT LIVING SERVICES: INFORMATION AND REFERRAL, INDEPENDENT LIVING SKILLS TRAINING, TRANSITION, PEER MENTORING, AND INDIVIDUAL AND SYSTEMIC ADVOCACY.

FOR FISCAL YEAR ENDED JUNE 30, 2021, DISABILITY ACHIEVEMENT CENTER SERVED A TOTAL OF 894 CONSUMERS. OUT OF THIS NUMBER, AN INDEPENDENT LIVING PLAN WAS DEVELOPED FOR 769 CONSUMERS. DISABILITY ACHIEVEMENT CENTER PROVIDED

Name of the organization: CARING AND SHARING CENTER FOR

Employer identification number: 59-3102837

3,793 INDIVIDUAL SERVICES TO CONSUMERS AND 523 INFORMATION AND REFERRAL SERVICES. IN ADDITION, THE CENTER SPENT OVER 2,282.25 HOURS PROVIDING COMMUNITY ACTIVITIES AND SERVICES.

DISABILITY ACHIEVEMENT CENTER ALSO PROVIDES SERVICES SUCH AS:"COMMUNITY EDUCATION, TRAINING, AND AWARENESS FOR BOTH ORGANIZATIONS AND THE GENERAL PUBLIC. DISABILITY ACHIEVEMENT CENTER HAS WORKED CLOSELY WITH SCHOOLS, LAW ENFORCEMENT ORGANIZATIONS, MEDIA, COUNTY TRANSPORTATION SYSTEMS, COUNTY EMERGENCY OPERATIONS UNITS AND ORGANIZATIONS TO PREPARE THEM TO DEAL WITH ACCESSIBILITY AND SENSITIVITY TO DISABILITY ISSUES.

"YOUTH TRANSITION SERVICES (AGES 14 TO 24) FOR YOUTH WITH DISABILITIES. THIS IS ACCOMPLISHED THROUGH INDEPENDENT LIVING SKILLS TRAINING CLASSES AT VARIOUS PRIVATE SCHOOLS IN THE COMMUNITY. THIS IS ALSO ACCOMPLISHED THROUGH PRE-PLACEMENT/PRE-EMPLOYMENT TRAINING CLASSES IN ORDER TO PREPARE HIGH SCHOOL STUDENTS WITH DISABILITIES TO LIVE AND WORK IN THE COMMUNITY.

"DEAF AND HARD OF HEARING SERVICES SUCH AS COMMUNITY EDUCATION, TRAINING, AND AWARENESS FOR DEAF AND HARD OF HEARING CHALLENGES. DISABILITY ACHIEVEMENT CENTER ALSO PROVIDES DEAF ALERTING EQUIPMENT TO QUALIFIED PERSONS THROUGH OUR CEMA PROGRAM, SUCH AS FLASHING DOOR BELLS AND SMOKE DETECTORS, VIBRATING ALARM CLOCKS AND BABY CRIER AUDIBLE TRANSMITTERS.

"ONGOING COMMUNITY OUTREACH TO OBTAIN DURABLE MEDICAL EQUIPMENT THROUGH THE CENTER'S MEDICAL EQUIPMENT RECYCLING PROGRAM (MERP). THESE DONATIONS INCLUDE POWER WHEELCHAIRS, SCOOTERS, MANUAL WHEELCHAIRS, SHOWER CHAIRS, BENCHES, ROLLATORS, WALKERS, CRUTCHES, VEHICLE LIFTS, RAMPS AND INCONTINENT SUPPLIES.

MERP EQUIPMENT IS GIVEN TO CONSUMERS WHOSE INSURANCE DOES NOT PROVIDE THESE ITEMS AND WHO OTHERWISE WOULD NOT BE ABLE TO PURCHASE THE EQUIPMENT TO PROVIDE THEM WITH SAFETY AND INDEPENDENCE IN THEIR HOMES AND ACCESSING THE

Name of the organization: CARING AND SHARING CENTER FOR

Employer identification number: 59-3102837

COMMUNITY.

