

# Application Form

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## *Introduction*

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**NOTE: If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your request and project start date.**

Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, [click here](#).

**Please answer these questions FIRST**, as the application will show you the required sections and fields to complete based on your answers.

### Priority Funding Areas\*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Behavioral Health

### Reimbursement\*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

No

### Future Programming\*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

### Project Name\*

PAR COVID-19 Precautions and Behavioral health Outreach Technology (PARbot) Extension Program

**EIN\***

59-1349234

**DUNS Number\***

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: <https://www.dnb.com/duns-number/lookup.html>

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): <https://www.dnb.com/duns-number/get-a-duns.html>

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

089277602

**Mission Statement\***

To strengthen our communities by caring for families and individuals impacted by substance abuse and mental illness.

**Total Operating Expenditure\***

What are your total annual operating expenses?

\$33,554,643.00

**Amount Requested\***

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

**Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.**

\$402,779.00

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

### Priority Populations\*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

- Communities of color
- Children and/or the elderly
- People experiencing homelessness
- Low-income families

### Guiding Principles\*

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.

**From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).**

All of those listed as our priority population have one thing in common: they suffer from addiction. Whether they are low-income, experiencing homelessness, or from communities of color, they all suffer from substance use disorder, or are children of parents who suffer from substance use disorder. It is important to Operation PAR that our leadership and Board of Directors (BOD) have a strong connection to our work and that means that most, if not all of our BOD have all struggled with substance use or have family members that have been touched by addiction. This level of intimacy with PAR's mission at the leadership level allows us to function with compassion towards our clients and our mission. Trauma-Informed Care is critical to the work we do and our BOD and leadership understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize our clients and their families.

### Length of time operating program/project\*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

Operation PAR's substance use treatment programs have been in operation for 50 years. The behavioral telehealth program has been in place for 10 years.

### Service Area\*

In which areas of the county do you physically provide services?

- North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)
- Mid-County (locations such as Clearwater, Largo, Safety Harbor)
- South County (locations such as St. Petersburg, Lealman, Kenneth City)

## Impact on Organization\*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

During the pandemic alcohol & drug use has had a documented increase while services have had to change to provide safe access for clients. The Pinellas County Medical Examiner has seen an increase in overdose deaths as reported to the Pinellas County Opioid Task Force and we have had a rise in calls to our 24/7 Access Center. In Pinellas County PAR serves over 1,000 individuals a month, and we have given out more than 1,000 lifesaving Narcan overdose reversal kits each month in our communities.

The pandemic has caused a quick expansion of counseling services shifting to telehealth, and our residential treatment & detoxification programs have had to reduce capacity to comply with CDC advised safety precautions. We have taken all recommended CDC precautions including requiring questionnaires to be filled out upon arrival at any of our locations, masks are required to be worn when moving about the facilities, visitation for clients was moved to phone/video chat and has recently resumed on a limited basis. We have also required COVID testing for all new residential clients.

This has created a negative financial impact for PAR due to reduced revenue from reduced treatment capacity and an increase in expenses for everything from PPE to devices for clients to access telehealth & supplies for employees to work from home. With less money coming in the door, PAR has had to stretch our resources to be sure we are serving clients in the safest manner and our annual budget approved by our Board of Directors shows a loss for the first time in more than 15 years.

The pandemic has also given rise to the need for PAR to quickly expand our behavioral telehealth services so that all outpatient services are now being done remotely. While we are still serving our Medication Assisted Treatment (MAT) clients in person to dose out medication, all other services for those clients including counselor follow ups have been moved to telehealth services.

## *Fiscal Accountability*

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### Federal Fund Disclosure\*

**If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.**

**It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.**

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

### Audited Financial Statements\*

Does your organization routinely contract to have an audit conducted of its financial statements?

Yes

### Most Recently Filed IRS Form 990\*

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

2018 Form 990.pdf

### Board-Approved Budget\*

Please upload your most recently board-approved budget for this fiscal year in PDF format.

PAR FY 21 Budget.pdf

## *Audited Financial Statements*

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### Most Recent Audited Financial Statements\*

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

FY 2019 AUDIT - Operation PAR Inc Short Form 063019 Issued.pdf  
Attached.

### Management Letter\*

Please provide a management letter indicating any findings from your organization's most recent independent audit.

**If there is no management letter, please explain why.**

N/A - Our audit produced no findings to necessitate a management letter.

## *Expansion or Sustaining of Exact Programming Funded by Another Source*

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### Existing Contract

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

N/A

## *Funding and Usage*

### **Client Service Delivery\***

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

This funding will be used to support Operation PAR's continuum of outpatient & residential services. Outpatient services provided through telehealth will be able to expand as well as telehealth services in residential for visitation, 12 step support groups & other needed services such as job search & medical support.

PAR's target population are adolescents & adults with all levels of substance use disorder. Our continuum of care spans from prevention efforts to inpatient medical detoxification and all levels in between. Our target population accesses our services through our 24/7 access line where they can speak with a support specialist and be screened and linked with the appropriate service. PAR also takes referrals from child welfare, the judicial system, and other behavioral health providers.

Our service locations are throughout Pinellas County. Below is a listing of our service locations.

Largo Campus: 13800 66th S.t N, Largo, FL 33774

- Short & Long Term Adult Residential Treatment
- PAR Village Women's Residential Program & PAR Village Child Development Center
- Cornerstone of Success & Achievement (COSA) – Parenting & Prevention
- Outpatient Program
- Access Center
- Administrative Offices for IT

Highpoint Campus: 6150 150th Ave. N, Clearwater, FL 33760

- Case management
- Medication Assisted Patient Services
- Residential Detox Program

Olive B. McLin Center services: 1900 Dr. Martin Luther King Jr. St. S, St. Petersburg, FL 33705

- Prevention Services
- Medication Assisted Patient Services

Cornerstone of Success & Achievement (COSA) – 2000 4th St. S, St. Petersburg, FL 33705

- Outpatient Services
- Child Development Center

Academy for Behavioral Change: 6720 54th Ave. N, St. Petersburg, FL 33709

- Adolescent Residential Program
- Case management
- Administrative Offices of Health Information Management

### **Communication/Outreach and Community Engagement Efforts\***

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

The most important and effective tool we have to engage the community and potential clients is our 24/7 Access Center. Potential clients can call 1-888-PAR-Next where they can speak with a support specialist and are screened and linked with the appropriate service or given information and referral to other resources. Operation PAR receives more than 2,500 calls every month and we have seen an increase in calls, particularly during the last two months during the COVID-19 crisis. National monitoring shows an increase in alcohol and drug use during the pandemic and we are seeing an increase in call volume as well. The Access Center staff is well versed in the services being offered agency-wide and is particularly focused on addressing COVID-19 related questions and how the pandemic has impacted services. Our Access Center staff will continue to assure potential clients of the telehealth services offered by all outpatient programs. Additionally, we have marketed those services on our website and social media and will continue those efforts. We have also participated in many virtual events throughout the pandemic including a behavioral health Facebook Live series hosted by Representative Jennifer Webb. Operation PAR will continue to seek opportunities to market our services through regular contact with referral sources and through community collaborations.

### Hurricane Preparedness\*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

**There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.**

*If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.*

COOP.pdf  
Attached.

### Evidence of Insurance Coverage\*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

**If there is no insurance coverage for this programming, please provide an explanation as to why.**

Cert of Liability Insurance - Master.pdf  
Attached.

### Insurance Requirement\*

**If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.**

**Here is the information for your carrier:**

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.**

Yes, I understand this requirement.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: [Budget Narrative/Summary Instructions](#)

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**Update as of 9/25/2020:** Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

**Note about Hazard Pay:** Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces. The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.

If you would like to use a unit of service cost as a basis for your budget, you **MUST** contact Pinellas Community Foundation program staff **FIRST** to discuss this possibility.

## Budget Summary\*

Please download the budget summary template [HERE](#) and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

**[CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.](#)**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary-Grant FINAL v2.pdf

## Budget Narrative\*

Please download the budget narrative template [HERE](#) and complete it.

**The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.**

**If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

**[CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.](#)**

**Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.**

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative-Grant FINAL v2 REVISED.pdf

## Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

Cost Documentation FINAL v2.pdf

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations

- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

### Are you going to use LPOs in this programming?\*

No

## *Behavioral Health*

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This grant will require weekly reporting on the following measures:

- Number of individuals receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone by zip code of participant or service delivery point (participant zip code is preferred)

This grant will require monthly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- **Monthly Progress Rate** as defined by your measurement and methodology specified below

### Affirmation of Reporting\*

I affirm that my organization is capable of providing weekly and monthly reports on the above measures.

Yes

### Measurement - Behavioral Health\*

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

The first goal of this funding request is to create access to a safe environment for those seeking treatment services & to increase access points. Clients in our care will continue to learn & maintain good behavioral

health as they move forward in recovery. The increase in outreach at our Access Center will lead to increased enrollment in our programs. Those numbers will be a measure of increased access to services.

Our second goal is to show an increase in service use by 10% each month. We will use the monthly client census numbers to track & measure the number of individuals accessing telehealth services in Pinellas County as well as the # of individuals in our MAPS, detox and residential programs. The monthly admit & discharge numbers will help us determine whether there has been a decline in service provision & to track increase. PAR will use our monthly census reports as the instrument used to gauge the progress of the programs that will benefit from this funding.

## Methodology\*

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the selected behavior change measure(s) specified above.

**Monthly Projected Progress Rate (%):** Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

Operation PAR will use our monthly census reports to gauge the progress of the clients in the programs that will benefit from this funding.

Outreach: Our 24/7 Access Center will serve at least 2,500 individuals per month. Progress will be defined by call center data.

Number of individuals receiving behavioral health services in and via telehealth: Operation PAR will serve at least 1,200 adult clients each month in with in person and/or telehealth services, including at least 50 in our detoxification program.

Our goal with this funding is to see no decline in service provision. We will use the census numbers to track and measure the number of individuals accessing telehealth services in Pinellas County as well as the number of individuals in our MAPS, detox and residential programs. The monthly admit and discharge numbers will help us determine whether or not there has been a decline in service provision.

## Number of Clients Served During Grant Period - Behavioral Health\*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

6000

## Estimated Percentage of Progress - Grant Period\*

Please estimate % of progress on the proposed measure during the grant period.

10%

### September Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **September 2020**.

0

### September Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients **for September 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

0

### October Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **October 2020**.

2000

### October Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for October 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

10

### November Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **November 2020**.

2000

### November Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for November 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

10

### December Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **December 2020**.

2000

## December Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based for **December 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

10

## *Funder Involvement*

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### Which of the funders have provided a grant to your organization within the last three years?\*

Foundation for a Healthy St. Petersburg  
Funding from a Pinellas County Municipality  
Juvenile Welfare Board of Pinellas County  
Pinellas County Government

## Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

Operation PAR applied for funds from FL Blue (not duplicative of the items requested in this proposal) and is waiting to find out if those grants will be funded. We applied for \$399,731 for an Opioids & Substance Abuse- Intervention grant, and \$374,173 for an Opioids & Substance Abuse – Prevention grant.

We received a PPP loan in the amount of \$4,370,855 from Wells Fargo Bank under the terms of the SBA program to be used for payroll costs, rent and utilizes. Operation PAR has 487 employees and didn't lay off any staff or reduce pay during COVID-19.

We received \$36,500 for our two daycare centers in Pinellas County from the Early Learning Coalition Child Care Relief grants to enable our centers to remain open to provide critical services.

We received \$317,832 from Health & Human Services Provider Relief Funds to offset loss of revenues.

## Corrective Action\*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No.

## *Confirmation*

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### **Signature and Affirmation\***

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

**Please type your name as an electronic signature and the date on which you are submitting this application.**

Rachel M. Gelbmann

## File Attachment Summary

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### *Applicant File Uploads*

- 2018 Form 990.pdf
- PAR FY 21 Budget.pdf
- FY 2019 AUDIT - Operation PAR Inc Short Form 063019 Issued.pdf
- COOP.pdf
- Cert of Liability Insurance - Master.pdf
- CARES-Partnership-Fund-Budget-Summary-Grant FINAL v2.pdf
- CARES-Partnership-Fund-Budget-Narrative-Grant FINAL v2 REVISED.pdf
- Cost Documentation FINAL v2.pdf

EXTENDED TO MAY 15, 2020

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**  
Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>OPERATION PAR, INC.</b>		<b>D</b> Employer identification number <b>59-1349234</b>
	Doing business as		<b>E</b> Telephone number <b>(727) 545-7564</b>
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	<b>6655 66TH ST NORTH</b>		<b>G</b> Gross receipts \$ <b>33,347,498.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>PINELLAS PARK, FL 33781</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer <b>DIANNE CLARKE</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list (see instructions)	
<b>J</b> Website <b>WWW.OPERATIONPAR.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>1970</b>	<b>M</b> State of legal domicile <b>FL</b>

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>TO STRENGTHEN OUR COMMUNITIES BY CARING FOR FAMILIES AND INDIVIDUALS IMPACTED BY SUBSTANCE ABUSE AND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>710</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-3.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>-3.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>15,723,960.</b>	<b>16,531,503.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>16,215,912.</b>	<b>16,078,394.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>60,934.</b>	<b>185,361.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>40,041.</b>	<b>37,946.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>32,040,847.</b>	<b>32,833,204.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>21,193,337.</b>	<b>23,139,679.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>49,703.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>9,026,866.</b>	<b>8,921,335.</b>
	<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>30,220,203.</b>	<b>32,061,014.</b>
<b>19</b> Revenue less expenses - Subtract line 18 from line 12	<b>1,820,644.</b>	<b>772,190.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>28,816,178.</b>	<b>30,490,879.</b>
	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20	<b>3,445,205.</b>	<b>4,305,179.</b>
		<b>25,370,973.</b>	<b>26,185,700.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>AMY SCHOLZ, CFO</b>	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DEBI ALBERDI</b>	Preparer's signature <b>DEBI ALBERDI</b>
	Firm's name ▶ <b>CARR, RIGGS &amp; INGRAM, LLC</b>	Firm's EIN ▶ <b>72-1396621</b>
	Firm's address ▶ <b>600 CLEVELAND STREET, SUITE 1000 CLEARWATER, FL 33755</b>	Phone no <b>727.446.0504</b>

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

TO STRENGTHEN OUR COMMUNITIES BY CARING FOR FAMILIES AND INDIVIDUALS IMPACTED BY SUBSTANCE ABUSE AND MENTAL ILLNESS. OPERATION PAR, INC. OFFERS A FULL CONTINUUM OF SERVICES AT LOCATIONS IN PINELLAS, PASCO, LEE, MANATEE, HERNANDO, CHARLOTTE, AND SARASOTA COUNTIES. OPERATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

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 \$ 17,031,892. including grants of \$ ) (Revenue \$ 15,223,885.)

MEDICATION ASSISTED TREATMENT (MAT) WITH USE OF METHADONE, BUPRENORPHINE AND NALTREXONE MAINTENANCE TREATMENT COMBINED WITH COUNSELING FOR INDIVIDUALS WITH AN OPIOID USE DISORDER. SERVICES ARE PROVIDED AT LOCATIONS IN THE FOLLOWING SEVEN COUNTIES: LEE, PASCO, PINELLAS, MANATEE, HERNANDO, SARASOTA AND CHARLOTTE. HIV RISK ASSESSMENT IS ALSO AVAILABLE AT EACH OF THE PROGRAMS ALONG WITH METHADONE ANONYMOUS 12-STEP MEETINGS AND RELAPSE PREVENTION GROUPS. THE MAT FACILITIES ARE CARF ACCREDITED. THE CENSUS AT JUNE 30, 2019 WAS 4,333.

OPERATION PAR BOASTS HAVING THREE EMPLOYEES HONORED WITH THE VERY PRESTIGIOUS NYSWANDER-DOLE "MARIE" AWARD BY THE AMERICAN ASSOCIATION

4b (Code ) (Expenses \$ 2,160,291. including grants of \$ ) (Revenue \$ 121,146.)

INPATIENT DETOXIFICATION IS LOCATED AT THE HIGHPOINT FACILITY IN CLEARWATER AND LICENSED FOR 35 BEDS. IT IS THE ONLY SUCH PROGRAM IN PINELLAS COUNTY. THE PROGRAM PROVIDES A PHYSICAL HEALTH SCREENING, PSYCHOSOCIAL ASSESSMENT, MEDICALLY MONITORED DETOXIFICATION AND STABILIZATION FOR INDIVIDUALS DEPENDENT ON DRUGS AND ALCOHOL WHO MEET THE ADMISSION CRITERIA. THE LENGTH OF STAY VARIES BETWEEN 72 HOURS TO 5.5 DAYS, WITH 24-HOUR MEDICAL CARE PROVIDED. INDIVIDUAL SESSIONS, CASE MANAGEMENT, FAMILY SESSIONS AND EDUCATIONAL GROUPS ARE PROVIDED. CLIENTS ARE ADMITTED AND DISCHARGED BY A PHYSICIANS ORDER. REFERRALS ARE MADE TO ADDITIONAL COMMUNITY RESOURCES AS APPROPRIATE.

DURING THE FISCAL YEAR, A TOTAL OF 877 CLIENTS RECEIVED SERVICES. MANY

4c (Code ) (Expenses \$ 2,223,504. including grants of \$ ) (Revenue \$ )

PAR VILLAGE IS A NATIONALLY ACCLAIMED RESIDENTIAL PROGRAM PROVIDING GENDER SPECIFIC SERVICES FOR SEVERELY DYSFUNCTIONAL SUBSTANCE ABUSING FEMALES AND THEIR CHILDREN. RESIDENTIAL SERVICES TARGET PREGNANT OR PARENTING, ADDICTED WOMEN WHO DESIRE TO HAVE THEIR CHILDREN RESIDE WITH THEM IN TREATMENT. SERVICES INCLUDE SUBSTANCE ABUSE CLASSES, LIFE SKILLS AND PARENTING CLASSES, RELAPSE PREVENTION, CASE MANAGEMENT, VOCATIONAL AND EDUCATIONAL SERVICES, COORDINATION WITH LOCAL CHILD WELFARE AGENCIES AND AFTERCARE.

DURING THE FISCAL YEAR, A TOTAL OF 234 CLIENTS RECEIVED RESIDENTIAL SERVICES. MANY OF THE CLIENTS SERVED ARE INDIGENT AND FALL BELOW THE FEDERAL POVERTY LEVEL. THE AVERAGE LENGTH OF STAY IS 4 MONTHS, BASED

4d Other program services (Describe in Schedule O) (Expenses \$ 6,463,362. including grants of \$ ) (Revenue \$ 733,363.)