"SPECIFIC ASSISTANCE TO QUALIFIED PERSONS THROUGH OUR CONSUMER EQUIPMENT AND MODIFICATION ASSISTANCE PROGRAM (CEMA) TO POSITIVELY IMPACT THEIR ABILITY TO LIVE INDEPENDENTLY IN THE HOME AND COMMUNITY. THESE SERVICES INCLUDE MINOR HOME MODIFICATIONS (SUCH AS RAMPS AND GRAB BARS), DURABLE MEDICAL EQUIPMENT REPAIRS, ASSISTIVE TECHNOLOGY, AND EQUIPMENT PURCHASES NECESSARY TO MAINTAIN INDEPENDENCE RELEVANT TO SPECIFICS OF DISABILITY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ONCE THE DRAFT OF FORM 990 IS COMPLETE, THE DRAFT WILL BE ELECTRONICALLY SENT AND REVIEWED BY THE ACCOUNTING MANAGER AND THE EXECUTIVE DIRECTOR FOR ACCURACY AND CONTENT. AFTER CORRECTIONS ARE MADE (IF ANY), THE DRAFT WILL BE ELECTRONICALLY DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW. AFTER THE REVIEW PERIOD HAS PASSED AND IF NO QUESTIONS ARE RAISED, THE EXECUTIVE DIRECTOR WILL SIGN THE RETURN, AND IT WILL BE MAILED BY THE CENTER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AT EVERY BOARD MEETING. BOARD MEMBERS ARE ALSO REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT. A BOARD MEMBER SHALL ABSTAIN FROM VOTING ON ANY MATTER WHICH PLACES THEM IN A CONFLICT OF INTEREST, AND SHALL NOT PARTICIPATE IN THE DISCUSSION OF ANY SUCH MATTER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR'S SALARY AND COMPENSATION CHANGES ARE APPROVED BY OUR BOARD OF DIRECTORS. AT THE TIME OF CONTRACT RENEWAL FOR THE ED,

Name of the organization: CARING AND SHARING CENTER FOR

Employer identification number: 59-3102837

CERTAIN BOARD MEMBERS WILL FORM A COMMITTEE BEFORE ANY CHANGES ARE ACTED UPON. ALL TIMESHEETS AND EXPENSES FOR THE EXECUTIVE DIRECTOR ARE APPROVED BY THE BOARD PRESIDENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

DISABILITY ACHIEVEMENT CENTER REVIEWS COMPENSATION AND FRINGE BENEFITS OFFERED TO PERSONNEL PERFORMING COMPARABLE WORK IN THE SAME LABOR MARKET AREA. IN ADDITION, DISABILITY ACHIEVEMENT CENTER PERIODICALLY REVIEWS SALARY AND BENEFIT DATA FOR OTHER CENTERS FOR INDEPENDENT LIVING THROUGHOUT THE STATE OF FLORIDA

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, ANNUAL FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.

Employer identification number: 59-3102837

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)	RCC PROPERTY HOLDINGS, INC. 12552 BELCHER ROAD SOUTH 46-4668505 LARGO FL 33773-3014	RE ASSETS	FL	501C2	7	CARING & S		X
(2)								
(3)								
(4)								
(5)								

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro-portionate alloc.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	RCC PROPERTY HOLDINGS	K	36,600	COST
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See instructions.

CARING & SHARING CENTER FOR INDEPENDENT LIVING, INC. D/B/A Disability Achievement Center

Financial Statements and Supplemental Information

June 30, 2021 and 2020

TABLE OF CONTENTS

MKA CPAs AND ADVISORS

Partners
W. Ed Moss, Jr.
Joe M. Krusick
Cori G. Cameron
Bob P. Marchewka
Ric Perez
Thomas F. Regan
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American Institute of
Certified Public
Accountants

Florida Institute of
Certified Public
Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center
Largo, Florida

Report on the Financial Statements

We have audited the accompanying financial statements of Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center (a nonprofit corporation) (the "Organization"), which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities and changes in net assets, cash flows, and functional expenses, for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards,* is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 9, 2021, on our consideration of Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center's internal control over financial reporting and compliance.