4e Total program service expenses 27,879,049.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**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 <b>2a</b> 710		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c)</b>		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders <b>11a</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>11b</b>		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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 <b>13b</b>		
c	Enter the amount of reserves on hand <b>13c</b>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		X

**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 in Schedule O See instructions

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	X	
8b	a The governing body? b Each committee with authority to act on behalf of the governing body?	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 in Schedule O		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?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	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?	X	
16b	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?	X	

**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  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **AMY SCHOLZ - (727) 545-7564**  
**6655 66TH ST NORTH, PINELLAS PARK, FL 33781**

**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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH H. SAUNDERS, ESQ. CHAIRMAN	2.00 2.00	X		X				0.	0.	0.
(2) MICHAEL S. PALLOS, PH.D. SECRETARY	2.00	X		X				0.	0.	0.
(3) JOHN W. WAECHTER, ESQ. TREASURER	2.00 2.00	X		X				0.	0.	0.
(4) DAVID PILKINGTON DIRECTOR	2.00 2.00	X						0.	0.	0.
(5) TINA GILMORE-JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(6) LE ANNE LAKE, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(7) KAROL BULLARD DIRECTOR	2.00	X						0.	0.	0.
(8) JOHN K. CARTER, ESQ. DIRECTOR	2.00	X						0.	0.	0.
(9) CATHERINE KENNEDY DIRECTOR	2.00	X						0.	0.	0.
(10) ALICIA L. GANGI, ESQ DIRECTOR	2.00	X						0.	0.	0.
(11) AMY SCHOLZ CHIEF FINANCIAL OFFICER	40.00 4.00			X				223,872.	0.	33,195.
(12) DIANNE CLARKE PRESIDENT/CEO	40.00 2.00			X				285,089.	0.	27,330.
(13) JAMES MILLER CHIEF OPERATING OFFICER	40.00 4.00			X				138,227.	0.	46,829.
(14) RICHARD NEUBERT CHIEF HUMAN RESOURCES OFFI	40.00			X				126,692.	0.	49,828.
(15) ANDRE W. BENSON PHYSICIAN	40.00					X		218,857.	0.	7,981.
(16) AWAIS SIDDIKI PHYSICIAN	40.00					X		174,591.	0.	6,820.
(17) GAYLE CALLAHAN PHARMACIST	40.00					X		137,988.	0.	14,142.



**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	1 a	1a					
	b	1b					
	c	1c					
	d	1d					
	e	1e	16,418,397.				
	f	1f	113,106.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f		16,531,503.			
Program Service Revenue	2 a	PROGRAM SERVICE REVENUE	624100	16,078,394.	16,078,394.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		16,078,394.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		160,879.		160,879.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real					
		(ii) Personal					
		Gross rents					
		Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory		500,000.	13,492.		
		Less cost or other basis and sales expenses		489,010.	0.		
	c	Gain or (loss)		10,990.	13,492.		
d	Net gain or (loss)		24,482.		24,482.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		63,233.				
b	Less direct expenses		25,284.				
c	Net income or (loss) from fundraising events		37,949.			37,949.	
9 a	Gross income from gaming activities See Part IV, line 19						
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	LAB	541380	-3.		-3		
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d			-3.			
12	<b>Total revenue.</b> See instructions			32,833,204.	16,078,394.	-3.	
						223,310.	

**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				
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	1,979,612.	1,020,205.	959,407.	
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	17,466,798.	15,462,672.	1,978,622.	25,504.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	178,976.	173,357.	5,349.	270.
9 Other employee benefits	2,065,498.	1,877,651.	185,223.	2,624.
10 Payroll taxes	1,448,795.	1,268,159.	178,884.	1,752.
11 Fees for services (non-employees)				
a Management	2,900,656.	677,273.	2,212,347.	11,036.
b Legal				
c Accounting				
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 Sch O)	-1,425,897.	855,529.	-2,287,011.	5,585.
12 Advertising and promotion				
13 Office expenses	2,176,745.	2,010,941.	165,804.	
14 Information technology				
15 Royalties				
16 Occupancy	1,503,381.	1,391,665.	111,716.	
17 Travel	267,833.	221,120.	46,713.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	987,226.	861,383.	125,843.	
23 Insurance	451,694.	361,447.	89,972.	275.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <b>REPAIRS AND MAINTENANCE</b>	1,384,534.	1,108,164.	274,196.	2,174.
b <b>FOOD AND KITCHEN COSTS</b>	448,261.	436,440.	11,821.	
c <b>INTEREST &amp; BANK FEES</b>	96,998.	63,699.	33,299.	
d <b>OTHER EXPENSES</b>	65,934.	47,335.	18,116.	483.
e All other expenses	63,970.	42,009.	21,961.	
<b>25 Total functional expenses</b> Add lines 1 through 24e	<b>32,061,014.</b>	<b>27,879,049.</b>	<b>4,132,262.</b>	<b>49,703.</b>
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	5,229,629.	1	5,092,049.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,829,810.	3	2,247,193.
	4	Accounts receivable, net	638,468.	4	784,686.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	534,543.	9	631,623.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 31,946,416.		
	b	Less accumulated depreciation	10b 16,452,668.	10c	15,493,748.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	2,018,575.	12	3,389,893.
	13	Investments - program related See Part IV, line 11	410,416.	13	406,624.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,216,135.	15	2,445,063.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	28,816,178.	16	30,490,879.	
Liabilities	17	Accounts payable and accrued expenses	3,375,867.	17	4,205,692.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		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	69,338.	25	99,487.
	26	<b>Total liabilities.</b> Add lines 17 through 25	3,445,205.	26	4,305,179.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	25,008,762.	27	25,843,797.
	28	Temporarily restricted net assets	362,211.	28	341,903.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	25,370,973.	33	26,185,700.	
34	<b>Total liabilities and net assets/fund balances</b>	28,816,178.	34	30,490,879.	

Form 990 (2018)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,833,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,061,014.
3	Revenue less expenses Subtract line 2 from line 1	3	772,190.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,370,973.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	42,537.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,185,700.

**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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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?	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 in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

**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](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization <b>OPERATION PAR, INC.</b>	Employer identification number <b>59-1349234</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s)

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

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11990352.	12759505.	13393095.	15723960.	16531503.	70398415.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	11990352.	12759505.	13393095.	15723960.	16531503.	70398415.
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 <b>Public support.</b> Subtract line 5 from line 4						70398415.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	11990352.	12759505.	13393095.	15723960.	16531503.	70398415.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,319.	16,215.	4,993.	60,934.	185,361.	279,822.
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 <b>Total support.</b> Add lines 7 through 10						70678237.
12 Gross receipts from related activities, etc (see instructions)				12	79,891,823.	
13 <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.60 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.76 %
16a <b>33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

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

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

19a **33 1/3% support tests - 2018** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.		
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).		
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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 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.		
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 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019 Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

**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)

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

Name of the organization

OPERATION PAR, INC.

Employer identification number

59-1349234

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

 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 foundationCheck 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**

- 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 <b>OPERATION PAR, INC.</b>	Employer identification number <b>59-1349234</b>
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**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	CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.  719 U.S. HIGHWAY 301 S  TAMPA, FL 33619	\$ 11,135,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	DEPARTMENT OF JUVENILE JUSTICE  2737 CENTERVIEW DRIVE  TALLAHASSEE, FL 32399	\$ 1,050,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	JUVENILE WELFARE BOARD OF PINELLAS COUNTY  14155 58TH STREET NORTH  CLEARWATER, FL 33760	\$ 889,335.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	FLORIDA ALCOHOL & DRUG ASSOCIATION  2868 MAHAN DRIVE, SUITE 1  TALLAHASSEE, FL 32308	\$ 676,690.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS  315 COURT STREET  CLEARWATER, FL 33756	\$ 931,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	LSF HEALTH SYSTEMS  9428 BAYMEADOWS ROAD, SUITE 320  JACKSONVILLE, FL 32256	\$ 698,275.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization <b>OPERATION PAR, INC.</b>	Employer identification number <b>59-1349234</b>
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**Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>OPERATION PAR, INC.</b>	Employer identification number <b>59-1349234</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ Complete if the organization is described below ▶ Attach to Form 990 or Form 990-EZ  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **OPERATION PAR, INC.** Employer identification number **59-1349234**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

- 2 Political campaign activity expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check  if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		99,379.													
c Total lobbying expenditures (add lines 1a and 1b)		99,379.													
d Other exempt purpose expenditures		27,753,883.													
e Total exempt purpose expenditures (add lines 1c and 1d)		27,853,262.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is.</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is.	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is.														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	85,096.	102,035.	102,500.	99,379.	389,010.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2018 Open to Public Inspection

Name of the organization

OPERATION PAR, INC.

Employer identification number

59-1349234

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Total number of conservation easements, 2a Total acreage restricted by conservation easements, 2b Number of conservation easements on a certified historic structure, 2c Number of conservation easements included in (c) acquired after 7/25/06, 2d Number of conservation easements modified, transferred, released, extinguished, or terminated, 3 Number of states where property subject to conservation easement is located, 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 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)?, 8 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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

832051 10-29-18

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

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

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 Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**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		2,334,766.		2,334,766.
b Buildings		20,719,681.	10,329,820.	10,389,861.
c Leasehold improvements		4,103,619.	2,608,661.	1,494,958.
d Equipment		4,407,286.	3,207,066.	1,200,220.
e Other		381,064.	307,121.	73,943.
<b>Total</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,493,748.

**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) TRASURY DIRECT	1,314,432.	END-OF-YEAR MARKET VALUE
(B) WELLS FARGO FUNDS-A/C		
(C) #3104	1,042,992.	END-OF-YEAR MARKET VALUE
(D) WELLS FARGO FUNDS-A/C		
(E) #3229	1,032,469.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total (Col (b) must equal Form 990, Part X, col (B) line 12.)</b>	<b>3,389,893.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total (Col (b) must equal Form 990, Part X, col (B) line 13.)</b>		

**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) ASSETS HELD IN TRUST	1,346,937.
(2) CLIENT TRUST FUND	2,420.
(3) DEPOSITS	73,631.
(4) OPERATION PAR CASH SURRENDER VALUE	812,512.
(5) OPERATION PAR INC. - DUE TO/FROM BO	209,563.
(6)	
(7)	
(8)	
(9)	
<b>Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b>	<b>2,445,063.</b>

**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) CASH ACTIVITY FUND PAYABLE	2,174.
(3) CLIENT TRUST FUND PAYABLE	246.
(4) DUE TO/FROM SAS	97,067.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>99,487.</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

1	Total revenue, gains, and other support per audited financial statements		1	33,400,689.
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	454,890.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	112,699.	
e	Add lines 2a through 2d	2e		567,589.
3	Subtract line 2e from line 1	3		32,833,100.
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	104.	
c	Add lines 4a and 4b	4c		104.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		32,833,204.

**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	32,585,962.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	454,890.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	70,058.	
e	Add lines 2a through 2d	2e		524,948.
3	Subtract line 2e from line 1	3		32,061,014.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		32,061,014.

**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 X, LINE 2:**

THE ORGANIZATION UTILIZES THE PROVISIONS OF ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." AS A RESULT, THE ORGANIZATION HAS NOT RECOGNIZED ANY RESPECTIVE LIABILITY FOR UNRECOGNIZED TAX BENEFITS AS IT HAS NO KNOWN TAX POSITIONS THAT WOULD SUBJECT THE ORGANIZATION TO ANY MATERIAL INCOME TAX EXPOSURE. A RECONCILIATION OF THE BEGINNING AND ENDING AMOUNT OF UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES IS NOT INCLUDED AS THERE ARE NO UNRECOGNIZED TAX BENEFITS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

UBIT EXPENSES NETTED AGAINST REVENUE ON TAX RETURN 44,785.

**Part XIII** Supplemental Information (continued)

FUNDRAISING EXPENSE NETTED AGAINST REVENUE	25,284.
SAS INVESTMENT INCREASE	-2,587.
INVESTMENT IN HUMAN TRUST	-1,206.
ROUNDING	-1.
INCREASE CSV	46,424.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	112,699.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

K-1 INCREASE	104.
--------------	------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UBIT EXPENSES NETTED AGAINST REVENUE ON TAX RETURN	44,785.
FUNDRAISING EXPENSE NETTED AGAINST REVENUE	25,284.
ROUNDING	-11.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	70,058.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		POETIC JUSTICE (event type)	(event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	63,233.		63,233.
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	63,233.		63,233.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	35,901.		35,901.
	10	Direct expense summary Add lines 4 through 9 in column (d)			35,901.
	11	Net income summary Subtract line 10 from line 3, column (d)			27,332.

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

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

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain \_\_\_\_\_

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

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

13 Indicate the percentage of gaming activity conducted in
a The organization's facility 13a %
b An outside facility 13b %

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

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

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

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

16 Gaming manager information

Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**  
Open to Public Inspection

Name of the organization

OPERATION PAR, INC.

Employer identification number

59-1349234

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMY SCHOLZ CHIEF FINANCIAL OFFICER	(i)	163,773.	10,000.	50,099.	5,989.	27,206.	257,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DIANNE CLARKE PRESIDENT/CEO	(i)	187,026.	12,500.	85,563.	6,617.	20,713.	312,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JAMES MILLER CHIEF OPERATING OFFICER	(i)	125,662.	3,000.	9,565.	4,623.	42,206.	185,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICHARD NEUBERT CHIEF HUMAN RESOURCES OFFI	(i)	110,082.	3,000.	13,610.	4,115.	45,713.	176,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANDRE W. BENSON PHYSICIAN	(i)	218,857.	0.	0.	6,593.	1,388.	226,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AWAIS SIDDIKI PHYSICIAN	(i)	174,591.	0.	0.	0.	6,820.	181,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GAYLE CALLAHAN PHARMACIST	(i)	136,488.	1,500.	0.	4,211.	9,931.	152,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

BOARD-APPROVED DEFERRED COMPENSATION CONTRIBUTIONS WERE MADE TO A RABBI TRUST FOR THE BENEFIT OF A SELECTED GROUP OF MANAGEMENT EMPLOYEES. DURING THE CALENDAR YEAR, THESE CONTRIBUTIONS TOTALED \$75,000 FOR DIANNE CLARKE, \$40,000 FOR AMY SCHOLZ, \$15,000 FOR JAMES MILLER, AND \$25,000 FOR RICH NEUBERT.

THE CONTRIBUTIONS FOR THE VESTED PLAN PARTICIPANTS ARE INCLUDED IN COLUMN (B)(III) OTHER REPORTABLE COMPENSATION OF SCHEDULE J, PART II. THE CONTRIBUTIONS FOR THOSE NON-VESTED PLAN PARTICIPANTS ARE INCLUDED IN COLUMN (D) NONTAXABLE BENEFITS. THE PLAN ASSETS WERE NOT DISTRIBUTED AND REMAIN THE ASSETS OF OPERATION PAR UNTIL SEPARATION FROM SERVICE.

**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](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047

**2018**  
Open to Public  
Inspection

Name of the organization

OPERATION PAR, INC.

Employer identification number  
59-1349234

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MENTAL ILLNESS. OPERATION PAR, INC. OFFERS A FULL CONTINUUM OF SERVICES AT LOCATIONS IN PINELLAS, PASCO, LEE, MANATEE, HERNANDO, CHARLOTTE AND SARASOTA COUNTIES. OPERATION PAR IS ONE OF FLORIDA'S LARGEST PUBLICALLY FUNDED NON-PROFIT SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES PROVIDER, SERVING OVER 13,000 CLIENTS DURING THE YEAR. AN ADDITIONAL 65,000 RESIDENTS IN PINELLAS COUNTY WERE IMPACTED BY PREVENTION. OPERATION PAR'S COMPREHENSIVE BEHAVIORAL HEALTHCARE TREATMENT SERVICES INCLUDE SUBSTANCE ABUSE RESIDENTIAL AND OUTPATIENT TREATMENT, CASE MANAGEMENT SERVICES, AFTERCARE SERVICES, INPATIENT AND OUTPATIENT MEDICAL DETOXIFICATION SERVICES, MEDICATION ASSISTED PATIENT SERVICES, OUTREACH AND INTERVENTION (SCREENING, ASSESSMENT) PREVENTION, RESEARCH AND EVALUATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PAR IS ONE OF FLORIDA'S LARGEST PUBLICALLY FUNDED NON-PROFIT SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES PROVIDER, SERVING OVER 13,000 CLIENTS DURING THE YEAR. AN ADDITIONAL 65,000 RESIDENTS IN PINELLAS COUNTY WERE IMPACTED BY PREVENTION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOR THE TREATMENT OF OPIOID DEPENDENCE (AATOD). RECEIVING THIS AWARD IS THE PINNACLE OF RECOGNITION FOR PEOPLE WORKING IN THE FIELD OF METHADONE TREATMENT WORLDWIDE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

OPERATION PAR, INC.

Employer identification number

59-1349234

OF THE CLIENTS SERVED ARE INDIGENT AND FALL BELOW THE FEDERAL POVERTY LEVEL.

OPERATION PAR SURVEYS ALL ACTIVE PARTICIPANTS QUARTERLY ON THEIR PERCEPTION AND SATISFACTION OF CARE PROVIDED AT OPERATION PAR. OUR INPATIENT DETOXIFICATION PROGRAM CONSISTENTLY RANKS HIGH IN THESE CLIENT SATISFACTION SURVEYS. IN FACT, OUR INPATIENT DETOXIFICATION PROGRAM RECEIVED THE NATIONAL BEST PRACTICES AWARD FOR TWO YEARS IN THE ROW FOR ACHIEVING HIGH LEVELS OF CLIENT SATISFACTION. THIS AWARD WAS ISSUED BY MENTAL HEALTH CARE OF AMERICA, INC.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ON INDIVIDUAL NEED.

OPERATION PAR HAS BEEN INVOLVED WITH SEVERAL CLINICAL TRIAL PROJECTS IN ITS COMMITMENT TO BEING ON THE CUTTING-EDGE OF KNOWLEDGE AND BEST PRACTICES IN THE FIELD OF SUBSTANCE ABUSE. OPERATION PAR HAS PLACED EVIDENCE-BASED PRACTICES AT THE CORE OF ITS SERVICE DELIVERY IN TREATMENT, PROGRAM METHODOLOGY AND IN ASSESSMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OPERATION PAR OFFERS A FULL CONTINUUM OF SERVICES FOR INDIVIDUALS WITH SUBSTANCE ABUSE AND/OR MENTAL HEALTH DISORDERS.

OTHER SERVICES PROVIDED BY OPERATION PAR, INC. INCLUDE THE FOLLOWING:

MEDICAL DETOXIFICATION - INPATIENT AND OUTPATIENT DETOXIFICATION WOMEN, CHILDREN AND FAMILY SERVICES - OUTPATIENT, RESIDENTIAL,

Name of the organization OPERATION PAR, INC.	Employer identification number 59-1349234
---	--

INTERVENTION AND CASE MANAGEMENT SERVICES

ADULT SERVICES - OUTPATIENT AND RESIDENTIAL

JUVENILE AND FAMILY SERVICES - OUTPATIENT, INTERVENTION AND CASE MANAGEMENT SERVICES

INTAKE/SCREENING

PREVENTION SERVICES

RESEARCH AND EVALUATION SERVICES

LABORATORY SERVICES

EXPENSES \$ 6,463,362. INCLUDING GRANTS OF \$ 0. REVENUE \$ 733,363.

FORM 990, PART VI, SECTION A, LINE 6:  
BOLEY-PAR, INC. IS THE SOLE MEMBER OF OPERATION PAR, INC.

FORM 990, PART VI, SECTION A, LINE 7A:  
BOLEY-PAR, INC. IS THE SOLE MEMBER OF OPERATION PAR, INC. THE BYLAWS OF OPERATION PAR, INC. PROVIDE THAT BOLEY-PAR HAS THE POWER TO ELECT, REMOVE, AND/OR REPLACE THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE CHIEF FINANCIAL OFFICER REVIEWS THE FORM 990 WITH THE MEMBERS OF THE FINANCE COMMITTEE OF THE BOARD PRIOR TO THE FILING DATE. COPIES OF THE 990 ARE MADE AVAILABLE TO THE FULL BOARD UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:  
ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AS SOON AS IT IS KNOWN, OR REASONABLY SHOULD BE KNOWN. A DISCLOSURE FORM IS COMPLETED UPON FIRST ASSOCIATION WITH OPERATION PAR AND IS UPDATED ANNUALLY, THEREAFTER.

Name of the organization

OPERATION PAR, INC.

Employer identification number

59-1349234

ALL DISCLOSURE STATEMENTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND PROCEDURES ARE FOLLOWED ACCORDING TO THE WRITTEN CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD IS RESPONSIBLE FOR REVIEWING AND APPROVING THE COMPENSATION PACKAGE OF THE CEO, COO AND CFO. THE COMMITTEE MEETS AT LEAST ANNUALLY TO COMPLETE PERFORMANCE EVALUATIONS AND TO REVIEW THE COMPENSATION PACKAGE. A SALARY SURVEY OF COMPARABLE AGENCIES IS REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTATION IS MADE AVAILABLE UPON VERBAL OR WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN CASH SURRENDER VALUE - LIFE INSURANCEE	46,424.
INVESTMENT IN SAS	-2,587.
INVESTMENT IN HUMAN TRUST	-1,206.
ROUNDING	10.
K-1 INCOME NOT ON BOOKS	-104.
TOTAL TO FORM 990, PART XI, LINE 9	42,537.

FORM 990, PART XII, LINE 2C:

THE BOARD FINANCE COMMITTEE IS RESPONSIBLE FOR HIRING AND TERMINATING THE AUDIT FIRM AND DETERMINING THE SCOPE OF WORK. ALL ENGAGEMENT LETTERS ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. A DRAFT COPY OF THE ANNUAL AUDIT IS ALSO REVIEWED WITH THE FINANCE COMMITTEE. THE AUDIT FIRM MAKES A PRESENTATION TO THE COMMITTEE AND REVIEWS ANY

Name of the organization OPERATION PAR, INC.	Employer identification number 59-1349234
---	--

AUDIT FINDINGS, REPORTABLE CONDITIONS AND MANAGEMENT LETTER ISSUES.  
 THE FINANCE COMMITTEE MUST ALSO APPROVE ANY SPECIAL PROJECTS BEYOND THE  
 SCOPE OF THE AUDIT.

FORM 990

OPERATION PAR HAS BEEN PUTTING FLORIDA'S FAMILIES FIRST FOR OVER 40  
 YEARS SINCE INCORPORATING AS A NONPROFIT ORGANIZATION IN 1970.

THROUGHOUT THE YEARS, OPERATION PAR HAS EARNED NATIONAL ATTENTION FOR  
 ITS PREVENTION SERVICES AND COMPREHENSIVE BEHAVIORAL HEALTH CARE  
 SERVICES. OPERATION PAR WAS AMONG 27 ORGANIZATIONS IN THE NATION  
 SELECTED TO RECEIVE THE 2009 SCIENCE AND SERVICE AWARD FROM THE  
 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA).  
 THESE AWARDS RECOGNIZE EXEMPLARY IMPLEMENTATION OF EVIDENCE-BASED  
 INTERVENTIONS THAT HAVE BEEN SHOWN TO PREVENT AND/OR TREAT MENTAL  
 ILLNESSES AND SUBSTANCE ABUSE. THE ORGANIZATION WAS HONORED FOR ITS PAR  
 VILLAGE, FAMILY ACHIEVEMENT IN RECOVERY PROGRAM.

LOCALLY, THE TAMPA BAY BUSINESS JOURNAL AWARDED OPERATION PAR WITH ITS  
 2009 NONPROFIT OF THE YEAR AWARD IN THE HEALTH SERVICES CATEGORY.  
 OPERATION PAR WAS RECOGNIZED FOR ITS SUCCESSFUL SUSTAINABILITY EFFORTS.  
 OPERATION PAR SUSTAINS CORE SERVICES THROUGH ITS ADVOCACY EFFORTS WITH  
 FEDERAL, STATE AND LOCAL STAKEHOLDERS TO IMPLEMENT A STATEWIDE  
 BEST-PRACTICE TREATMENT MODEL OF CARE, PARTICULARLY FOR WOMEN AND  
 CHILDREN. BASED ON SUCCESSFUL SUSTAINABILITY EXPERIENCES, OPERATION  
 PAR CONTINUES TO ADVOCATE LOCALLY AND STATEWIDE ON THE NEED FOR  
 EXPANDED, FAMILY-CENTERED TREATMENT CAPACITY AND COMPREHENSIVE

Name of the organization OPERATION PAR, INC.	Employer identification number 59-1349234
---	--

SERVICES.

OPERATION PAR, INC. HAS ALSO BEEN A GOOD FISCAL AGENT FOR THE FUNDS THAT FLOW THROUGH THE AGENCY BY DEMONSTRATING SOUND FISCAL MANAGEMENT. A FULL AUDIT IS PERFORMED WHICH INCLUDES EVALUATION OF THE AGENCY'S INTERNAL CONTROL STRUCTURE AND COMPLIANCE WITH AUDITING STANDARDS. THE AUDIT HAS YIELDED AN UNQUALIFIED OPINION FOR THE FISCAL YEARS ENDED JUNE 30, 2019 AND 2018. THE AUDITED FINANCIAL STATEMENTS ALSO DEMONSTRATE A POSITIVE FUND BALANCE AND SUFFICIENT CASH RESERVES.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**  
Open to Public  
Inspection

Name of the organization **OPERATION PAR, INC.** Employer identification number **59-1349234**

**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

**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
BOLEY-PAR, INC. - 46-3480340 6655 66TH ST N PINELLAS PARK, FL 33781	MANAGEMENT AND ADMINISTRATIVE SERVICES	FLORIDA	501(C)(3)	LINE 7			X
BOLEY CENTERS, INC. - 59-1290089 445 31ST STREET NORTH ST. PETERSBURG, FL 33713	MENTAL HEALTH	FLORIDA	501(C)(3)	LINE 7	BOLEY-PAR, INC.	X	
PERSONAL ENRICHMENT THROUGH MENTAL HEALTH SERVICES - 59-3153549, 11254 58TH ST. N., PINELLAS PARK, FL 33782	MENTAL HEALTH	FLORIDA	501(C)(3)	LINE 7	BOLEY-PAR, INC.	X	

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

Schedule R (Form 990) 2018



**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

**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
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>	X	
<b>1n</b>	X	
<b>1o</b>	X	
<b>1p</b>	X	
<b>1q</b>	X	
<b>1r</b>		X
<b>1s</b>		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)			
(2)			
(3)			
(4)			
(5)			
(6)			





OPERATION PAR, INC.  
BUDGET  
July 1, 2020 - June 30, 2021

2021  
Budget

**Revenues:**

CFBHN	8,172,791
CFBHN SOR	1,882,109
Lutheran Services SOR	832,328
Lutheran Services HIV Funds	60,000
DCF/FADAA Vivitrol	200,000
OSCA/FADAA Vivitrol	334,800
DCF Recovery Team	74,000
Early Learning Center	192,000
DJJ Juv. Assessmt Center	406,398
DJJ PAIC	480,000
JWB COSA	431,517
JWB COSA North	211,200
JWB Motivating New Moms	173,071
St. Petersburg Free Clinic	7,200
Pinellas Cty School Board	28,000
Pinellas County Human Svcs.	214,290
Baycare Endocarditis	58,800
Pasco County Jail	12,000
Pinellas County CARE Team	410,750
Pinellas Cty MAT Expansion	583,145
Pinellas Cty CABHI	209,400
Pinellas Cty Healthcare for the Homeless	169,300
HOME Project	17,000
Lee County Sheriff's Office	4,000
Hernando County Sheriff's Office	4,000
Client Fees - Private Pay	5,005,400
Outside Lab Billings	18,000
Medicaid	7,177,000
Medicare	2,437,769
Misc Managed Care Contracts	150,000
In-Kind Services	454,890
Donations	12,500
Interest Revenue	26,400
Foundations	8,000
Miscellaneous Revenue	14,000
Food Stamps	87,600
Investment in SAS	(2,615)
Investment in Human Trust	(2,400)

<b>Total Revenues</b>	<b>30,554,643</b>
-----------------------	-------------------

**Expenses:**

Salaries	20,164,854
Total Fringe Benefits	3,961,680
Management Fee	3,853
In-Kind Services	454,890
Contractual Services	634,910
Professional Fees/Physicians	561,591
Outside Lab Testing	661,900
Shared staff contra	(477,480)
Rent	623,213
Equipment Lease	122,934
Property Taxes	25,606
Insurance	552,056
Training/Travel	179,306
Utilities	600,326
Telephone expense	233,571
Maintenance	772,286
Computer Maintenance	589,538
Vehicle Expense	48,400
Postage & Freight	13,880
Printing	16,400
Photocopy Contra	(1,920)
Food	489,125
Operating expense	626,350
Office expense	89,025

OPERATION PAR, INC.  
BUDGET  
July 1, 2020 - June 30, 2021

	2021 Budget
Medicine/Medical Supplies	1,475,927
Computer supplies & expenses	92,000
Depreciation & Amortization	825,660
Memberships	39,720
Promotional/Consumer Education	3,892
Job Recruitment	9,200
Fundraising expenses	18,000
Bad Debt Expense	31,500
Client Support Expenses	22,750
Bank Fees	89,700
<b>Total Expenses</b>	<b>33,554,643</b>
<b>Revenues Less Expenses</b>	<b>(3,000,000)</b>

**PPP Loan forgiveness to offset loss**

# Operation PAR, Inc.

## FINANCIAL STATEMENTS

June 30, 2019

(With comparative financial information for 2018)



**CRI** CARR  
RIGGS &  
INGRAM

CPAs and Advisors

[CRIcpa.com](http://CRIcpa.com)



**Operation PAR, Inc.  
Table of Contents  
June 30, 2019 and 2018**

**TAB: REPORT**

Independent Auditors' Report	1
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**TAB: FINANCIAL STATEMENTS**

Statements of Financial Position as of June 30, 2019 and 2018	4
Statements of Activities for the Years Ended June 30, 2019 and 2018	6
Statements of Functional Expenses for the Years Ended June 30, 2019 and 2018	8
Statements of Cash Flows for the Years Ended June 30, 2019 and 2018	9
Notes to Financial Statements	10
Schedule of Expenditures of Federal Awards and State Financial Assistance	25
Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance	27
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	28
Independent Auditors' Report on Compliance for Each Major Federal Program and on Internal Controls Over Compliance Required by the Uniform Guidance	30
Schedule of Findings and Questioned Costs	32



# REPORT





Carr, Riggs & Ingram, LLC  
3000 Bayport Drive  
Suite 500  
Tampa, FL 33607

813.855.3036  
813.207.2998 (fax)  
CRIcpa.com

## **INDEPENDENT AUDITORS' REPORT**

The Board of Directors  
Operation PAR, Inc.  
Pinellas Park, Florida

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Operation PAR, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2019, and the related statements of activities, functional expenses, and cash flows for the year 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 audit. We conducted our audit 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 auditor's 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 Operation PAR, Inc. as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Emphasis of Matter**

### *Adoption of New Accounting Pronouncement*

As described in Note 1 to the financial statements, in the 2019 financial statements the Organization adopted *Accounting Standards Update (ASU) 2016-14: Not-For-Profit Entities*, (Topic 958) this new standard requires changes to be made in how net assets are classified based on donor restriction and has added multiple new disclosures. Our opinion is not modified with respect to this matter.

## **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 and state financial assistance, as required by Title 2 U.S. *Code of Federal Regulations (CFR) 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.

## **Report on Summarized Comparative Information**

We have previously audited the Operation PAR, Inc.'s June 30, 2018 financial statements, and our report dated November 9, 2018, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated November 5, 2019, on our consideration of Operation PAR, Inc.'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 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 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 Operation PAR, Inc.'s internal control over financial reporting and compliance.

*Carr, Riggs & Ingram, L.L.C.*

CARR, RIGGS & INGRAM, LLC

Tampa, Florida  
November 5, 2019



# **FINANCIAL STATEMENTS**

**Operation PAR, Inc.**  
**Statements of Financial Position**  
**as of June 30, 2019 and 2018**

<i>June 30,</i>	<b>2019</b>	<b>2018</b>
<b>Assets</b>		
Current assets		
Cash and cash equivalents	\$ 5,092,049	\$ 5,229,629
Client funds	2,420	2,965
Receivables		
Grants	2,247,193	1,829,810
Other, net	784,686	638,468
Prepaid and other current assets	631,623	534,543
Investments	3,389,893	2,018,575
Due from Boley-PAR Inc.	209,563	250,307
<b>Total current assets</b>	<b>12,357,427</b>	10,504,297
Property, plant and equipment, net	15,493,748	15,938,602
Investments (Rabbi Trust)	1,346,937	1,123,144
Investment in joint ventures	402,367	404,953
Other assets	890,400	845,182
<b>Total assets</b>	<b>\$ 30,490,879</b>	<b>\$ 28,816,178</b>

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

**Operation PAR, Inc.**  
**Statements of Financial Position (Continued)**  
**as of June 30, 2019 and 2018**

<i>June 30,</i>	<b>2019</b>	<b>2018</b>
<b>Liabilities and Net Assets</b>		
Current liabilities		
Accounts payable	\$ 389,232	\$ 388,011
Client funds payable	2,420	2,965
Accrued expenses	2,469,523	1,864,712
Due to joint venture	97,067	66,373
Total current liabilities	<b>2,958,242</b>	2,322,061
Other accrued expenses	<b>1,346,937</b>	1,123,144
Total liabilities	<b>4,305,179</b>	3,445,205
Net assets		
Without donor restrictions	<b>22,069,116</b>	21,182,412
Board designated net assets		
Insurance reserves	<b>3,446,942</b>	3,446,942
Capital improvements	<b>327,739</b>	379,408
With donor restrictions	<b>341,903</b>	362,211
Total net assets	<b>26,185,700</b>	25,370,973
Total liabilities and net assets	<b>\$ 30,490,879</b>	\$ 28,816,178

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

**Operation PAR, Inc.**  
**Statements of Activities**  
**For the Years Ended June 30, 2019 and 2018**

<i>Year ended June, 30</i>			<b>2019</b>	2018
	Without Donor Restrictions	With Donor Restrictions	<b>Total</b>	Summarized Total
<b>Operating Support and Revenue</b>				
Patient service revenue (net of contractual allowances and discounts)	\$ 15,844,774	\$ -	\$ 15,844,774	\$ 15,969,506
Provision for bad debts	(16,174)	-	(16,174)	(9,722)
Net patient service revenue less provision for bad debts	15,828,600	-	15,828,600	15,959,784
Department of Children and Families	12,085,653	-	12,085,653	11,247,647
Federal and state	1,719,626	-	1,719,626	1,580,517
Local	2,714,404	-	2,714,404	2,505,084
Donations in-kind	454,890	-	454,890	454,890
Contributions	91,084	50,000	141,084	478,437
Other support	197,341	-	197,341	189,173
Release from restriction	70,308	(70,308)	-	-
<b>Total operating support and revenue</b>	<b>33,161,906</b>	<b>(20,308)</b>	<b>33,141,598</b>	<b>32,415,532</b>
<b>Expenses:</b>				
Program services	28,378,717	-	28,378,717	26,802,588
Funraising	74,986	-	74,986	55,843
Administrative services	4,132,259	-	4,132,259	3,871,103
<b>Total expenses</b>	<b>32,585,962</b>	<b>-</b>	<b>32,585,962</b>	<b>30,729,534</b>
<b>Other revenues</b>				
Federal grants for plant and equipment	-	-	-	38,715
Other grants for plant and equipment	77,565	-	77,565	78,037
Interest income	160,838	-	160,838	65,176
Gain (loss) on joint venture	(2,587)	-	(2,587)	(2,523)
Gain (loss) in Human Trust	(1,206)	-	(1,206)	(3,503)
Gain (loss) on Investments	10,989	-	10,989	(4,737)
Gain on sale of assets	13,492	-	13,492	495
<b>Total other revenues</b>	<b>259,091</b>	<b>-</b>	<b>259,091</b>	<b>171,660</b>
<b>Change in net assets</b>	<b>835,035</b>	<b>(20,308)</b>	<b>814,727</b>	<b>1,857,658</b>
<b>Net assets, Beginning of year</b>	<b>25,008,762</b>	<b>362,211</b>	<b>25,370,973</b>	<b>23,513,315</b>
<b>Net assets, End of year</b>	<b>\$ 25,843,797</b>	<b>\$ 341,903</b>	<b>\$ 26,185,700</b>	<b>\$ 25,370,973</b>

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

**Operation PAR, Inc.**  
**Statements of Functional Expenses**  
**For the Year Ended June 30, 2019**

<i>Year ended June 30,</i>	<b>2019</b>			
	<b>Program</b>	<b>Supporting Services</b>		
	<b>Services</b>	<b>Administrative</b>		
		<b>Fundraising</b>	<b>Services</b>	<b>Total</b>
Salaries	\$ 16,439,423	\$ 25,504	\$ 2,833,160	\$ <b>19,298,087</b>
Fringe benefits	3,362,619	4,646	474,325	<b>3,841,590</b>
Sub-total	19,802,042	30,150	3,307,485	<b>23,139,677</b>
Shared staff	(23,370)	11,036	(419,442)	<b>(431,776)</b>
Leasing contract	(677,273)	(11,036)	(2,180,631)	<b>(2,868,940)</b>
Net Salaries and fringe benefits	19,101,399	30,150	707,412	<b>19,838,961</b>
Management fee	677,273	11,036	2,212,347	<b>2,900,656</b>
Contractual and professional fees	2,011,062	5,585	313,062	<b>2,329,709</b>
Building & equipment rental	680,323	-	22,873	<b>703,196</b>
Insurance	361,447	275	89,972	<b>451,694</b>
Travel and transportation	221,120	-	46,713	<b>267,833</b>
Utilities & telephone	711,342	-	88,843	<b>800,185</b>
Repairs & maintenance	1,108,164	2,174	274,196	<b>1,384,534</b>
Printing and postage	18,384	483	2,981	<b>21,848</b>
Food and kitchen costs	436,440	-	11,821	<b>448,261</b>
Supplies	2,055,724	-	165,803	<b>2,221,527</b>
Depreciation	861,383	-	125,843	<b>987,226</b>
Other operating expenses	134,656	25,283	70,393	<b>230,332</b>
<b>Total operating expenses</b>	<b>\$ 28,378,717</b>	<b>\$ 74,986</b>	<b>\$ 4,132,259</b>	<b>\$ 32,585,962</b>