Moss, Krusick & Associates, LLC

Winter Park, Florida
December 9, 2021

Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center

STATEMENTS OF FINANCIAL POSITION

June 30, 2021 and 2020

ASSETS

	2021	2020
CURRENT ASSETS		
Cash and equivalents	$ 214,052	$ 268,489
Accounts receivable	115,771	121,164
Prepaid expenses	24,153	22,490
Total current assets	353,976	412,143
Property and equipment, net	378,242	382,564
Deposits	1,505	1,505
Beneficial interest in assets held by others	8,582	6,603
Total assets	$ 742,305	$ 802,815

LIABILITIES AND NET ASSETS

	2021	2020
CURRENT LIABILITIES		
Accounts payable	$ 1,095	$ 3,029
Accrued expenses	44,691	47,592
Deferred revenue	3,651	-
Current portion of notes payable	-	44,505
Total current liabilities	49,437	95,126
Notes payable, net of current portion	-	126,884
Total liabilities	49,437	222,010
NET ASSETS		
Without donor restrictions	682,719	542,214
With donor restrictions	10,149	38,591
Total net assets	692,868	580,805
Total liabilities and net assets	$ 742,305	$ 802,815

The accompanying notes are an integral part of these financial statements.

Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year Ended June 30, 2021

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE AND SUPPORT			
Federal and state grants	$ 859,012	$ -	$ 859,012
Contributions	4,786	-	4,786
Donated services and materials	43,314	-	43,314
Foundation grants	8,702	26,349	35,051
Program service fees	2,400	-	2,400
Gain on debt forgiveness	84,185	-	84,185
Investment income and other	3,000	-	3,000
Net assets released from restrictions	54,791	(54,791)	-
Total revenue and support	1,060,190	(28,442)	1,031,748
EXPENSES			
Program services:			
Independent Living Services	873,432	-	873,432
Employment Services	3,099	-	3,099
Support services:			
General and administrative	43,154	-	43,154
Total expenses	919,685	-	919,685
Change in net assets	140,505	(28,442)	112,063
Net assets, beginning of year	542,214	38,591	580,805
Net assets, end of year	$ 682,719	$ 10,149	$ 692,868

The accompanying notes are an integral part of these financial statements.

Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year Ended June 30, 2020

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE AND SUPPORT			
Federal and state grants	$ 715,590	$ -	$ 715,590
Contributions	399	-	399
Donated services and materials	86,416	-	86,416
Foundation grants	-	82,387	82,387
Program service fees	1,600	-	1,600
Investment income and other	2,159	-	2,159
Net assets released from restrictions	53,154	(53,154)	-
Total revenue and support	859,318	29,233	888,551
EXPENSES			
Program services:			
Independent Living Services	885,922	-	885,922
Employment Services	7,407	-	7,407
Support services:			
Fundraising	818	-	818
General and administrative	47,832	-	47,832
Total expenses	941,979	-	941,979
Change in net assets	(82,661)	29,233	(53,428)
Net assets, beginning of year	624,875	9,358	634,233
Net assets, end of year	$ 542,214	$ 38,591	$ 580,805

The accompanying notes are an integral part of these financial statements.

Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2021 and 2020

	2021	2020
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 112,063	$ (53,428)
Adjustments to reconcile change in net assets to net cash used by operations:		
Depreciation	4,322	22,480
Gain on debt forgiveness	(171,389)	-
Changes in operating assets and liabilities:		
Decrease (increase) in accounts receivable	5,393	(64,057)
(Increase) decrease in prepaid expenses	(1,663)	326
(Increase) decrease in beneficial interest	(1,979)	820
Decrease in accounts payable	(1,934)	(2,134)
(Decrease) increase in accrued expenses	(2,901)	8,484
Increase (decrease) in deferred revenue	3,651	(13,000)
Net cash used by operating activities	(54,437)	(100,509)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on mortgage note payable	-	(24,447)
Proceeds from PPP loan payable	-	84,185
Net cash provided by financing activities	-	59,738
Net decrease in cash and equivalents	(54,437)	(40,771)
Cash and equivalents, beginning of year	268,489	309,260
Cash and equivalents, end of year	$ 214,052	$ 268,489
SUPPLEMENTAL DISCLOSURE:		
Interest paid	$ 2,978	$ 4,141

The accompanying notes are an integral part of these financial statements.

Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2021

	Program Services			Support Services	
	Independent Living Services	Employment Services	Total	General and Administrative	Total Expenses
Salaries	$ 399,254	$ 2,362	$ 401,616	$ 18,372	$ 419,988
Employee benefits	41,396	59	41,455	972	42,427
Payroll taxes	37,030	214	37,244	1,660	38,904
Total personnel	477,680	2,635	480,315	21,004	501,319
Specific assistance to individuals	184,747	-	184,747	-	184,747
Occupancy	52,144	164	52,308	2,694	55,002
Contributed services and materials	43,314	-	43,314	-	43,314
Supplies	39,194	10	39,204	171	39,375
Professional fees	13,946	60	14,006	14,112	28,118
Telephone	12,330	56	12,386	808	13,194
Insurance	9,590	40	9,630	1,571	11,201
Membership dues	6,662	28	6,690	461	7,151
Travel and transportation	6,186	9	6,195	143	6,338
Rental and maintenance of equipment	5,297	22	5,319	367	5,686
Miscellaneous	4,161	-	4,161	588	4,749
Postage and shipping	1,650	6	1,656	90	1,746
Conferences, conventions and meetings	28	-	28	2	30
Total expenses before depreciation	856,929	3,030	859,959	42,011	901,970
Depreciation	16,503	69	16,572	1,143	$ 17,715
Total expenses	$ 873,432	$ 3,099	$ 876,531	$ 43,154	$ 919,685

The accompanying notes are an integral part of these financial statements.

Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2020

	Program Services			Support Services		
	Independent Living Services	Employment Services	Total	Fundraising	General and Administrative	Total Expenses
Salaries	$ 380,784	$ 4,306	$ 385,090	$ 446	$ 20,394	$ 405,930
Employee benefits	65,122	638	65,760	63	2,516	68,339
Payroll taxes	36,572	407	36,979	43	1,920	38,942
Total personnel	482,478	5,351	487,829	552	24,830	513,211
Specific assistance to individuals	132,600	-	132,600	-	-	132,600
Contributed services and materials	86,416	-	86,416	-	-	86,416
Occupancy	58,664	798	59,462	105	4,668	64,235
Supplies	41,657	260	41,917	34	1,523	43,474
Professional fees	14,511	163	14,674	20	10,751	25,445
Telephone	16,205	130	16,335	16	704	17,055
Insurance	9,194	128	9,322	17	1,658	10,997
Membership dues	7,393	103	7,496	13	604	8,113
Travel and transportation	6,157	48	6,205	6	279	6,490
Rental and maintenance of equipment	5,264	74	5,338	10	430	5,778
Miscellaneous	1,897	25	1,922	3	471	2,396
Postage and shipping	1,668	23	1,691	3	131	1,825
Conferences, conventions and meetings	1,336	18	1,354	2	108	1,464
Total expenses before depreciation	865,440	7,121	872,561	781	46,157	919,499
Depreciation	20,482	286	20,768	37	1,675	22,480
Total expenses	$ 885,922	$ 7,407	$ 893,329	$ 818	$ 47,832	$ 941,979

The accompanying notes are an integral part of these financial statements.

NOTE A - SUMMARY OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES

1. Organization

   Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center (the "Organization") was established in 1992 and offers programs and services to disabled persons in Pinellas and Pasco counties in Florida. These programs and services include acquiring skills, housing, transportation, employment and access to public and private facilities, information and referral, advocacy and peer counseling.

2. Basis of Accounting and Financial Statement Presentation

   The accompanying financial statements and accompanying schedules have been prepared on the accrual basis of accounting. The Organization reports information regarding its financial position and activities according to two classes of net assets as follows:

   Net Assets Without Donor Restrictions

   Net assets without donor restrictions are available for use at the discretion of the Board and/or management for general operating purposes. From time to time the Board designates a portion of these net assets for specific purposes which makes them unavailable for use at management's discretion.

   Net Assets With Donor Restrictions

   Net assets with donor restrictions consist of assets whose use is limited by donor-imposed restrictions, time, and/or purpose restrictions.