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

**Operation PAR, Inc.**  
**Statements of Functional Expenses (Continued)**  
**For the Year Ended June 30, 2018**

<i>Year ended June 30,</i>	2018			
	Program	Supporting Services		
	Services	Administrative		
		Fundraising	Services	Total
Salaries	\$ 15,360,029	\$ 28,357	\$ 2,638,150	\$ 18,026,536
Fringe benefits	2,726,848	6,123	433,829	3,166,800
Subtotal	18,086,877	34,480	3,071,979	21,193,336
Shared staff	(19,922)	-	(324,855)	(344,777)
Leasing contract	(818,907)	-	(2,111,540)	(2,930,447)
Net salaries and fringe benefits	17,248,048	34,480	635,584	17,918,112
Management fee	818,908	-	2,118,205	2,937,113
Contractual and professional fees	1,715,988	-	272,618	1,988,606
Building & equipment rental	643,752	-	23,795	667,547
Insurance	335,469	307	84,239	420,015
Travel and transportation	200,409	-	63,263	263,672
Utilities & telephone	677,028	-	79,408	756,436
Repairs & maintenance	1,118,241	-	265,228	1,383,469
Printing and postage	30,048	-	6,063	36,111
Food and kitchen costs	416,050	-	11,943	427,993
Supplies	2,609,124	-	105,434	2,714,558
Depreciation	822,892	-	121,076	943,968
Other operating expenses	166,631	21,056	84,247	271,934
<b>Total operating expenses</b>	<b>\$ 26,802,588</b>	<b>\$ 55,843</b>	<b>\$ 3,871,103</b>	<b>\$ 30,729,534</b>

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

**Operation PAR, Inc.**  
**Statements of Cash Flows**  
**For the Years Ended June 30, 2019 and 2018**

<i>Years ended June 30,</i>	<b>2019</b>	<b>2018</b>
<b>Operating Activities</b>		
Change in net assets	\$ 814,727	\$ 1,857,658
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	987,226	943,968
(Gain) loss on investments	(10,989)	4,737
Gain on the sale of property and equipment	(13,492)	(495)
Loss on investment in joint ventures	3,793	6,026
Provision for bad debt	16,174	9,722
Increase in cash surrender value of life insurance	(46,424)	(43,041)
Cash provided by changes in assets and liabilities:		
Grants and other receivables	(579,775)	359,451
Prepaid and other current assets	(97,080)	(104,072)
Other assets	1,206	-
Accounts and client funds payable	1,221	(98,677)
Accrued expenses	828,604	294,483
Due from related party	71,438	(166,890)
Net cash provided by operating activities	<b>1,976,629</b>	<b>3,062,870</b>
<b>Investing Activities</b>		
Purchases of property, plant and equipment	(542,372)	(484,122)
Proceeds from sale of property and equipment	13,492	495
Investment in joint venture	(1,207)	(5,000)
Purchase of marketable securities	(2,084,122)	(2,688,996)
Proceeds from sale of marketable securities	500,000	61,194
Net cash used in investing activities	<b>(2,114,209)</b>	<b>(3,116,429)</b>
<b>Net decrease in Cash and Cash Equivalents</b>	<b>(137,580)</b>	<b>(53,559)</b>
<b>Cash and Cash Equivalents, Beginning of year</b>	<b>5,229,629</b>	<b>5,283,188</b>
<b>Cash and Cash Equivalents, End of year</b>	<b>\$ 5,092,049</b>	<b>\$ 5,229,629</b>

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

**NOTE 1: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Organization***

Operation PAR, Inc. (“Organization”) is a not-for-profit corporation that provides a comprehensive system of mental health and substance abuse services. The Organization administers 42 programs providing substance abuse education, prevention, intervention, treatment, and research in 17 locations primarily throughout Pinellas, Pasco, Sarasota, Hernando, Lee, Charlotte and Manatee Counties. Significant revenue sources are federal, state, and local grants. Other sources of revenue include fees billed to Medicaid, third-party payors, and individual clients for program services and donations from private individuals.

The structure of Operation PAR, Inc. changed effective July 1, 2015. Boley-PAR, Inc., a Florida not-for-profit corporation with 501(c)(3) tax exempt status, is now its sole member. Boley-PAR, Inc. is also the sole member of Boley Centers, Inc. and Personal Enrichment through Mental Health Services, Inc. (PEMHS). This new ownership structure will allow the respective organizations to retain their separate corporate existence while sharing some administrative services to be more cost effective and efficient. See Note 19 for further related party information.

***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U.S. GAAP.

*Net Assets Without Donor Restriction:* Include net assets that are not subject to donor-imposed stipulations and net assets that have been designated for a specific purpose by the Board of Directors.

*Net Assets With Donor Restrictions:* Include gifts for which donor-imposed restrictions due to time or purpose have not yet been met and gifts that require, by donor restriction, that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions, as applicable.

Certain amounts in the 2019 financial statements have been reclassified to conform with the 2018 presentation with no effect on previously reported net income.

***Revenue Recognition***

Grant funds for reimbursement type grants are deemed to be earned and reported as revenue when expenditures are incurred in compliance with specific grant requirements.

Grant funds for units of service type grants are deemed to be earned and reported as revenue when a unit of service is provided in compliance with specific grant requirements.

**NOTE 1: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Revenue Recognition (Continued)***

Amounts due from Medicaid, third-party payors and clients are deemed to be earned and reported as revenue when the service is provided.

Contributions received are recorded as with or without donor restrictions depending on the existence or nature of any donor restrictions. Time-restricted contributions are required to be reported as with donor restrictions and are then reclassified to net assets without donor restrictions upon expiration of the time restrictions. Contributions that are restricted by the donor, as well as any related gains and investment income, are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized.

***Property and Equipment***

Purchased property and equipment are stated at cost. Donated property and equipment are recorded at estimated fair value as of the date received. Property and equipment purchases or donations greater than \$1,000 are capitalized.

Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in other future authorized programs. However, the granting agency has a reversionary interest in the property; its disposition, as well as the ownership of any proceeds therefrom, are subject to government regulations.

***Depreciation and Amortization***

Depreciation is provided for in amounts sufficient to relate the cost of depreciable assets to operations over their estimated service lives ranging from 3 to 40 years, principally on a straight-line basis. Leasehold improvements are amortized over the lives of the respective leases or the service lives of the improvements, whichever is shorter. Repairs that don't significantly extend the underlying assets estimated useful life are expensed as incurred.

***Life Insurance***

The Organization is the beneficiary of a \$1,000,000 life insurance policy on a former corporate officer with a cash surrender value of \$812,512 and \$766,088 as of June 30, 2019 and 2018, respectively, which is included in other assets.

**NOTE 1: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Marketable Securities and Investments***

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value based on quoted market prices. Investments that are measured at fair value on a recurring basis are classified by level based on an established fair value hierarchy that gives the highest priority to quoted prices in active markets and the lowest priority to unobservable data. The Organization believes the carrying amount of these financial instruments is a reasonable estimate of fair value. Gains and losses on market value adjustments and sales are recognized within the statement of activities.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

***Fair Value of Financial Instruments***

Estimates of fair values are subjective in nature and include uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could affect the estimates. The fair values of the Organization's cash and cash equivalents, receivables, other assets, accounts payable, accrued expenses at June 30, 2019 and 2018 approximate associated carrying values.

***Income Taxes***

The Organization is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). Management has evaluated the Organization's tax positions and concluded that the Organization has taken no uncertain tax positions that require adjustment or disclosure to the financial statements to comply with the provision of the accounting guidance for income taxes as June 30, 2019 and 2018 respectively.

***Donated In-Kind Services***

Amounts are reported in the financial statements for voluntary donations of services when those services create or enhance non-financial assets or require specialized skills provided by the individuals possessing those skills and would be typically purchased if not provided by donation. Donated services are reflected as revenue at date of receipt. These are also reflected as expenses in the accompanying statements at the same amount. These services are primarily teaching services donated by a county.

**NOTE 1: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Functional Allocation***

The Organization provides substance abuse education, prevention, intervention, treatment, and research primarily throughout Pinellas, Pasco, Sarasota, Hernando, Lee, Charlotte and Manatee Counties. The cost of providing certain activities of the Organization have been summarized on a functional basis in the statement of activities. The Organization's operating costs have been allocated between program, management and general, and fundraising expenses based on direct identification when possible, and allocation if a single expenditure benefits more than one program or function. Expenditures that require allocation are allocated on either a personnel-cost or square-footage basis, whichever is more reasonable for the expenditure. These expenses include salaries, payroll benefits, supplies, associated occupancy expenses and depreciation.

***Accounts Receivable***

The Organization considers accounts receivable to be substantially collectible. An allowance for doubtful accounts is established for accounts receivable when collection is doubtful. Accounts receivable are monitored continuously and are written off when deemed uncollectible based on contractual terms and age of the account.

***Charity Care***

The Organization provides care to clients who meet certain criteria under its charity care policy without charges or at amounts less than established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The amount of disclosed charity care is valued based on the total of all related direct and indirect costs. Costs associated with providing care to charity patients includes the related charges for those patients who are financially unable to pay and qualify under the Organization's charity care policy and that do not otherwise qualify for reimbursement from a governmental program.

***Interdepartmental Professional Charges***

The Organization charges fees for tests performed for other service programs by its laboratory. These interdepartmental charges are offset in the total professional fees reported for the year.

***Cash and Cash Equivalents***

The Organization considers all cash on hand and amounts on deposit with financial institutions that have original maturities of three months or less to be cash and cash equivalents.

**NOTE 1: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

***Client Funds***

The Organization holds client funds in trust for clients participating in certain treatment programs.

***Changes to the Financial Statements for ASU No. 2016-14***

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The Organization has adjusted the presentation of its financial statements accordingly, applying the changes retrospectively to the comparative period presented.

The new standard changes the following aspects of the Organization's financial statements:

- The unrestricted net asset class has been renamed net assets without donor restrictions.
- The temporarily restricted and permanently restricted net asset classes have been combined into a single net asset class called net assets with donor restrictions.
- The footnotes no longer require components of investment income to be disclosed.
- The financial statements include a new disclosure about liquidity and availability of resources (Note 5).
- The financial statements include a new disclosure related to functional allocation of expenses.

The changes have the following effect on net assets at June 30, 2018:

<b>Net Asset Class</b>	<b>As Originally Presented</b>	<b>After Adoption of ASU 2016-14</b>
Unrestricted net assets	\$ 25,008,762	\$ -
Temporarily restricted net assets	362,211	-
Net assets without donor restrictions	-	25,008,762
Net assets with donor restrictions	-	362,211
<b>Total net assets</b>	<b>\$ 25,370,973</b>	<b>\$ 25,370,973</b>

**NOTE 2: OTHER THIRD-PARTY PAYOR REVENUE**

The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. The agreements are with commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Organization under these agreements is based primarily on negotiated contractual agreements.

**Operation PAR, Inc.**  
**Notes to Financial Statements**

**NOTE 3: RECEIVABLES**

Grant receivables, client fee receivables, and third-party payor settlements represent amounts expected to be collected as follows:

<i>June 30,</i>	<b>2019</b>	<b>2018</b>
Grants receivable	<b>\$ 2,247,193</b>	<b>\$ 1,829,810</b>

The Organization has considered the collectability of the grant receivable and has determined an allowance is not necessary.

Other receivables:

<i>June 30,</i>	<b>2019</b>	<b>2018</b>
Third-party payors, gross	<b>\$ 705,847</b>	<b>\$ 839,837</b>
Client fees (private pay)	<b>1,947,156</b>	<b>1,467,865</b>
Other receivables	<b>84,742</b>	<b>60,795</b>
Allowance for private pay	<b>(1,854,121)</b>	<b>(1,383,707)</b>
Allowance for third-party payors	<b>(98,938)</b>	<b>(346,322)</b>
Other receivables, net	<b>\$ 784,686</b>	<b>\$ 638,468</b>

**NOTE 4: PROPERTY, PLANT AND EQUIPMENT**

Property, plant and equipment are summarized as follows:

<i>June 30,</i>	<b>2019</b>	<b>2018</b>
Land	<b>\$ 2,334,766</b>	<b>\$ 2,334,766</b>
Building and improvements	<b>20,719,681</b>	<b>20,719,681</b>
Leasehold improvements	<b>4,103,619</b>	<b>3,818,936</b>
Equipment	<b>4,407,286</b>	<b>5,086,940</b>
Land improvements	<b>381,064</b>	<b>381,064</b>
Total property, plant and equipment	<b>31,946,416</b>	<b>32,341,387</b>
Accumulated depreciation	<b>(16,452,668)</b>	<b>(16,402,785)</b>
Total property, plant and equipment, net	<b>\$ 15,493,748</b>	<b>\$ 15,938,602</b>

**NOTE 5: LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Organization’s management monitors its liquidity so that it is able to cover operating expenses and other costs related to special projects. Management budgets for such costs based on the prior year actual expenses and anticipated future expenses. Budgets are approved by the Board in July for the new fiscal year.

The Organization’s funds are invested conservatively with the primary objective of preservation of capital (including diversification of risk of institutional failure) and liquidity in order to provide sufficient cash to meet obligations in a timely manner. The operating bank account holds working capital and operating reserve funds equal to one month of the total annual budget. The reserve amount may be higher or lower depending on actual expenses incurred and paid throughout the budget year. Based on the working capital and operating reserve policy, and timing of cash collections, two months of liquid cash would be appropriate to keep on hand. Any amount of working capital and operating reserve funds in excess of two months can be invested according to the permissible investment assets and parameters outlined in the investment policy. Two months provides a conservative figure intended to balance the desire to mitigate risks while ensuring that cash needs are met without adding administrative burdens. Management estimates two months of expense to be approximately \$5,400,000.

The Organization is able to use the \$500,000 line of credit, as more fully described in Note 7, in the event of an unanticipated liquidity need.

Management has budgeted approximately \$32,000,000 of operating expenses to be paid within one year of the statement of financial position. The Organization has the following financial assets that could readily be made available, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position to fund expenses:

<i>June 30,</i>	<b>2019</b>
Cash and cash equivalents	<b>\$ 5,092,049</b>
Grant receivables	<b>2,247,193</b>
Other receivables	<b>784,686</b>
Investments	<b>3,389,893</b>
	<b>\$ 11,513,821</b>

**NOTE 6: SUPPORT RECEIVED FROM GOVERNMENTAL AGENCIES THAT REQUIRED MATCH**

The Organization has contracts with various agencies that require a local match. The Organization provided local matching funds in excess of \$580,765 and \$389,600 during the year ended June 30, 2019 and 2018, respectively.

**NOTE 7: LINE OF CREDIT**

The Organization has a line of credit with a bank for \$500,000, of which \$-0- has been used at June 30, 2019 and 2018. The line of credit bears interest at the bank's prime rate, which was 5.50% at June 30, 2019 and 2018. The balance on the line of credit plus interest is due within 30 days of the bank's demand. The line of credit is secured by security interest in property including accounts receivable, inventory, furniture and equipment, vehicles, and any balance or share of any deposit, trust or agency account of the Organization.

**NOTE 8: DONATED IN-KIND SERVICES**

The Organization received donated services from the Pinellas County School Board for teaching services utilized at various programs with school-age children. The donated services were valued by the Pinellas County School Board at approximately \$455,000 for the years ended June 30, 2019 and 2018, respectively.

**NOTE 9: OPERATING LEASES**

The Organization conducts a portion of its operations in leased facilities and uses various leased assets in its operations. These leases are non-cancelable operating leases, which expire at various dates through fiscal year 2025.

The minimum rental commitments under operating leases are as follows:

Year ending June 30,		
2020	\$	501,171
2021		457,010
2022		414,580
2023		352,352
2024		357,884
2025		209,618
Total		\$ 2,292,615

The amount of rental expenses paid on these leases during fiscal year 2019 and 2018 was approximately \$582,000 and \$550,000, respectively.

**NOTE 10: PATIENT SERVICE REVENUE**

The Organization recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. The Organization provides discounted services for clients unable to pay established fees based on the sliding fee scale. The sliding fee scale is based on the federal poverty guidelines for family annual income and family size. The federal poverty guidelines are updated annually. The fees based on the sliding fee scale can be further discounted by documented fee appeals. All clients are screened for financial eligibility at the point of entry into the system. Based on the information provided and verified, they may be eligible for discounted services. For uninsured patients that do not qualify for charity care, the Organization recognizes revenue on the basis of its standard rates for services provided or on the basis of discounted rates, if negotiated or provided by policy. On the basis of historical experience, a significant portion of the Organization's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Organization records a provision for bad debts related to uninsured patients in the period the services are provided.

Patient service revenue, net of contractual allowances and discounts, but before the provision of bad debts, recognized in the period from these major payor sources, is as follows:

<i>For the years ended June 30,</i>	<b>2019</b>		<b>2018</b>	
Private Pay	\$	<b>7,908,979</b>	\$	7,509,868
Medicaid		<b>28,220,989</b>		29,758,310
Third-Party Insurance		<b>444,250</b>		579,036
Other		<b>930</b>		930
Contractual adjustment		<b>(20,730,374)</b>		(21,878,638)
<b>Total patient service revenue, net</b>	<b>\$</b>	<b>15,844,774</b>	<b>\$</b>	<b>15,969,506</b>

The provision for bad debt was \$16,174 and \$9,722 as of June 30, 2019 and 2018, respectively.

**NOTE 11: COMMITMENTS**

***Accrued Expenses***

The Organization is insured for employee health benefits up to a total aggregate of approximately \$2,428,000 for the calendar year 2019 with individual stop loss at \$85,000. As of June 30, 2019 and 2018, the Organization has recorded a liability for claims incurred but not reported, specific large claims and tail coverage of approximately \$589,000 and \$599,000, respectively.

**NOTE 12: CONTINGENCIES**

The Organization has contracted with the Department of Health and Human Services (“HHS”) for various construction projects for facilities providing substance abuse and mental health services. These grants incorporated conditions, which include restrictions on usage of the property and provided a continuing federal interest in the property from the date of occupancy.

Under the Notice of Federal Interest, there are specific options to utilize and/or dispose of the property, which include:

- Lease the property for a health-related purpose, applicable to the grant;
- Sell the property to an entity that would utilize the facility for a health-related purpose, applicable to the grant – the notice of Federal Interest would be transferred to the new entity;
- Sell the property to an entity not for the uses outlined by the grant and refund HHS for their investment with the proceeds of the sale;
- Payback the amount of the funding, which would result in the withdrawal of the Notice of Federal Interest.

The Organization received funds from various governmental and public funding agencies that have been recorded as revenues. These grants and contracts are subject to audit by the granting agencies.

**NOTE 13: EMPLOYEE RETIREMENT PLANS**

The Organization administers its own defined contribution 401(k) plan. The Organization matches 50% of the employee’s first 6% of compensation. Contributions by the employer to the employee retirement plans were \$223,006 and \$208,928 for the years ended June 30, 2019 and 2018, respectively. These contributions are net of forfeitures available in the Plan to be used to offset the employer contribution. The forfeitures used in the years ended 2019 and 2018 were \$8,244 and \$7,248, respectively.

The Organization also administers a nonqualified deferred compensation plan for the benefit of senior executives and key employees which allows for employer contributions to be made at the sole discretion of the Board of Directors. Employer recognized expense to the Plan was \$202,500 and \$175,000 for the years ended June 30, 2019 and 2018, respectively. Total cash contributions to the Plan for years ended June 30, 2019 and 2018, was \$202,500 and \$575,000, respectively. The total Plan assets as of June 30, 2019 and 2018 were \$1,346,937 and \$1,123,144, respectively.

In accordance with the Plan provisions, plan assets are accumulating for the benefit of senior executives and key employees who have varied vesting dates ranging from 2012 to 2032. The Plan assets will remain under the control of the Organization until the Plan assets are distributed to the participants in accordance with plan provisions.