   The Organization reported gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulation that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, the net assets are reclassified as net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

   Some net assets with donor restrictions include a stipulation that assets provided be maintained permanently (perpetual in nature) while permitting the Organization to expend the income generated by the assets in accordance with the provisions of additional donor imposed stipulations or a Board approved spending policy.

   See Note E for more information on the composition of net assets with donor restrictions.

NOTE A - SUMMARY OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

3. Use of Estimates

   In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management must make estimates based on future events that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

4. Cash and Equivalents

   For purposes of the statements of cash flows, the Organization considers all unrestricted highly liquid investments with an initial maturity of three months or less to be cash equivalents.

5. Accounts Receivable

   The Organization considers all accounts receivable to be fully collectible; accordingly, no allowance for doubtful accounts is required. If amounts become uncollectible, they will be charged to operations when that determination is made.

6. Income Taxes

   The Organization is exempt from federal income taxes under the provision of Section 501(c)(3) of the Internal Revenue Code and is an Organization that is not a private foundation under Section 170(b)(1)(A)(vi). Therefore, no provision has been made for income taxes.

   The Organization follows guidance relating to accounting for uncertainty in income taxes. Management has analyzed the Organization's various federal and state filing positions, and believes that its income tax filing positions and deductions are well documented and supported. Additionally, management believes that no accrual for tax liabilities are necessary. Therefore, no reserves for uncertain tax positions have been recorded. The Organization remains subject to examination by the Internal Revenue Service for the years ended June 30, 2019 through June 30, 2021.

NOTE A - SUMMARY OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

7. Property and Equipment

   Acquisitions of property and equipment in excess of $5,000 are generally capitalized. Such acquisitions are recorded at cost or fair value when received. Depreciation is generally provided over 3 to 39 year estimated lives for the assets and is computed using the straight-line method.

   When assets are fully depreciated, retired, or disposed of, their cost and the related accumulated depreciation are removed from the books.

8. Concentration of Credit Risk and Revenue Concentration

   Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of cash and equivalents and certificates of deposit.

   The Organization places its cash and certificates of deposit with high credit, quality financial institutions which are insured up to $250,000. At June 30, 2021 and 2020, balances not insured by the FDIC were $0 and $28,031, respectively. The Organization has never experienced any losses in such accounts.

   In fiscal years 2021 and 2020, approximately 83% and 81%, respectively, of the Organization's revenues were from federal and state government grant programs. A significant reduction in the level of this support, if it were to occur, would have an adverse effect on the Organization's activities.

9. Fair Value of Financial Instruments

   The fair value of all financial instruments approximates carrying value because of the short-term nature and market rates of the instruments.

10. Revenues and Support

    In May 2014, the Financial Accounting Standards Board (FASB) issued ASU 2014-09, *Revenue from Contracts with Customers*, which amends the existing accounting standards for revenue recognition. ASU 2014-09 is based on principles that govern the recognition of revenue at an amount an entity expects to be entitled when contract performance obligations are met. The standard is effective for fiscal years beginning after December 15, 2021.

    In June 2018, the FASB issued ASU No. 2018-08, *Not-for-Profit Entities: Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made* (ASC 958-605), which clarifies how transactions should be accounted for as contributions (nonreciprocal transactions) or exchange transactions and whether a contribution is conditional.

NOTE A - SUMMARY OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

10. Revenues and Support (continued)

The Organization adopted ASC 606 and ASC 958-605 and all related amendments effective July 1, 2020. The adoption of the new standards had no significant impact on the Organization's financial statements.

The Organization receives a substantial portion of its grants and contract revenue from Federal and State agencies. The Organization recognizes contract revenue (up to the contract ceiling) from its contracts primarily on a pro-rata basis over the contract service period, to the extent reimbursable expenses have been incurred or to the extent that contracted service fees have been earned. The determination of the method used is dependent upon the terms of each contract. Certain contracts require the Organization to return funding in excess of contracted service fees earned or units of service performed. Any such amounts are reflected as unearned grant revenue when they can be reasonably determined.