**NOTE 14: CONCENTRATIONS**

The Organization is dependent upon grants and fees from federal, state, and local agencies for its principal source of funding. Grants received directly from, or passed through the Department of Children and Families account for approximately 36% and 35% of total support without donor restrictions and revenue for the years ended June 30, 2019 and 2018, respectively and accounts receivable of 34% and 37% at June 30, 2019 and 2018, respectively. A significant decline in federal, state, or local agency funding could adversely affect the operating results of the Organization.

During the year, the Organization will occasionally have amounts on deposit at financial institutions that exceed the FDIC limit. The Organization believes there is no significant risk with respect to these deposits.

**NOTE 15: CHARITY CARE**

The amount of charges foregone for services, supplies and costs furnished under the Organization's charity care policy aggregated approximately \$7,253,000 and \$6,600,000 during the years ended June 30, 2019 and 2018, respectively. The Organization provided charity care services through six counties during the year ended June 30, 2019 and 2018, respectively, in the approximate values of:

<b>County</b>	<b>2019</b>	<b>2018</b>
Pinellas	\$ 1,729,000	\$ 1,483,000
Lee	2,030,000	1,874,000
Manatee	974,000	980,000
Pasco	779,000	921,000
Sarasota	782,000	722,000
Hernando	959,000	619,000
<b>Total</b>	<b>\$ 7,253,000</b>	<b>\$ 6,599,000</b>

**NOTE 16: FAIR VALUE MEASUREMENTS**

The Organization applies ASC 820, *Fair Value Measurements*, which establishes a framework for measuring fair value and expands disclosures about fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

*Level 1:* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

*Level 2:* Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are observable for the asset or liability; or
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

*Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of the input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy of ASC 820:

*Money markets:* Valued at the quoted net asset value (NAV) of shares held by the Organization at year-end. There are no unfunded commitments within the money markets and in addition there are no significant restrictions on the organizations ability to sell investments.

*Fixed Income:* Comprised of US Government obligations such as US Treasury Bills and are valued at original principal.

*Mutual funds:* Valued at the quoted net asset value (NAV) of shares held by the Organization at year-end. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Organization are deemed to be actively traded.

**Operation PAR, Inc.**  
**Notes to Financial Statements**

**NOTE 16: FAIR VALUE MEASUREMENTS (Continued)**

The following tables present the fair value of the investments recorded at fair value on a recurring basis, segregated by amount for the appropriate levels within the fair value hierarchy for the years ended June 30, 2019 and 2018, respectively:

<b>Description</b>		<b>Quoted Prices in Active Markets for Identical Assets Level 1</b>	<b>Significant Other Observable Inputs Level 2</b>	<b>Significant Unobservable Inputs Level 3</b>
<b>June 30, 2019</b>				
<i>Investments:</i>				
Money Markets	\$ 1,298,159	\$ 1,298,159	\$ -	\$ -
Fixed Income - US Treasury bills	1,314,432	1,314,432	-	-
Mutual Funds	2,124,239	2,124,239	-	-
<b>Total investments at fair value</b>	<b>\$ 4,736,830</b>	<b>\$ 4,736,830</b>	<b>\$ -</b>	<b>\$ -</b>
Cash surrender value of life insurance policy	812,512	-	-	812,512
<b>Total assets at fair value</b>	<b>\$ 5,549,342</b>	<b>\$ 4,736,830</b>	<b>\$ -</b>	<b>\$ 812,512</b>

<b>Description</b>		<b>Quoted Prices in Active Markets for Identical Assets Level 1</b>	<b>Significant Other Observable Inputs Level 2</b>	<b>Significant Unobservable Inputs Level 3</b>
<b>June 30, 2018</b>				
<i>Investments:</i>				
Money Markets	\$ 1,162,989	\$ 1,162,989	\$ -	\$ -
Mutual Funds	1,978,730	1,978,730	-	-
<b>Total investments at fair value</b>	<b>\$ 3,141,719</b>	<b>\$ 3,141,719</b>	<b>\$ -</b>	<b>\$ -</b>
Cash surrender value of life insurance policy	766,088	-	-	766,088
<b>Total assets at fair value</b>	<b>\$ 3,907,807</b>	<b>\$ 3,141,719</b>	<b>\$ -</b>	<b>\$ 766,088</b>

**Operation PAR, Inc.**  
**Notes to Financial Statements**

**NOTE 17: INVESTMENTS**

Marketable securities and Rabbi Trust investments are recorded at market value and are summarized as follows:

<i>June 30,</i>	2019		2018	
	Cost	Market	Cost	Market
Money Market Funds	\$ 1,298,158	\$ 1,298,158	\$ 1,162,989	\$ 1,162,989
Treasury bills	1,314,432	1,314,432	-	-
Mutual Funds	2,083,799	2,124,240	1,910,500	1,978,730
Total	\$ 4,696,389	\$ 4,736,830	\$ 3,073,489	\$ 3,141,719

**NOTE 18: INVESTMENT IN JOINT VENTURES**

During the June 30, 2010 fiscal year, Operation PAR, Inc. and Boley Centers, Inc. formed a Florida corporation named Solutions for Administrative Services, Inc. (SAS). SAS has been designated as a taxable not-for-profit entity by the Internal Revenue Service. Operation Par, Inc. is a 50% member. Summarized financial information for SAS as of June 30, 2019 and 2018, respectively is as follows:

	2019	2018
Total assets	\$ 699,649	\$ 704,822
Total liabilities	-	-
Net assets	699,649	704,822
Net income (loss)	(5,173)	(5,028)

Amounts due to SAS as of June 30, 2019 and 2018 were \$97,067 and \$66,373, respectively. Operation PAR's share of the operating income (loss) of SAS for the years ended June 30, 2019 and 2018 were (\$2,587) and (\$2,523), respectively, and was accounted for under the equity method of accounting. Included in the operating expenses of SAS is approximately \$33,000 and \$38,000 of shared computer software and administrative operating costs paid by Operation PAR, Inc. to SAS for the years ended June 30, 2019 and 2018, respectively.

During the fiscal year 2017, Operation PAR, Inc. formed a Florida not-for-profit corporation named Human Trust, Inc. with three other non-profit agencies. During fiscal year 2019, one owner withdrew and transferred its balance to the remaining three owners. Operation PAR, Inc. is a 33.33% owner at June 30, 2019. The purpose of the corporation is to provide a referral network of evidence-based, non-profit treatment programs for the private market.

**NOTE 18: INVESTMENT IN JOINT VENTURES (Continued)**

Operation PAR, Inc. has \$5,000 invested for the years ended June 30, 2019 and 2018, respectively and their share of the operating losses of the Human Trust, Inc., for the years ended June 30, 2019 and 2018 were (\$1,206) and (\$3,503) respectively, and was accounted for under the equity method of accounting.

**NOTE 19: RELATED PARTY TRANSACTIONS**

Boley-PAR, Inc. provides management and other administrative services to its members under a management services agreement. The services provided under this agreement include access center, medical records, human resources, finance/accounting, electronic health record (EHR) development/management, information technology, property management and support services. The services are provided by staff that is leased from each member agency under a leased employee agreement. The employee leasing costs are based on actual compensation and benefits.

During the fiscal year ended June 30, 2019 and 2018, the Organization provided employee leasing costs of \$2,868,940 and \$2,930,447 to Boley-PAR, Inc., respectively, and accrued a management fee of \$2,900,655 and \$2,937,113 to Boley-PAR, Inc., respectively, for management/administrative services received during the year.

Included in Boley-Par, Inc. is approximately \$260,000 and \$249,000 of shared computer software and administrative operating costs paid by Operation PAR, Inc. to Boley-Par, Inc. for the years ended June 30, 2019 and 2018, respectively.

Certain staff are shared with members of Boley-PAR, Inc. During the year ended June 30, 2019 and 2018, a total of \$431,776 and \$344,777, respectively, in shared staff costs are listed on the Statement of Functional Expenses.

The Organization paid insurance premiums in 2019 and 2018 of approximately \$500,000 to an insurance brokerage firm who employs a member of the Organization's Board of Directors. The Organization follows the procurement policy of obtaining competitive bids for Insurance and the board member does not participate in this process of approving the renewal of insurance policies.

**NOTE 20: SUBSEQUENT EVENTS**

Management of the Organization evaluated all events or transactions that occurred after June 30, 2019 through November 5, 2019 the date the financial statements were available to be issued. The Organization signed a Purchase and Sale Agreement with a potential buyer for property that was partially developed with grants, see Note 12. This will result in a decrease in net assets of \$1.9 million due to the transfer of the federal interest.

**Operation PAR, Inc.**

**Schedule of Expenditures of Federal Awards and State Financial Assistance**  
**For the Year Ended June 30, 2019**

FEDERAL/STATE GRANTOR PASS-THROUGH GRANTOR/PROGRAM TITLE	CFDA CSFA NUMBER	CONTRACT NUMBER	EXPENDITURES	AMOUNT PROVIDED TO SUBRECIPIENTS
<b>FEDERAL AWARDS</b>				
<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>				
<b>FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES</b>				
<b>Passed through Central Florida Behavioral Health Network:</b>				
Alcohol, Drug Abuse and Mental Health Services:				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	QB034	\$ 7,940,656	\$ -
<b>Passed through Central Florida Behavioral Health Network:</b>				
Directions for Living, Inc. - Family Intensive Treatment (FIT):				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	N/A	89,192	-
<b>Passed through Lutheran Services, dba LSF Health Systems:</b>				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	LS056	71,453	-
<b>Passed through Florida Alcohol and Drug Abuse Association - Vivitrol:</b>				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	FADAA MOA	312,424	-
<b>Total CFDA #93.959 - Block Grants for Prevention and Treatment of Substance Abuse</b>			<b>8,413,725</b>	<b>-</b>
<b>TANF Cluster:</b>				
<b>Passed through Central Florida Behavioral Health Network:</b>				
Alcohol, Drug Abuse and Mental Health Services:				
Temporary Assistance for Needy Families	93.558	QB034	369,850	-
<b>Passed through Eckerd Community Alternatives:</b>				
Directions for Living, Inc.:				
Temporary Assistance for Needy Families	93.558	DFL-PAR-FY19	42,273	-
<b>Total CFDA #93.558 - Temporary Assistance for Needy Families</b>			<b>412,123</b>	<b>-</b>
<b>Total TANF Cluster</b>				
			<b>412,123</b>	<b>-</b>
<b>Passed through Central Florida Behavioral Health Network:</b>				
Alcohol, Drug Abuse and Mental Health Services:				
Opioid State Targeted Response	93.788	QB034	2,764,193	-
<b>Passed through Central Florida Behavioral Health Network:</b>				
Opioid STR Hospital-Based Pilot				
	93.788	RD034	49,446	-
<b>Passed through Lutheran Services, dba LSF Health Systems:</b>				
Opioid State Targeted Response				
	93.788	LS056	626,822	-
<b>Passed through Florida Alcohol and Drug Abuse Association - Vivitrol:</b>				
Opioid State Targeted Response				
	93.788	FADAA MOA	181,800	-
<b>Total CFDA #93.788 - Opioid State Targeted Response</b>			<b>3,622,261</b>	<b>-</b>
<b>Passed through Central Florida Behavioral Health Network:</b>				
Alcohol, Drug Abuse and Mental Health Services:				
Block Grants for Community Mental Health Services	93.958	QB034	11,408	-
<b>Total CFDA #93.958 - Block Grants for Community Mental Health Services</b>			<b>11,408</b>	<b>-</b>
<b>Passed through Pinellas County - Cooperative Agreement to Benefit Homeless:</b>				
Individuals (CABHI):				
Substance Abuse and Mental Health Services - Projects of Regional and National Significance	93.243	5H79SM063331-02		
		5H79SM063331-03	245,837	-
<b>Total CFDA #93.243 - Substance Abuse and Mental Health Services - Projects of Regional and National Significance</b>			<b>245,837</b>	<b>-</b>

*See accompanying notes to the Schedule of Expenditures of Federal Awards and State Financial Assistance.*

**Operation PAR, Inc.**  
**Schedule of Expenditures of Federal Awards and**  
**State Financial Assistance (Continued)**  
**For the Year Ended June 30, 2019**

FEDERAL/STATE GRANTOR PASS-THROUGH GRANTOR/PROGRAM TITLE	CFDA CSFA NUMBER	CONTRACT NUMBER	EXPENDITURES	AMOUNT PROVIDED TO SUBRECIPIENTS
<b>Health Centers Cluster:</b>				
<b>Passed through Pinellas County - Substance Abuse Service Expansion Grant (SASE) and AIMS Supplemental Grant:</b>				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	5H80CS00024-17-00 2H80CS00024-18-00	439,506	-
<b>Pinellas County - Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)</b>				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	3H80CS00024-17-05	8,620	-
<b>Total CFDA #93.224 - Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)</b>			<b>448,126</b>	<b>-</b>
<b>Passed through Community Health Centers of Pinellas, Inc.:</b>				
Affordable Care Act (ACA) Grants for New and Expanded Services under the Health Center Program	93.527	N/A	4,838	-
<b>Total CFDA #93.527 -Affordable Care Act (ACA) Grants for New and Expanded Services under the Health Center Program</b>			<b>4,838</b>	<b>-</b>
<b>Total Health Centers Cluster</b>			<b>452,964</b>	<b>-</b>
<b>TOTAL EXPENDITURES OF FEDERAL AWARDS</b>			<b>13,158,318</b>	<b>-</b>
<b>STATE FINANCIAL ASSISTANCE</b>				
<b>FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES</b>				
<b>Passed through Department of Children and Families:</b>				
Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program	60.115	LH319	\$ 251,824	\$ 65,658
<b>Total CFSA #60.115 - Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program</b>			<b>251,824</b>	<b>65,658</b>
<b>Passed through State of Florida, Office of State Courts Administrator (OSCA):</b>				
Florida Alcohol and Drug Abuse Association: Naltrexone	22.022	FADAA OSCA MOA	182,466	-
<b>Total CFSA #22.022 - Naltrexone</b>			<b>182,466</b>	<b>-</b>
<b>TOTAL EXPENDITURES OF STATE FINANCIAL ASSISTANCE</b>			<b>434,290</b>	<b>65,658</b>
<b>TOTAL EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE</b>			<b>\$ 13,592,608</b>	<b>\$ 65,658</b>

*See accompanying notes to the Schedule of Expenditures of Federal Awards and State Financial Assistance.*



**Operation PAR, Inc.**  
**Notes to Schedule of Expenditures of Federal Awards and**  
**State Financial Assistance**

**NOTE 1: BASIS OF PRESENTATION**

The accompanying schedule of expenditures of federal awards and state financial assistance (the "Schedule") includes the federal and state grant activity of Operation PAR, Inc. under programs of the federal and state government for the year ended June 30, 2019. The information in this schedule is presented in accordance with the requirement of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Because the schedule presents only a selected portion of the operations of Operation PAR, Inc. it is not intended to and does not present the financial position, changes in net assets or cash flows of Operation PAR, Inc.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Expenditures reported on the Schedule are reported based on the accrual basis of accounting. Such expenditures are recognized following the cost principles, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

The Organization has elected to not use the 10% de Minimis Indirect Cost Rate.

The Organizations' federal awards do not have any loans or loan guarantees.

The Organization did not receive any federal non-cash assistance for the fiscal year ended June 30, 2019.

**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  
Operation PAR, Inc.  
Pinellas Park, 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 Operation PAR, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, 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 November 5, 2019.

**Internal Control over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Operation PAR, Inc.'s internal control over financial reporting (internal control) to determine 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 Operation PAR, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of the Operation PAR, Inc.'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 Operation PAR, Inc.'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 determination of financial statement amounts. 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.

*Carr, Riggs & Ingram, L.L.C.*

CARR, RIGGS & INGRAM, LLC

Tampa, Florida  
November 5, 2019

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

To the Board of Directors  
Operation PAR, Inc.  
Pinellas Park, Florida

**Report on Compliance for Each Major Federal Program**

We have audited Operation PAR, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Operation PAR, Inc.'s major federal programs for the year ended June 30, 2019. Operation PAR, Inc.'s major federal programs are identified in the summary of auditor's 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.

***Auditor's Responsibility***

Our responsibility is to express an opinion on compliance for each of Operation PAR, Inc.'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; 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 Operation PAR, Inc.'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 Operation PAR, Inc.'s compliance.

***Opinion on Each Major Federal Program***

In our opinion, Operation PAR, Inc. 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, 2019.

## Report on Internal Control over Compliance

Management of Operation PAR, Inc. 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 Operation PAR, Inc.'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 Operation PAR, Inc.'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 and therefore, material weaknesses or significant deficiencies may exist that have not been identified. 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.

*Carr, Riggs & Ingram, L.L.C.*

CARR, RIGGS & INGRAM, LLC

Tampa, Florida  
November 5, 2019

**Operation PAR, Inc.**  
***Schedule of Findings and Questioned Costs***

**SECTION I – SUMMARY OF AUDITORS’ RESULTS**

*Financial Statements:*

- |  |               |
|--|---------------|
| 1. Type of auditors’ report issued   | Unmodified    |
| 2. Internal control over financial reporting:                                    |               |
| a. Material weaknesses identified?   | None          |
| b. Significant deficiencies identified not considered to be material weaknesses? | None reported |
| c. Noncompliance material to the financial statements noted?                     | None          |

*Federal Awards:*

- |  |   |                        |               |  |        |   |  |
|--|---|------------------------|---------------|--|--------|---|--|
| 1. Type of auditors’ report issued on compliance for major programs  | Unmodified  |                        |               |  |        |   |  |
| 2. Internal control over major programs:   |   |                        |               |  |        |   |  |
| a. Material weaknesses identified?   | None  |                        |               |  |        |   |  |
| b. Significant deficiencies identified not considered to be material weaknesses?   | None reported   |                        |               |  |        |   |  |
| 3. Any audit findings disclosed that are required to be reported in accordance with 2CFR section 200.516(a)?   | None  |                        |               |  |        |   |  |
| 4. Identification of major programs:   |   |                        |               |  |        |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 30%;"><u>CFDA</u></td> <td style="text-align: center; width: 70%;"><u>Federal Program</u></td> </tr> <tr> <td style="text-align: center;"><u>Number</u></td> <td></td> </tr> <tr> <td style="text-align: center;">93.959</td> <td style="text-align: center;">Block Grant for Prevention and Treatment of Substance Abuse</td> </tr> </table> | <u>CFDA</u>   | <u>Federal Program</u> | <u>Number</u> |  | 93.959 | Block Grant for Prevention and Treatment of Substance Abuse |  |
| <u>CFDA</u>  | <u>Federal Program</u>                                      |                        |               |  |        |   |  |
| <u>Number</u>  |   |                        |               |  |        |   |  |
| 93.959   | Block Grant for Prevention and Treatment of Substance Abuse |                        |               |  |        |   |  |
| 5. Dollar threshold used to distinguish between type A and type B programs:  | \$750,000   |                        |               |  |        |   |  |
| 6. Auditee qualified as low-risk auditee under 2 CFR 200.520?  | Yes   |                        |               |  |        |   |  |

**Operation PAR, Inc.**  
***Schedule of Findings and Questioned Costs***

**SECTION II – FINANCIAL STATEMENT FINDINGS**

None noted

**SECTION III – FEDERAL AWARD FINDINGS**

None noted

**SECTION IV – SUMMARY OF PRIOR YEAR AUDIT FINDINGS**

Audit Report and Schedule Paragraph	Program Area	Description	Status	Comments
2018-001	Opioid State Targeted Response (CFDA No. 93.788)	The entity did not implement internal control over the procurement compliance requirement to verify vendors are not suspended or debarred or otherwise excluded from participating in the transaction prior to contracting.	Corrected	Operation PAR, Inc. implemented corrective action plan, including revised purchasing policies and procedures to include suspension and debarment section and implemented internal controls to ensure vendor verifications are performed prior to contracting with vendors and the entity is in compliance with federal requirements.