Contributions received and promises to give to the Organization that are, in substance, unconditional are recorded as without donor restrictions or with donor restrictions depending on the existence or nature of any donor imposed restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Donated services and materials that are measurable are recorded at their fair market values on the date of receipt by the Organization. A corresponding amount is recorded as expense.

11. Deferred Revenue

Deferred income represents income received but not yet earned.

12. Functional Allocation of Expenses

The cost of program and supporting services activities have been summarized on a functional basis in the statements of activities. The statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

13. In-Kind Contributions

In-kind contributions of materials and services used in the Organization's programs are recorded as income and expense at the estimated fair value of the contribution received. Contributions of services are recognized if the services received (a) create or enhance nonfinancial assets or (b) require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. Donated volunteer services and materials at June 30, 2021 and 2020, were valued at $43,314 and $86,416, respectively, and have been recognized for the years then ended.

NOTE A - SUMMARY OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES (continued)

14. Recent Accounting Pronouncements

In February 2016, the FASB issued Accounting Standards Update (ASU) 2016-02, Leases, that requires lessees to put most leases on their balance sheets and recognize expenses on their income statements in a manner similar to today's capital lease accounting. For lessors, the guidance modifies the classification criteria for accounting for sales-type and direct financing leases. The new guidance is effective for fiscal years beginning after December 15, 2021. Early adoption is permitted. The Organization is evaluating the potential effects ASU 2016-02 will have on its financial statements.

15. Subsequent Events

Management has evaluated the effect subsequent events would have on the financial statements through the date these financial statements were issued or available to be issued on December 9, 2021.

NOTE B - 401K PLAN

The Organization established a 401K plan effective January 1, 2010, for all qualifying employees. Employees may defer a portion of their annual compensation. For the year ended June 30, 2021, the Organization matched 25% of the first 4% of gross wages contributed. Matching contributions for 2021 and 2020 were $2,407 and $2,277, respectively.

NOTE C - PROPERTY AND EQUIPMENT

Property and equipment and accumulated depreciation at June 30, 2021 and 2020, are summarized as follows:

	2021	2020
Equipment and furniture	$ 21,576	$ 81,221
Land	82,952	82,952
Building and improvements	470,814	518,183
	575,342	682,356
Less: accumulated depreciation	(197,100)	(299,792)
Property and equipment, net	$ 378,242	$ 382,564

NOTE D - BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS

On June 30, 2009, the Organization created an endowment with the Pinellas County Community Foundation (the "Foundation") in the amount of $5,000. The Foundation is one of the oldest community foundations in Florida. Its combined endowment fund, which includes the Organization's endowment, holds investments for more than 20 organizations. The assets of the endowment are invested primarily in dividend yielding stocks and fixed income securities. All administrative matters of the fund are handled by the Foundation for which the Foundation charges a fee of 1/10th of one percent of the entire fund's market value at the end of the calendar year. The endowment balance of $8,582 and $6,603, respectively, is included in unrestricted assets in the accompanying statements of financial position as of June 30, 2021 and 2020, as there are currently no third-party, donor imposed restrictions on the assets.

NOTE E - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are restricted for the following purposes or periods as of June 30, 2021 and 2020:

	2021	2020
Subject to expenditure for specified purpose:		
Better Living for Seniors	$ 174	$ 750
FACIL 2020 Redistribution Grant	1,923	3,846
FAAST	-	6,307
Jean Griswold Foundation	52	254
Pinellas Community Foundation	-	6,417
Senior Citizens Services Inc. Grant	-	6,791
Senior Citizens Services Fund (at PCF) 2021	7,000	-
Sun Coast Osteopathic Foundation	-	2,000
Tampa Bay Resilicency Fund Grant	-	11,290
West Pharmaceutical (Benevity) Grant	1,000	-
West Pharmaceutical Services Grant	-	936
Total subject to expenditure for specified purpose	$ 10,149	$ 38,591

NOTE F - NET ASSETS RELEASED FROM DONOR RESTRICTIONS

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of the passage of time or other events specified by donor. The net assets released from restrictions for the years ended June 30, 2021 and 2020 are as follows:

	2021	2020
Ability Experience Push America	$ 500	$ 1,000
Allegany Franciscan Ministries TAU Grant	3,399	-
Better Living for Seniors Grant	576	-
BP Oil Spill -2020 Settlement Payment	-	1,022
FACIL 2020 Redistribution Grant	1,923	-
FAAST	14,757	11,225
Florida Medical Clinic Foundation of Caring	-	10,000
Jean Griswold Foundation	202	551
Other Mischellaneous Income	-	2,120
Pasco Aging Network	750	627
Pinellas Community Foundation	6,405	3,963
Senior Citizens Services	10,803	8,451
Sun Coast Osteopathic Foundation	2,000	-
Tampa Bay Resiliency Fund Grant	11,290	10,410
United Way of Pasco County	1,250	3,750
West Pharmaceutical Services Grant	936	35
Net assets released from restrictions	$ 54,791	$ 53,154

NOTE G - FUNCTIONAL EXPENSES

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include occupancy and depreciation, which are allocated on a square footage basis, as well as salaries and wages, benefits, payroll taxes, professional services, office expenses, insurance, and others, which are allocated on the basis of estimates of time and effort.

NOTE H - NOTE PAYABLE

On September 29, 2016, the Organization refinanced its mortgage note payable and paid off its mortgage note with Bank of America. The new mortgage note payable with Wells Fargo is for $174,000, and is payable in monthly installments of $1,771, including principal and interest at 4.05% through September 2026. During the year ended June 30, 2021, the Organization paid the remaining mortgage balance in full.

NOTE I - PAYROLL PROTECTION PROGRAM (“PPP”) LOAN

On March 27, 2020, the Coronavirus Aid Relief, and Economic Security Act ("CARES Act") was enacted in response to the COVID-19 pandemic. Under the CARES Act, the Paycheck Protection Program was established to provide assistance to small businesses with resources needed to maintain payroll and cover applicable overhead. On May 6, 2020, the Organization, through a financial institution, was approved for a loan in the amount of $84,185 under this program.

On April 14, 2021, the Organization's PPP loan was forgiven in the amount of $84,185 and is reflected as a gain on debt forgiveness in the accompanying financial statements.

NOTE J – RISKS AND UNCERTAINTIES

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. As such, it is uncertain as to the full magnitude that the pandemic will have on the Organization's financial condition, liquidity, and future results of operations. Management is actively monitoring the global pandemic situation.

NOTE K - LIQUIDITY AND AVAILABILITY OF RESOURCES

The Organization's financial assets available within one year of the statements of financial position date for general expenditures are as follows, for the year ended June 30, 2021:

Cash and equivalents	$ 214,052
Accounts receivable	115,771
Total financial assets available within one year	329,823
Less:	
Amounts unavailable for general expenditures within one year due to:	
Accounts payable	(1,095)
Accrued expenses	(44,687)
Deferred revenue	(3,651)
Total amounts unavailable for general expenditures within one year	(49,433)
Amounts unavailable for general expenditures within one year due to:	
Restricted by donors for purpose and time	(10,149)
Total financial assets available to management for general expenditure within one year	$ 270,241

As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due.

SUPPLEMENTAL INFORMATION

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INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To The Board of Directors
Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center
Largo, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center (the "Organization"), which comprise the statement of financial position as of June 30, 2021, and the related statements of activities and changes in net assets, functional expenses and cash flows for the year then ended and the related notes to the financial statements, and have issued our report thereon dated December 9, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Moss, Krusick & Associates, LLC

Winter Park, Florida
December 9, 2021

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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Directors of
Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center
Largo, Florida

Report on Compliance for Each Major Federal Program

We have audited Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center's (the "Organization") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended June 30, 2021. Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center's compliance.