# POLICY and PROCEDURE



**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Department** QA/Risk Management

**Date Developed** 02/20/2004  
**Date Reviewed** 08/17/2020

## Approval Status

**Approved by** Dianne Clarke (President/CEO), Thomas Eckman (V.P. of Quality Management)  
**Approval Date:** 09/13/2019

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## TABLE OF CONTENTS

I-1	Policy Statement
I-2	Scope of Plan
I-3	Legal Compliance
I-4	Authority Statement
I-5	Plan Distribution
I-5.1	Plan Information and Contact Person
I-6	Plan Updating Procedures
I-6.1	Revision Notation
I-7	Plan Training
I-7.1	Training Program
I-7.1.1	Employees
I-7.1.2	Clients
I-7.1.3	Contract Employees
I-8	Plan Drills and Exercises
I-8.1	Frequency of Drills / Exercise
I-8.2	Exercise Documentation

## **Chapter II      General Information**

II-1	Operations
II-2	Emergency Recognition and Prevention
II-2.1	Fire Prevention
II-3	Organization and Personnel Responsibilities
II-3.1	Key Facility Personnel and Phone Numbers
II-3.2	Emergency Services
II-4	Media Relations Policy
II-5	Emergency Alerting Procedures
II-5.1	Notification for Small Area Specific Incidents
II-5.2	Notification of Serious or Facility Wide Emergency Situation
II-6	Evacuation and Personnel Accountability
II-6.1	Management Responsibility

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

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II-6-1.1 Area Safety Coordinators  
II-6.1.2 Supervisors  
II-6.1.3 Employees  
II-6.1.4 Clients

### **Chapter III Agency Wide Emergency Codes**

III-2 Secure the Facility  
III-3 Armed Person in Building

### **Chapter IV Emergency Procedures**

IV-1 Emergency Medical Situations  
IV-1.1 Personal Medical Emergencies  
IV-1.2 Injured or Ill Persons  
IV-1.3 Biomedical Spills  
IV-1.4 Hazardous Materials/Chemical leaks  
IV-1.5 Nuclear Power Plant Accidents  
IV-1.6 Pandemic Outbreaks  
IV-2 Fires  
IV-2.1 Structure Fires  
IV-2.2 Forest Fires  
IV-2.3 Airplane crashes  
IV-3 Natural Emergencies  
IV-3.1 Storms/Tornadoes  
IV-3.2 Floods/High Water Conditions  
IV-3.3 Hurricanes  
IV-3.5 Sinkholes  
IV-4 Utility Failures  
IV-4.1 Power  
IV-4.2 Water  
IV-4.3 Gas  
IV-5 Violent/Threatening Situations  
IV-5.1 Aggressive Behavior  
IV-5.2 Armed or Dangerous Person In Vicinity or on Property  
IV-5.3 Armed Person in Building  
IV-5.4 Infant/Child Abductions  
IV-5.5 Bomb Threats  
IV-5.6 Suspicious Mailings  
IV-5.7 Terrorist Violence

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

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IV-5.8 Biological/Chemical/Radiological Attacks  
IV-5.9 Public Demonstrations  
IV-5-10 Rioting & Looting

### **Chapter V Evacuation or Temporary Sheltering Procedures**

### **Chapter VI Terminating the Emergency**

VI-1 Restoration of Operations  
VI-2 Documentation  
VI-2.1 Responsibility for Incident Documentation  
VI-3 Incident Investigation  
VI-3.1 Investigation Responsibilities  
VI-4 Damage Assessment  
VI-4.1 Responsibility for Damage Assessment  
VI-5 Post-Emergency Activities  
VI-5.1 Incident Debriefing  
VI-5.2 Critique  
VI-6 Community Outreach  
VI-7 Support Services

### **Attachment I Facility Maps and Diagrams**

### **Attachment II Emergency Services Phone Lists By County**

### **Attachment III Hurricane**

Facility Evacuation Levels  
Facility Phone and Address List  
Emergency Response Team  
Emergency Recovery Team  
MAPS Emergency Contact Numbers  
TC Pager and Cell Phone List  
Crisis Response Team Contact Numbers  
Volunteer Contact Phone Numbers  
Temporary Program Closure Procedure  
External Notification of Program Closures Contact List  
Emergency Management Approval for Sheltering at the Academy  
TC Evacuation Floor Plans  
Evacuation Things To Do Checklist  
Hurricane Emergency Supplies List

## POLICY and PROCEDURE

**Policy Name**      Emergency Action Plan  
**Version Number**    2  
**Date Reviewed**    08/17/2020

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Client Evacuation Instructions  
Emergency Food Procedure and Menu  
Emergency Food Delivery Letters of Understanding  
Emergency Pharmacy Statement of Understanding  
CFBHN Memorandum of Understanding  
TC Generator/AC Capabilities  
PAIC Mobile Unit Propane Capabilities  
After the Emergency  
Portable Toilet Company List  
Priority Program Reopening Schedule  
IT Disaster Recovery Procedures  
IT Program Hurricane Preparations Instructions  
MAPS Emergency Plan  
PJAC/DJJ Agreement Letter  
PJAC Evacuation Procedure  
PJAC Hurricane Procedure  
PJAC Disaster Recovery Plan  
INSTAR Emergency Clean Up Response Agreement

# POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

## Chapter I

### I-1 Policy Statement

The purpose of an Emergency Action Plan is to assist employees, individuals served and management in making educated decisions during times of crisis. Operation PAR, Inc. recognizes no Emergency Plan can be all-inclusive. This Plan is simply a resource tool to provide guidance in determining appropriate actions to take to try to prevent injury and property loss due to emergency situations.

In the event of an emergency, individuals shall be permitted to do whatever is reasonably possible to save the life of a client, staff or visitor, or to save any person from serious harm. Such individuals shall promptly yield such care to more qualified individuals as help becomes available.

The plan will also assist agency, facility, and program management in maintaining survivability of client services provided by Operation PAR, Inc. in the event of an incident impacting upon a facility or facilities.

### I-2 Scope of Plan

It is Operation PAR, Inc.'s intent to attempt to prevent foreseeable emergency situations that might impact the safety of employees, clients and visitors through the implementation of a facility safety and health program and the regular training of personnel in emergency procedures. It is recognized that emergency situations are not totally preventable. Therefore, this Plan has been developed to achieve the following objective:

To provide employees and clients with procedures to follow during emergency situations, including evacuation procedures.

This Plan is the emergency action guide for employees of Operation PAR, Inc. in the event of an emergency. This Plan is divided into separate action guides based on the nature of the emergency: Emergency Medical Situations, Fires, Natural Emergencies, Utility Failures, and Violent or Threatening Situations. While no plan can take into consideration all possible emergency situations, the guidelines included in this Plan should assist employees in making educated response decisions. Staff is also encouraged to have their own individual family emergency plans.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### **I-3 Legal Compliance**

This plan shall comply with Federal, State and local government agency regulations, as well as the requirements of funding and accrediting agencies with jurisdiction relating to services provided by Operation PAR, Inc.

The Plan will be revised to include regulation changes as often as necessary. Plan updates will be completed as described in the Plan Updating Procedures outlined in Chapter I-6.

### **I-4 Authority Statement**

The administration of Operation PAR, Inc. recognizes that during emergency situations, special procedures must be followed to control and mitigate an emergency. Therefore, the administration, by the acceptance of this Emergency Action Plan, grants authority to those responsible individuals and/or positions named or unnamed in the Plan to implement and carry out the Plan until the emergency situation has abated.

Individuals authorized to respond to emergency situations shall be trained in those procedures and emergency techniques such as evacuation, first aid, use of fire extinguishers and other areas as determined by their duties and responsibilities.

When at all possible, the supervisor and/or Area Safety Coordinator will take the lead in emergency response, but all employees of the Agency have the authority and responsibility to implement the Plan if present during an emergency situation.

### **I-5 Plan Distribution**

The Emergency Action Plan shall be available to employees for easy review electronically on Operation PAR's shared directory. The master copy will be maintained by the Performance Improvement Department in accordance with Operation PAR policy and procedure.

#### **I-5.1 Plan Information and Contact Person**

Operation PAR's Emergency Action Plan is posted and available to all employees electronically on the company's shared directory. Information concerning the Plan can also be obtained from Program Managers, Department Supervisors, Area Safety Coordinators, and the Risk Management & Safety ~~Director~~[Department](#).

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### **I-6 Plan Updating Procedures**

The Emergency Action Plan will be reviewed at least annually. Operation PAR, Inc.'s Risk Management & Safety ~~Director~~ Department will implement changes to the Plan.

#### **I-6.1 Revision Notation**

When revisions are made to the Plan, notification and description of the revisions will be provided to the Area Safety Coordinators and program supervisors for review with program staff.

### **I-7 Plan Training**

To maximize effectiveness of response during facility emergencies, a training program shall be provided to employees. The objective of the training program shall be to:

1. Educate employees as to their roles and responsibilities concerning the Plan.
2. Educate employees as to the Plan's procedures to effect a safe response to facility emergency situations.
3. Educate employees as to procedures to effect a safe and expedient evacuation of a facility, or part of a facility, impacted by an emergency situation.

#### **I-7.1 Training Program**

The following is the general training program for Operation PAR employees, clients, and contract employees.

##### **I-7.1.1 Employees**

Employees will receive initial training during new employment orientation and facility specific orientation within 30 days of entering the workplace. When employees change areas or departments in which they work, they will receive facility specific training on how the Plan will work for their new area by their department supervisor and/or Area Safety Coordinator. An annual training and post-test reinforce the elements of the Plan. Employees also receive training in the elements of the Plan on a continuing basis through participation in emergency drills and facility safety meetings.

Area Safety Coordinators will receive additional training on the specific duties, actions, and responsibilities of their position during emergency situations identified in this Plan.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### **I-7.1.2 Clients**

Clients shall receive instruction from staff on their responsibilities during an emergency situation or drill. Client instruction will generally be limited to the actions to take upon discovery of an emergency situation, proper notifications, specific emergency appropriate responses, and evacuation.

### **I-7.1.3 Contract Employees and Volunteers**

Contract employees and volunteers, if working on Operation PAR property routinely and regularly, shall be informed of the Plan procedures and their responsibility as it relates to the Plan and of specific evacuation procedures for the area(s) in which they will be working.

### **I-8 Plan Drills and Exercises**

Emergency drills are conducted to reinforce the expected response of individuals in different emergency scenarios and to evaluate the Plan's effectiveness under different conditions.

#### **I-8.1 Frequency of Drills/Exercise**

Emergency drills will be conducted at least monthly. Specific areas to be evaluated during drills will include:

1. Proper operation of alarm and/or public address systems, if applicable.
2. Procedures for evacuation of personnel, clients and visitors.
3. Employee and client adherence to Plan procedures.

#### **I-8.2 Exercise Documentation**

All drills and exercises of the Plan will be documented indicating the results of the exercise, problems encountered during the drill and recommendations for improvement, if applicable. The Area Safety Coordinator will complete a "Drill/Test Report Form" to be reviewed and approved by the program/facility manager and forwarded to the Risk Management and Safety Department. At least quarterly, the Safety Department shall submit a report evaluating drill compliance to the Risk Management & Safety Committee.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### Chapter II

#### General Information

##### II-1 Operation

There are no unusual or special operations conducted at any facility of Operation PAR, Inc. that would place any component of the agency in a high-risk category for an emergency situation.

##### II-2 Emergency Recognition and Prevention

Facility employees, contract employees, and clients will be instructed in the preferred response to emergency conditions through the use of employee and client orientations, regularly scheduled safety meetings, training programs, and the implementation of safety procedures. Employees and clients are instructed in the steps to take to prevent facility emergency situations, recommended response if they discover an emergency, and actions to take during an emergency situation.

##### II-2.1 Fire Prevention

The following will outline specific procedures that shall be addressed by each facility to minimize the occurrence and impact from a fire emergency. Although, there are no unusual fire hazards present at any of Operation PAR, Inc.'s facilities, housekeeping procedures, storage practices, egress routes, emergency lighting and life safety equipment are routinely monitored and inspected.

Operation PAR, Inc. is committed to preventing the occurrence of fires and situations that may result in fires at any of its facilities.

Fire prevention is the responsibility of all facility personnel. Supervisors will continually monitor employees for compliance with safe practices to minimize the hazard of fire. Employees will check their work areas on a daily basis for fire prevention problems and report any problems promptly to their supervisor or Area Safety Coordinator for corrective actions.

Fire protection equipment will be inspected by each Area Safety Coordinator or designee per schedule. Results of the inspection and corrective actions for noted deficiencies will be recorded on the Facility Safety Checklist and forwarded to the Risk Management and Safety Department after the Program/Facility Manager has reviewed and approved the documentation. The Risk Management and Safety Department will review the documentation monthly and present findings at least quarterly to the Risk Management & Safety Committee.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

1. Equipment to be inspected will include:
  - a) Fire extinguishers
  - b) Smoke detectors (where applicable)
  - c) Fire alarm (where applicable)
  - d) Emergency lighting
  - e) Illuminated exit signs
2. Areas to be inspected include:
  - a) Fire exits to be unlocked and free of obstructions
  - b) Housekeeping
  - c) Proper storage and labeling of flammable/combustible materials
  - d) Electrical rooms and fire panels to be easily accessible and free of obstructions

### **II-3 Organization and Personnel Responsibilities**

During an emergency situation the Area Safety Coordinator or designee shall have the responsibility of overseeing that appropriate actions are taken to maintain the safety of employees, clients, and visitors to Operation PAR, Inc. Administration grants the Area Safety Coordinator the authority to carry out those tasks and functions as identified in the Plan to provide for the safety of personnel, clients, and visitors. In the event the Area Safety Coordinator is not available, the program/facility manager or designee will assume the responsibilities of the Area Safety Coordinator.

#### **II-3.1 Key Facility Personnel and Phone Numbers**

Each facility shall maintain a current list of phone numbers (including facility, home, and cellular) for facility and agency personnel that may be needed during a facility emergency.

#### **II-3.2 Emergency Services**

Operation PAR maintains a list of phone numbers for professional emergency response services (police, 911, poison control, etc.) and utility and equipment repair services to be utilized in emergency situations.

See Attachment II – PAR Emergency Services Call Lists

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### **II-4 Media Relations Policy**

Operation PAR, Inc. recognizes that it is essential that accurate and factual information concerning an emergency situation involving the agency be relayed to the news media. In the event of an emergency involving an Operation PAR, Inc. facility, all requests from the media shall be directed to the Chief Operating Officer or designee. At no time is any Operation PAR, Inc. employee to engage in contact with any person representing the media without express CEO/COO authorization.

### **II-5 Emergency Alerting Procedures**

In order to provide for the safety of employees, clients, and visitors, it is essential that early warning of emergency situations be made so that evacuation procedures can be implemented and emergency response organizations notified of the situation.

Emergency alerting procedures and equipment shall be tested as required by external entities and as part of Operation PAR's safety inspections and drills.

#### **II-5.1 Notification for Small Area Specific Incidents**

Incidents such as medical emergencies will generally not require the notification of the entire facility.

The telephone will be the preferred means of communicating such emergencies to emergency service organizations and Operation PAR employees with a need to know.

A runner sent to deliver verbal notification of the situation will be the secondary means of emergency notification if no telephone is available or functional.

#### **II-5.2 Notification of a Serious or Facility Wide Emergency Situation**

It is critical that prompt warning of an emergency situation be communicated to personnel and emergency service organizations.

Activation of the fire alarm system is the preferred means of notification of a facility wide emergency such as a fire or explosion to emergency service organizations and Operation PAR employees, clients and visitors.

In facilities without a monitored fire system, an air horn or bull horn will be used as the signal to notify employees, clients and visitors to immediately begin evacuation of the premises.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

Emergency services will be notified of the emergency by telephone from an area not involved in the emergency situation.

For notification of non-fire related emergencies, the public address system will be used to relay warnings, codes and information to individuals in the facility. Emergency Services, if necessary, will be notified of the emergency by telephone from an area not involved in the emergency situation.

### **II-6 Evacuation**

Evacuation of employees, clients and visitors from a facility is of the utmost importance. Many emergency situations will require the evacuation of all or part of the facility.

#### **II-6.1 Management Responsibility**

The administration of Operation PAR, Inc. has the responsibility to maintain a safe workplace for its personnel, clients, and visitors to its facilities. Each supervisor and employee has a responsibility to facilitate the evacuation of personnel, clients, and visitors in a timely and safe manner from the facility during an emergency situation, and to assist in accounting for individuals following the evacuation. The following will outline the responsibilities of each level of facility management and the expectation of clients during an evacuation:

##### **II-6.1.1 Area Safety Coordinator (or designee)**

1. Shall train facility employees and contract personnel in recommended evacuation methods through facility safety orientation and evacuation drills.
2. Shall provide prompt notification to the affected area or facility when an emergency situation is encountered.
3. Shall assist the supervisor in accounting for facility personnel, clients, and visitor following an evacuation
4. Shall report the status of the evacuation to Emergency Services upon their arrival.

##### **II-6.1.2 Supervisors**

1. Shall be familiar with the requirements of the Plan and their responsibilities during an evacuation.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

2. Shall provide training for the personnel assigned to their area(s) in the requirements of the Plan as it relates to them and procedures to follow during an evacuation.
3. Shall evaluate and provide for special evacuation needs or assistance of individuals in their area(s).
4. Shall account for individuals in their areas following an evacuation and report this information to the Area Safety Coordinator or designee.

### **II-6.1.3 Employees**

1. Shall be familiar with their responsibilities during evacuation of their assigned work area(s).
2. Shall assist department supervisors and Area Safety Coordinators in the evacuation of other employees, clients and visitors to a safe area.

### **II-6.1.4 Clients (Residential and Inpatient)**

1. Shall be familiar with evacuation signals and their meaning.
2. Shall be knowledgeable of the locations of emergency exits and the evacuation meeting point.
3. Shall evacuate quickly during an emergency or drill.
4. Shall follow the instructions of their counselor or other Operation PAR, Inc. employee.
5. Shall not go back into an evacuated building until instructed to do so by their counselor or other Operation PAR, Inc. employee.

POLICY and PROCEDURE

Policy Name      Emergency Action Plan  
Version Number    2  
Date Reviewed     08/17/2020

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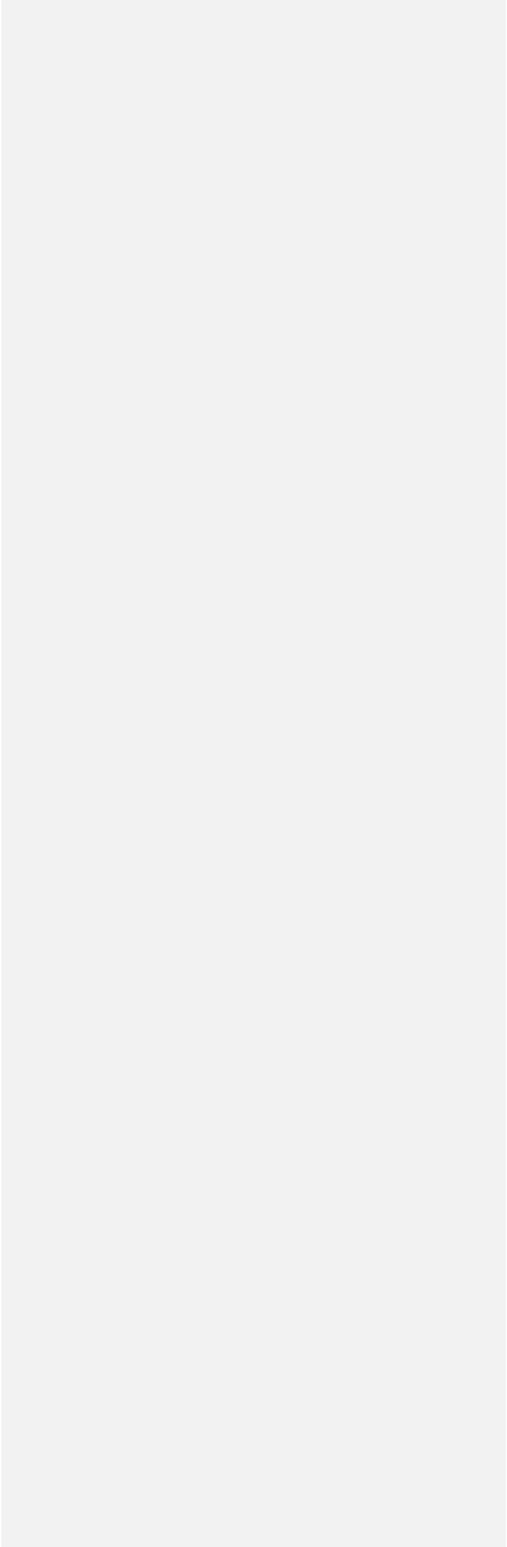
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# POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

## Chapter IV

### Emergency Procedures

The following materials are instructions for facility personnel on preferred actions to be taken in emergency situations to maintain personal safety and the safety of other individuals, and to assist management efforts to control emergency situations.

#### IV-1 Emergency Medical Situations

1. Personal Medical Emergencies
2. Injured or Ill persons
3. Biomedical Spills
4. Hazardous Materials/Chemical Leaks
5. Nuclear Power Plant Accidents
6. Epidemic and Pandemic Outbreaks

#### IV-2 Fires.

1. Structure Fires
2. Forest Fires
3. Airplane Crashes

#### IV-3 Natural Emergencies

1. Storms/Tornadoes
2. Floods/High Water Conditions
3. Hurricanes
4. Sinkholes

#### IV-4 Utility Failures

1. Power
2. Water
3. Gas

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### **IV-5 Violent/Threatening Situations**

1. Aggressive Behavior
2. Armed or Dangerous Person In Vicinity/On Property
3. Armed Person in Building
4. Infant/Child Abductions
5. Bomb Threats
6. Suspicious Mailings
7. Terrorist Violence
8. Biological/Chemical/Radiological Attacks
9. Public Demonstrations
10. Rioting/Looting

## POLICY and PROCEDURE

**Policy Name**      Emergency Action Plan  
**Version Number**    2  
**Date Reviewed**    08/17/2020

---

### IV-1      Emergency Medical Situations

When someone becomes ill or injured, there is a short period of time before emergency medical assistance arrives. The following are guidelines for employees when responding to medical emergencies to initiate notification of proper authorities and reduce the wait time before medical assistance arrives.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

2. Call 911 for an AMBULANCE. (Remember to dial access number(s) for an outside line.)
3. Be prepared to give the following information to the 911 operator:
  - a) FACILITY ADDRESS and location of victim. (Be specific. Provide details about address, where to enter the facility/building and where the victim is located.)
  - b) NATURE of the emergency (e.g. difficulty breathing, chest pain, leg injury, etc.)
  - c) TELEPHONE number of facility you are calling from or return contact number. Be sure to include area code and extension if applicable.
  - d) YOUR name and the name of the facility again.
4. BE prepared to stay on the line with the 911 operator.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

5. If available, send another employee to the main entrance to flag the emergency vehicle into the parking lot and nearest entrance to assist the emergency response unit in locating the emergency in the shortest amount of time.
6. If you have specific allergies or medical condition, it is advisable to tell your supervisor.
7. Prevention is the best approach! If you feel ill or have injured yourself, notify a co-worker and seek medical attention immediately before it becomes an emergency.

### IV-1.2 Injured or Ill Persons

1. As soon as you become aware of an injured or ill person, get help from other employees if possible. Notify a supervisor or the Area Safety Coordinator of the situation and of the need for medical assistance.
2. Contact medical staff if available.
3. [REDACTED]
4. Be prepared to give the following information to the 911 operator:
  - a) FACILITY ADDRESS and location of victim. (Be specific. Provide details about address, where to enter the facility/building and where the victim is located.)
  - b) NATURE of the emergency (e.g. difficulty breathing, chest pain, leg injury, etc.)
  - c) TELEPHONE number of facility you are calling from or return contact number. Be sure to include area code and extension if applicable.
  - d) YOUR name and the name of the facility again.
5. BE prepared to stay on the line with the 911 operator.
6. Send one person outside to direct emergency vehicles into the parking lot and the entrance nearest the victim. The employee should lead the emergency response unit directly to the location of the victim. Coordinate this with a supervisor.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

7. Do not become a victim. Assess the situation for your own safety before going to the aid of another individual. If the victim was injured as a result of some type of accident, be aware of the cause. Example: if a person receives an electrical shock and is injured, be careful that you too do not become injured by whatever electrical source the victim contacted. This applies to a variety of injuries, such as toxic vapor inhalations, carbon monoxide poisoning and electrocution.
8. Do not move the individual unless necessary to prevent further injury. An example would be a person who trips and falls with their face in water. To prevent the person from drowning you would have to move the victim. In all cases, however, try to limit any movement to the point of injury.
9. Administer First Aid if you have been trained to do so. Utilize proper precautions such as personal protective equipment when there is a risk from blood borne pathogens.

### **IV-1.2.1 Action Task: Upon discovering a medical emergency, employees shall:**

1. Alert other employees for help.
2. Notify 911.
3. Contact medical staff if available.
4. Shut down any process that is related to the injury, such as turning off electrical power to the area of a facility where an electrocution accident occurred.
5. Ventilate, neutralize, etc., and take any possible steps to secure and make safe the physical environment, utilizing available personnel and resources.
6. Administer First Aid or CPR if trained and certified, if needed.
7. Stay and calm the victim while others call 911 and direct emergency vehicles and escort emergency services personnel to the victim's location.

**911 is to be used for transport in all emergency situations. Under no circumstances is any Operation PAR, Inc. employee to transport any individual in a medically compromised condition unless medical staff visually assess the victim and determines the situation to be a non-emergency and approves the transport. This pertains to clients and visitors, as well as Operation PAR staff.**

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

**IV-1.2.2 Action Task: Upon being notified of a medical emergency, the Emergency Response Caller shall:**

1. Call 911.
2. Inform the Area Safety Coordinator or designee of the incident and the 911 call.

**IV-1.2.3 Action Task: Upon being notified of a medical emergency, the AREA SAFETY CORDINATOR (or designee) shall:**

1. Confirm any process related to the injury has been shut down and the area secured.
2. Assign an employee to go to the street to flag responding emergency services vehicles into the facility and to the entrance nearest the injured person, and to guide EMS personnel directly to the injured person.
3. Report any follow-up information to the emergency response caller for relaying to the responding emergency unit(s).

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-1.3 Biomedical Emergencies

A biomedical emergency refers to any event (accident, injury, accidental spill) in which individuals may be at risk of exposure to uncontained body fluids with the potential to harbor life threatening pathogens such as the human immune-deficiency virus and Hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids. Body excretions such as feces, and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine and vomit shall not be treated as biomedical unless visibly contaminated with blood.

#### IV-1.3.1 Action Task: Upon discovery of a biomedical emergency, employees shall:

1. Isolate the area as much as possible to restrict traffic and access to the site.
2. Put on appropriate personal protective equipment. If gloves develop holes, tears, or splits during the clean up, remove them, wash hands immediately, and put on fresh gloves. Disposable gloves must never be washed or reused.
3. To assure the effectiveness of any sterilization or disinfection process, surfaces must first be thoroughly cleaned of all visible blood or soil before disinfection.
4. Remove visible blood with disposable towels.
5. Chemical germicides or bleach will be provided at each site to disinfect contaminated surfaces. Chemical germicides will be used according to manufacturer directions.
6. Properly dispose of material used to clean contaminated surface.
7. Liquid waste created by these chemical disinfection operations shall be disposed of into a sewage system.
8. Wash hands thoroughly.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-1.4 Hazardous Materials/Chemical Spills

Chemicals are a natural and important part of our environment. Under certain conditions, chemicals can be poisonous or harmful. Typically, there are no chemical dangers that Operation PAR employees, other than maintenance staff, are presented with on a daily basis.

In general only small quantities of hazardous materials are used on site at any Operation PAR, Inc. facility. These materials are primarily confined to Maintenance Department supplies. Natural gas and propane are used in residential facilities with kitchen services. The major hazard from natural gas and propane would be the possibility of fire or explosion.

#### IV-1.4.1 Action Task: Upon discovery of a chemical spill, employees shall:

1. Evacuate all employees, clients and visitors from the affected areas.
2. Call for help. If the accident is beyond the training and capabilities of on-site employees, call 911.
3. In general only small quantities of hazardous materials are used on site at any Operation PAR, Inc. facility. These materials are primarily confined to Maintenance Department supplies. Natural gas and propane are used in residential facilities with kitchen services. The major hazard from natural gas and propane would be the possibility of fire or explosion.
4. Notify the Program Manager and Area Safety Coordinator or designee of the incident.
5. If material is flammable, eliminate all ignition sources. Be aware of all open flame sources such as pilot lights on water heaters, furnaces, and smoking materials. Beware of all electrical arc potentials that may change the environment and cause ignition such as light switches being turned on or off, static electricity, extension cords being plugged in or unplugged, etc.
6. If material is toxic, do not breathe vapors. Do not walk in or touch any spilled substances.
7. IF SAFE to do so and you have been appropriately trained, attempt to keep run off from entering unaffected areas of the building and the sewer system.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

**IV-1.4.1 Action Task: Upon discovery of a chemical leak, the Emergency Response Caller shall:**

1. Call 911.
2. Notify the Program Manager and Area Safety Coordinator or designee of the incident.
3. Stand by to notify affected areas of the facility to evacuate.
4. This may be a specific area or facility wide.
5. Specific guidance may be needed to ensure that nobody attempts to exit through contaminated areas.

**IV.1.4.2 Action Task: Upon discovery of a chemical leak, the Area Safety Coordinator (or designee) shall:**

1. Determine the impact on the facility and implement the following as needed.
  - a) Is evacuation necessary, and if so, what areas?
  - b) Are any of the following outside emergency services needed:
    1. Hazardous materials units
    2. Fire-fighting units
    3. Medical response units

Reference Safety Data Sheets (SDS) for further guidance.

If necessary, relocation of clients or programs will be carried out according to Operation PAR Inc.'s Evacuation and Temporary Sheltering Procedures.

Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-1.5 Nuclear Power Plant Accidents

Nuclear power plant accidents would have a direct affect on residents within a ten mile radius of the plant and a residual effect on those within 50 miles. Since there are no active nuclear power plants operating within 50 miles of an Operation PAR, Inc. facility, the likelihood of the agency being affected by a nuclear power plant accident is very slim.

1. The following are important facts about nuclear accidents:
  - a) A nuclear power plant accident would not cause the same widespread destruction as a nuclear weapon.
  - b) Although radioactive materials could be released in a cloud or plume, no fallout is produced to endanger people.
  - c) Radiation would be monitored by authorities to determine potential danger and warn the public.
  - d) Local citizens would be evacuated or instructed on how to avoid radiation hazards.
  - e) Most radioactive materials lose strength fairly quickly.
  - f) The area affected by a nuclear power plant accident will depend on the amount of material released, weather conditions, and wind direction and speed.
2. Basic response to a nuclear power plant accident would include:
  - a) Monitoring of local radio and television stations for areas involved and government instructions to protect against contamination and/or evacuation.
  - b) If evacuation is not ordered, remain indoors with doors and windows closed.
  - c) Turn off fans, air conditioners and heaters that use outside air.
  - d) Cover or refrigerate all food products.
  - e) When coming in from outdoors, shower and change clothing and shoes. Store worn items in a sealed plastic bag.
  - f) Wear dense, heavy clothing.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

**IV-1.5.1 Action Task: Upon discovery of a nuclear power plant accident, the Area Safety Coordinator (or designee) shall:**

1. Determine the impact on the facility and implement the following as needed.
  - a. Evacuation
  - b. Contacting outside emergency services
2. Arrange for alternate food and water supply if contamination occurs
3. If necessary, relocation of clients or programs will be carried out according to Operation PAR Inc.'s Evacuation and Temporary Sheltering Procedures.
4. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency, if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-1.6 Epidemic/Pandemic Outbreaks

Operation PAR will review recommendations from the U.S. Health and Human Services, Centers for Disease Control and Prevention (CDC) and the local Health Department in the event of a epidemic or pandemic outbreak affecting areas in which the agency operates programs. Client education materials on reducing the risk or spread of infections are available in the "Client Education" folder on Operation PAR's shared network.

Staff and clients with symptoms of communicable or air borne infections will be encouraged to stay home. Depending on the scope and severity of the outbreak, Operation PAR's Emergency Response Team may determine it necessary to close programs in affected areas for the duration of the pandemic.

There is little Operation PAR can do to control infections like Zika caused by flying insects found naturally in our environment. The main impetus for prevention will be on the local government and mosquito control activities. PAR will take guidance from the CDC and local Health Department. Current recommendations include the following:

1. Prevention education for staff and clients.
2. Try to limit outdoor activities.
3. Provide approved bug spray to staff, clients, and visitors for prevention of mosquito bites while outdoors.
4. Fix and maintain doors, windows, and window screens to prevent mosquito intrusion.
5. Inspect the property for areas of standing water that can be eliminated. For those that can't be eliminated, start a preventive maintenance schedule to empty and clean containers on a regular basis.
6. Areas of small water can also be treated with a bacterial insecticide on a regular basis.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-2 Fires

#### IV-2.1 Structure Fires

A fire can engulf a structure in a matter of minutes. Understanding basic safety practices can be the key to surviving a building fire.

1. Clear the area of all other personnel and clients.
2. Activate the fire alarm pull station or initiate the fire notification system in your facility.
3. Call the FIRE DEPARTMENT AT 911, even if the facility has a monitored fire system. Be prepared to give the following information:
  - a) FACILITY ADDRESS
  - b) Nature of the problem - FIRE. (What's on fire - structure, auto, etc.)
  - c) TELEPHONE number you are calling from.
  - d) NAME (Your name.)
4. Confine the FIRE by turning out lights and closing doors to the area. (This helps to limit the spread of fire and smoke.)
5. While not mandatory for employees to fight fires, if safe to do so and if appropriately trained, employees may choose to try to use fire extinguishers to eliminate the fire. Extinguishing a fire should only be attempted after all the above steps have been completed and if the fire is small and contained.
6. Follow the P-A-S-S system when using fire extinguishers.
  - a) Pull the safety pin on the extinguisher
  - b) Aim the hose of the extinguisher at the base of the fire
  - c) Squeeze the handle to discharge the extinguisher material
  - d) Sweep the hose back and forth across the base of the fire until the canister is empty

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV.2.1.1 Action Task: Upon detection or learning of a building fire, employees shall:

1. Follow the R-A-C-E plan described below:
  - a) Rescue/remove persons from the immediate fire area
  - b) Alarm/alert personnel by initiating fire signal
  - c) Contain fire and heat and smoke by closing all doors
  - d) Exit/evacuate the building immediately and report to safe area
  - e) If the FIRE is in your area of the building, ALERT co-workers, clients, and visitors to evacuate the building.
2. If you are in your office or passing your office and can do so quickly and safely, retrieve essential personal property (hand bags, keys, wallets, etc.), turn out lights, and close the office door as you exit. Do not go back to your office if it is not on your way out of the building. Always use the nearest safe exit.
3. Do not use elevators!
4. If an individual can not be evacuated due to physical condition or injury, try to move the individual to an area with a fire door or fire compartment, such as a stairwell, and evacuate the building. Do not stay with the person. It is better for you to evacuate to be able to tell fire response personnel there is somebody left in the building and where that person is located.
5. Employees will take floor plans with them when they evacuate to help fire department personnel locate the fire and trapped individuals and navigate the building.
6. While specific exit routes are prescribed on evacuation maps, you should use the nearest emergency exit available without going through a danger area. If fire or smoke makes exiting through the nearest exit unsafe, proceed to the next closest safe exit.
7. Remain quiet as you exit to assist in hearing further instructions regarding the emergency.
8. If there is smoke present, remain in a low, crouched position as you exit the building. Try not to inhale smoke and possible toxic fumes.
9. Unless necessary for evacuation, do not open closed doors. If you must open a door, check it for heat before opening. Do not open a door that is hot to the touch.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

10. Report to your evacuation meeting point. If your checkpoint is in an unsafe location, go to another location that is away from hazards. Stay out of the street and areas of the parking lot where emergency vehicles can be expected.
11. Make sure that you are accounted for with your supervisor.
12. If necessary, temporary shelter will be provided for employees, clients and visitors. Further information will be provided at the appropriate time through your supervisor or Area Safety Coordinator.
13. Do not leave the property until authorized to do so by your supervisor.
14. Any requests from the media are to be forwarded to the Chief Operating Officer or designee. As per agency policy, no employee is to comment to the media in regards to the facility and/or occurrences that have taken place on Operation PAR, Inc. property without express authorization from the CEO or COO.

**IV.2.1.2 Action Task: Upon notification of a building fire, the Emergency Response Caller shall:**

1. Activate the Fire Alarm or notification system and Call 911.
2. Make an announcement to employees, clients, and visitors via the public address system that this is not a drill and they need to evacuate the building immediately.
3. Evacuate the building.

**IV.2.1.3 Action Task: Upon notification of a building fire, all facility supervisory EMPLOYEES shall:**

1. Be prepared to perform the following:
2. Assist in evacuating, if needed.
3. Evaluate the FIRE. If feasible and if appropriately trained and safe to do so, use fire extinguishers to try to extinguish the fire.
4. Relocate employees, clients and visitors to their assigned evacuation check point.
5. Notify the Area Safety Coordinator or designee of any employees, clients or visitors not accounted for.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

6. Stand by to shut down operations if necessary.
7. Report availability for duty assignment to the Area Safety Coordinator or designee after exiting the building.

**IV.2.1.4 Action Task: Upon notification of a building fire, the Area Safety Coordinator (or Designee) shall:**

1. Advise the Fire Officer in charge as to present conditions in the building (location of fire, missing personnel, chemicals involved, etc.).
2. Advise the Fire Officer in charge of the available assistance Operation PAR, Inc. employees could provide (utility shut down, floor plan layout, contents of facility etc.).
3. Relocate employees, clients and visitors to an area of safe refuge, if necessary.
4. Notify the Chief Operating Officer of the fire.
5. Establish a telephone communication capability to allow employees and clients to notify their relatives/friends of their whereabouts and status.
6. Establish a telephone response line for incoming questions from relatives/friends of employees and clients, and agency personnel concerning site activities.