Opinion on Each Major Federal Program

In our opinion, Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Caring & Sharing Center for Independent Living, Inc. D/B/A Disability Achievement Center's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Caring & Sharing

Center for Independent Living, Inc. D/B/A Disability Achievement Center's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Moss, Krusick & Associates, LLC

December 9, 2021
Winter Park, Florida

Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

June 30, 2021

Section I – Summary of Auditors' Results

Financial Statements

Type of auditors' report issued:	Unmodified
Internal control over financial reporting:	
-Material weakness identified?	No
-Significant deficiencies identified that are not considered to be material weaknesses?	None Reported
Noncompliance material to financial statements noted?	No

Federal Awards

Internal control over major programs:	
-Material weaknesses identified?	No
-Significant deficiencies identified that are not considered to be material weaknesses?	None Reported
Types of auditors' reports issued on noncompliance for major programs:	Unmodified
Audit findings disclosed that are required to be reported in accordance with Uniform Guidance?	No

Identifications of major programs:

Name of Federal Programs	CFDA Number
ACL Centers for Independent Living	93.432

Dollar threshold used to distinguish between Type A and Type B programs:	$750,000
Auditee qualified as low-risk auditee?	No

Section II – Financial Statement Findings

None (no corrective action plan required)

Section III – Federal Award Findings and Questioned Costs

None (no corrective action plan required)

Section IV – Status of Prior Year Audit Findings

None

Caring & Sharing Center for Independent Living, Inc.
D/B/A Disability Achievement Center
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended June 30, 2021

Federal Grantor/Pass-through Grantor Program Title	CFDA Number	Pass-through/ Contract Grant Number	Time Period	Program Award or Amount	Federal Expenditures
U.S. Department of Health and Human Services:					
Direct Programs:					
ACL Centers for Independent Living (Title VII, Chapter 1, Part C)	93.432	1911FLILCL-00	7/1/20 - 9/30/20	$ 291,726	$ 87,279
ACL Centers for Independent Living (Title VII, Chapter 1, Part C)	93.432	2011FLILCL-00	10/1/20 - 6/30/21	292,569	185,468
ACL Centers for Independent Living 2020 ILC3 - CARES	93.432	2011FLILC3-00	7/1/20 - 6/30/21	281,984	187,772
Total Centers for Independent Living - Federal Grants Cluster				866,279	460,519
Total direct programs				866,279	460,519
Pass-through programs from:					
State of Florida Department of Education					
Independent Living - State Grants (Title VII, Part B)	93.369	19-113	7/1/20 - 6/30/21	61,498	61,498
Total Independent Living - State Grants Cluster				61,498	61,498
Social Security Administration					
Pass-through program from:					
State of Florida Department of Education					
Independent Living - State Grant	93.369	19-113	7/1/20 - 6/30/21	247,114	247,114
General Revenue					
Pass-through program from:					
State of Florida Department of Education					
Independent Living - State Grant	93.369	19-113	7/1/20 - 6/30/21	89,881	89,881
Total pass-through programs				398,493	398,493
Total awards and expenditures of federal awards				$ 1,264,772	$ 859,012

NOTES:

(1) The accompanying schedule of expenditures of federal awards is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Uniform Guidance, "Audits of States, Local Governments, and Non-Profit Organizations." Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

(2) The Organization has elected to not use the 10% de minimis indirect cost rate for its federal programs for the year ended June 30, 2021. The indirect cost rates used on the Organization's federal programs are determined by the relevant federal agency.

(3) There were no transfers to sub-recipients during the year ended June 30, 2021.

See independent auditors' report

DISAB-1 OP ID: SB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/31/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fessler Agency-Clearwater 3165 N McMullen Booth Road G-2 Clearwater, FL 33761-2020 Jack L. Fessler	CONTACT NAME: Jack L. Fessler PHONE (A/C, No, Ext): 727-726-3377 FAX (A/C, No): 727-725-4698 E-MAIL ADDRESS: jfessler@fessleragency.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : General Insurance Co. of
INSURED Disability Achievement Center Caring & Sharing Center dba 12552 Belcher Road Largo, FL 33773	INSURER B : Travelers Casualty and Surety — 19038
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			25CC3697063	06/04/2016	06/04/2017	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:						Emp Ben.	$ 3,000,000
A	AUTOMOBILE LIABILITY			25CC3697063	06/04/2016	06/04/2017	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Crime			105930935	06/04/2016	06/04/2019	LIMITS	30,000
							DED	1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Information Only

CERTIFICATE HOLDER	CANCELLATION
XXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX, XX	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Jack L. Fessler