**IV.2.1.5 Action Task: After a building fire, the Area Safety Coordinator (or Designee) shall:**

1. Prepare an initial assessment of the damage impact on the facility once the Fire Department returns control of the building back to Operation PAR, Inc., and contact the Vice President of Facilities Management for instructions on how to proceed concerning securing the property and/or obtaining bids for repair of damages. No awards will be given without proper approval from Operation PAR, Inc. and the insurance company.
2. If necessary, relocation of clients or programs will be carried out according to Operation PAR Inc.'s Evacuation and Temporary Sheltering Procedures.
3. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency, if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

1. As per instructions from the Vice President of Facilities Management, the Program Manager and the Area Safety Coordinator or designee may assess what temporary work is suitable to be performed by employees to minimize further damage. Such work may include covering ventilation openings made by the firefighters, securing forced doors from rescue operations and shutting down any necessary utilities to prevent further damage.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-3.4 Forest Fires

1. Operation PAR does not have any facilities that would be directly affected by a forest fire.
2. Forest fires are monitored by various government agencies.
3. Operation PAR, Inc. will act consistently with recommendations and evacuation orders announced by local authorities concerning a wild fire threatening an Operation PAR, Inc. facility.
4. If necessary, clients will be evacuated as per Operation PAR, Inc.'s Evacuation and Temporary Sheltering procedures under the supervision of the facility manager with the assistance of the Area Safety Coordinator or designee.
5. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.
6. The facility manager and the Area Safety Coordinator will assess the situation after authorities have cleared the area for return and take appropriate action.

#### IV-3.4.1 Action Task: Upon notification of a forest fire, the Area Safety Coordinator (or designee) shall:

1. Maintain contact with local authorities for up to date information regarding location of the fire and potential for evacuation.
2. Inform the Vice President of Facilities Management periodically of the status of the fire and pending evacuation.
3. If necessary, coordinate evacuation with the program/facility manager according to Operation PAR, Inc.'s Evacuation and Temporary Sheltering procedures.
4. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.
5. Assist the program/facility manager when the fire is no longer a threat and the area cleared for return by the authorities to reopen the facility and resume normal operations.

## POLICY and PROCEDURE

**Policy Name**      Emergency Action Plan  
**Version Number**    2  
**Date Reviewed**    08/17/2020

---

### IV-2.3    Airplane Crashes

1. Airplane crashes can be accidental or the result of terrorist violence. Response to an airplane crash would depend on the extent of facility damage and whether the crash has created a fire situation. Employees should evacuate the area immediately and follow the emergency procedures for medical emergencies, fire emergencies and/or evacuations as necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-3 Natural Emergencies

Natural Emergencies would include severe weather conditions such as tornadoes, hurricanes, floods, forest fires, or sink holes. These emergency situations are typically monitored by various government agencies, from predicting the emergency, to reporting during the emergency, to after the emergency, including aftermath assistance. A tremendous amount of information is relayed through commercial radio and television announcements. If you believe that conditions are becoming threatening, you should tune into a local radio and/or TV broadcast and stand by. Advice will be given based on current conditions.

Each facility will have a weather band/weather alert radio, located in the area(s) of the facility where it is easily monitored by employees on all shifts. If an employee becomes aware of a watch or warning situation, he/she should notify a Supervisor or the Area Safety Coordinator or designee immediately. If the emergency is imminent and taking the time for supervisory notification would jeopardize individuals' safety, any employee is empowered to take reasonable and necessary actions, such as initiating emergency response, emergency service notification or evacuation of a location or building.

#### IV-3.1 Storms/Lightning/Tornadoes

Severe weather is common in Florida, as are storms accompanied by lightning.

1. If an employee becomes aware of a severe weather warning, he/she should notify the Area Safety Coordinator or program/facility manager immediately if they are on site and time permits.
2. Announcement of the approaching severe weather will be made via the program/facility manager or Area Safety Coordinator or designee. If neither is on site or if the storm is imminent, any employee is empowered to take reasonable and necessary actions to make the announcement and initiate the emergency response.
3. Be aware of potential high winds and lightning associated with severe storms. More people are struck by lightning prior to the rain arriving and after the rain has passed than during the rain.
4. Get clients, staff and visitors indoors as quickly as possible.
5. Secure any outdoor equipment or furniture if time permits, to prevent injury and facility damage. Be cautious of flying debris and protect your eyes.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

6. If lightning is present, stay away from open doors and windows and do not use the telephone.
7. If you are outside during a lightning storm without any available shelter, avoid staying near tall objects and trees. Be cautious of flying debris and protect your eyes.
8. If traveling during a lightning storm, stay in your car.

Although not as common as lightning storms, dangers from tornadoes are present in Florida.

1. If an employee becomes aware of a tornado watch or warning situation, he/she should notify the Area Safety Coordinator or program/facility manager immediately if they are on site and time permits.
2. Announcement of the approaching tornado will be made via the program/facility manager or Area Safety Coordinator or designee. If neither is on site and the tornado is imminent, any employee is empowered to take reasonable and necessary actions to make the announcement and initiate the emergency response.
3. If a watch has been announced, get clients, staff and visitors indoors as quickly as possible.
4. Secure any outdoor equipment or furniture, if time permits.
5. Once a warning has been issued or a funnel cloud is observed, seek shelter in a designated "Tornado Safe Zone" immediately.
6. Stay away from windows and doors and areas of the building with unsecured objects. Stay low and go to the smallest interior room or hallway on the lowest floor. Avoid places with wide-span roofs such as auditoriums.
7. If traveling in your car during a tornado, leave the vehicle and try to find shelter in the nearest sturdy building or as a last resort, lie in the nearest depression and cover your head with your arms. Do not try to outrun a tornado!
8. Do not use elevators during storms in case there is a power outage.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

**IV-3.1.1 Action Task: Upon notification of storm/tornado warnings, the Area Safety Coordinator (or designee) shall:**

1. Make an announcement of the impending storm and any related instructions.
2. Verify that equipment and furniture has been secured.
3. Verify that no persons have been allowed to remain outdoors.
4. Monitor the weather radio for the all-clear signal.
5. After the storm, check for any injured individuals and inspect the facility for any damage that may have occurred.
6. If necessary, relocation of clients or programs will be carried out according to Operation PAR Inc.'s Evacuation and Temporary Sheltering Procedure.
7. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency, if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-3.2 Floods/High Water Conditions

1. Shut down utilities and put out open flames.
2. Secure outdoor equipment and furniture.
3. Move valuables and documents to highest possible level.
4. Cover computer and other electronic equipment with heavy-duty plastic garbage bags and secure.
5. Seal openings and windows with plastic or caulk.
6. If it becomes necessary to evacuate the facility due to high water conditions, the program/facility manager or the Area Safety Coordinator or designee will initiate evacuation procedures.
7. Stay away from flooded areas or structures where power lines are down. Electrical outlets under water pose a danger to anyone coming in contact with the water. If not sure of whether the power is on or off,
8. presume it is ON.
9. Do not walk through flooded areas. Often an area is much deeper than it appears due to ditches, holes, etc.
10. Be aware of potential health problems that may occur if floodwaters contaminate food and living environments. Adhere to infection control protocols and wash hands by prescribed methods frequently.

#### IV-3.2.1 Action Task: Upon notification of flood/high water conditions, the Area Safety Coordinator (or designee) shall:

1. Make announcements as necessary to keep employees informed of flood status and what precautions should be initiated.
2. Assist with securing the building. Verify all utilities have been shut down and outside equipment and furniture has been secured or removed.
3. Verify employees have secured their own worksites – computers and documents.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

4. Check for injured persons or facility damage after the water has receded and it is safe to do so. Report damages to the Vice President of Facilities Management.
5. Make arrangements with professionals to have utilities inspected prior to turning back on.
6. If necessary, relocation of clients or programs will be carried out according to Operation PAR Inc.'s Evacuation and Temporary Sheltering Procedure.
7. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.

### IV-3.2.2 Post Flood Activities

Following a significant water disruption or emergency, adhere to any advisories to boil water issued by the municipal water utility.

1. Alert employees, clients, and visitors not to consume water from drinking fountains, ice or drinks made from municipal tap water while the advisory is in effect unless the water has been disinfected by an acceptable method (e.g., by bringing water to a rolling boil for at least one minute).
2. After the advisory is lifted, run faucets and drinking fountains at full flow for at least 5 minutes or use high-temperature water flushing or chlorination.
3. If corrective decontamination of the hot water system is necessary after disruption in service or a cross-connection with sewer lines:
4. Decontaminate the system when the fewest occupants are in the building.
5. If using high-temperature decontamination, raise the hot water temperature to 160°F-170°F (71°C-77°C) and maintain that level while progressively flushing each outlet around the system for at least five minutes.
6. If using chlorination, add enough chlorine, preferably overnight, to achieve a free chlorine residual of  $\geq 2$  mg/L ( $\geq 2$  ppm) throughout the system. Flush each outlet until chlorine odor is detected and maintain the elevated chlorine concentration in the system for at least 2 hours but not more than 24 hours.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

7. Use a thorough flushing of the water system instead of chlorination if a highly chlorine-resistant microorganism is suspected as the water contaminant.
8. Maintain surveillance for waterborne diseases in clients and employees after the boil water advisory is lifted.

### **IV-3.2.3 Facility Damage**

Facilities damaged by water intrusion will be inspected as soon as possible following the emergency. Wet building materials (e.g., structural materials, porous materials, wall paper, carpeting, furnishings, etc.) will be removed if they cannot be thoroughly cleaned and dried within 72 hours. New materials will be replaced as soon as the underlying structure is declared to be thoroughly dry. Remediation activities may be delayed in cases of wide area destruction.

1. Close off affected areas during cleanup procedures.
2. Ensure functionality of sewage system.
3. Clean hard-surfaced equipment, floors and walls after drying with detergent according to standard cleaning procedures.
4. Wood furniture and materials are to be cleaned and dried thoroughly before restoring varnish or other surface coatings.
5. Contain dust and debris during remediation and repair according to accepted standards.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-3.3 Hurricanes (See Also Attachment III)

#### Condition: Hurricane Watch

1. If a Hurricane Watch is announced, the Emergency Response and Recovery Teams will determine when to meet to make further decisions regarding preparing Operation PAR, Inc. for a possible hurricane.
2. At this initial meeting, the Emergency Response and Recovery Teams will decide whether or not to begin hurricane preparations at any or all programs.
3. Once it is decided to begin hurricane preparations, the Emergency Response Team will take the following actions:
  - a. Notify all programs by phone, ~~fax~~, or e-mail to begin hurricane preparations and allow members of the Emergency Response Team and volunteers to leave to secure their homes and make preparations before returning to assist with evacuation and management of the clients for the duration of the storm.
  - b. The Emergency Response Team will notify the Access Center at (727) 499-2335 or 1-888-PAR-NEXT to inform them which programs are being closed. If the Access Center is closed, a recorded message will be left on the auto-attendant informing all callers which facilities are being closed.

The instructions for leaving a recorded message and transferring the Access Center phone number to another location are included in the Emergency Package locked in the Finance safe at Park Center.

- c) The Emergency Response Team will call ADM (Alcohol, Drug Abuse, and Mental Health), CFBHN and 2-1-1 (727-210-4211) to notify them which programs are being closed and that Operation PAR will not be accepting any new clients until further notice.
- d) The Safety or IT department will use "Informacast" the Emergency Notification System to communicate and provide critical information/updates about the Agency to all staff. ~~to~~
- e) The Chief Financial Officer or a designated alternate will arrange for a pre-determined amount of cash to be withdrawn from Operation PAR, Inc.'s bank account and placed in the Finance safe at Park Center. If it is necessary, said

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## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

cash will be used for the purchase of supplies and food after the storm until banks are open for business.

f) Refer to "Things To Do Checklist - When Hurricane Watch Has Been Declared".

e)  
f)g) In most cases Law Enforcement will issue Evacuation Orders for affected areas prior to a Hurricane Warning being issued. The Emergency Response Team's decisions regarding the timing of preparations, closing of facilities, and evacuation of clients will be based on available information regarding the day and time the storm is expected to affect the area, the predicted severity and duration of the storm, the projected path of the storm, and other mitigating circumstances. In all instances, the welfare and safety of clients and employees will be of primary concern.

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### **Condition: Hurricane Warning**

Once a Hurricane Watch has been upgraded to a Hurricane Warning, the following steps will be taken by the Emergency Response Team:

1. Notify all non-residential programs to secure their facilities, records, computers, etc.
2. Send employees home and close the facilities if not previously instructed to do so under Hurricane Watch conditions.
3. Notify all residential programs to secure their facilities, records, computers, etc., and begin evacuation of affected clients.
4. Once clients have been evacuated, send employees, other than members of the Emergency Response Team, home and close the facilities.
5. The Emergency Response Team will assist in situating clients and employees, storing supplies, filling water containers, preparing the building, and other duties as assigned.

### **Condition: Hurricane Landfall**

Once a hurricane is projected to hit land, the Emergency Response Team will assist in securing facilities and ensuring that clients, employees, and supplies are in the proper location.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

**Condition: Hurricane All Clear/Recovery**

Once an All Clear has been announced, the Emergency Recovery Team will activate the initial clean up.

1. Members of the Emergency Recovery Team will deploy to assess conditions at affected facilities. (It is expected that movement will be curtailed by law enforcement and these assessment efforts may be hampered.) Priority will be given to programs according to the established priority opening schedule.
2. IMPORTANT: SECURITY CODES AND KEYS TO ALL FACILITIES ARE IN SEALED ENVELOPES IN THE FINANCE SAFE AT PARK CENTER.
3. Once the facilities are assessed, notify DCF, CFBHN and 2-1-1 to inform them of Operation PAR, Inc.'s ability or inability to resume providing services for the community.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-3.4 Sink Holes

Sink holes are common in Florida, but generally not predictable.

1. In times of heavy or extended periods of rain, employees should pay attention to changes in a facility's landscape.
2. Report any noticeable changes to the facility manager or Area Safety Coordinator.

#### IV-3.4.1 Action Task: In the event of a sinkhole, the Area Safety Coordinator (or designee) shall:

1. In the event of a sinkhole with no imminent danger to structures or injury to persons, the Area Safety Coordinator or designee will:
  - a. Mark off the area using rope, yellow caution tape and/or cones.
  - b. Restrict access to the area. Do not allow anybody to enter the vicinity.
  - c. Notify the Vice President of Facilities Management of the sinkhole.
  - d. Monitor the sinkhole for increases in size or encroaching threat of property damage or danger to individuals.
2. In the event of a large sinkhole that may cause injury to persons or structural damage, the Area Safety Coordinator or Designee will:
  - a. Evacuate clients, visitors and staff from the affected portion of the facility to a safe area.
  - b. If necessary, evacuate the entire facility as per Operation PAR Inc.'s Evacuation and Temporary Sheltering procedures.
  - c. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

- d. Notify the Vice president of Facilities Management with an assessment of the damage and/or threat.

### IV-4 Utility Failures

Power and water failures can be caused by natural emergencies, accidents and system maintenance. Although not uncommon, power and water failures are usually short lived. Determining cause and breadth of the outages will dictate what actions a facility will take in response to the outage.

#### IV-4.1 Power Failures

Power failures are common in the area and are generally caused by adverse weather conditions or equipment damaged due to motor vehicle accidents. In general, a power failure will not be considered as an emergency situation.

1. Determine the cause of the power failure. Is the disruption widespread, affecting the entire community area, or local, only affecting the facility or parts of the facility?
2. If the outage is due to a fire, explosion or electrical arcing, evacuate employees, clients, and visitors from the hazard area.
3. Call 911 and report the problem.
4. If no immediate hazard is present, move personnel, clients, and visitors to a safe area with emergency lighting.
5. Emergency lighting units will generally only work 90 to 120 minutes.
6. Notify the power company or electrician and report the problem. Note that during storm conditions it may be several hours before power is restored.
7. Move around as little as possible, so the chance of injuring yourself in the darkness is minimal.

##### IV.4.1.1 Action Task: In the event of a power failure, the Emergency Caller shall:

1. Notify the program supervisor and Area Safety Coordinator or designee, if on site, of the incident.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

2. Call 911 or the power company or electrician.
3. Stand by to notify affected areas of the facility to evacuate. This may be a specific area of the facility or facility wide.

**IV.4.1.2 Action Task: In the event of a power failure, the AREA SAFETY COORDINATOR (or designee) shall:**

1. Determine the impact on the facility and implement the following as needed:
2. Evacuation if necessary.
3. Contact outside emergency services if needed.
  - a. Fire Department
  - b. Power Company
  - c. Electrical Contractor
4. Determine the cause of the outage.
5. Discuss the cause and expected duration of the outage with the program manager and decide whether to request permission of the appropriate company official to dismiss clients and employees or remain in the facility until power is restored.
6. If remaining in the building, provide a safe area with emergency lighting for employees, clients and visitors.
7. If evacuating, assist the evacuation process to minimize the chance of injury to individuals as they move through the darkness of the facility.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-4.2 Water Failures

Water failures occur infrequently and disruption is normally short lived. Water failures are generally caused by county or facility equipment problems or maintenance. In general, a water failure will not be considered as an emergency situation.

1. Determine the cause of the water failure.
2. Determine area affected:
  - a. entire community area
  - b. local, not entire community
  - c. facility
  - d. only part(s) of the facility

#### IV-4.2.1 Non-Facility Water Failure

1. Notify the local Water Department and report the problem.
2. Depending on the problem, it may be several hours before water service is restored. Try to find out when they expect the problem to be corrected.
3. If there is going to be an extended water outage, residential programs will have to make alternative arrangements for sanitary and hygiene needs such as ordering Porta-Potties or scheduling time and transportation for clients to shower at another Operation PAR, Inc. facility.
4. For drinking purposes, bottled water will be purchased.

#### IV-4.2.2 Facility Water Failure

1. Call a plumbing company for repair.
2. If there is going to be an extended water outage, residential programs will have to make alternative arrangements for sanitary and hygiene needs such as ordering Porta-Potties or scheduling time and transportation for clients to shower at another Operation PAR, Inc. facility.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

3. For drinking purposes, bottled water will be purchased.
1. If necessary, space will be found at another Operation PAR, Inc. facility to house residential clients temporarily per Operation PAR Inc.'s Evacuation and Temporary Sheltering procedures.

**IV-4.2.3 Action Task: In the event of a water failure, the Area Safety Coordinator (or designee) shall:**

1. Shut the water off at the main if a flood situation is occurring.
2. Call a plumbing company.
3. Determine the impact on the facility and implement the following as needed:
  - a. Order Porta-Potties
  - b. Order bottled water
  - c. Order waterless soap/hand sanitizer for hand washing
  - d. Set up alternative sites for showers
  - e. Fill buckets of water for toilet priming
  - f. Make arrangements and coordinate client evacuation to another Operation PAR, Inc. facility if the outage will extend over a longer period of time.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-4.3 Gas Failures

Gas failures are generally caused by adverse weather conditions. Gas is only used in the kitchens of Operation PAR. In general, a gas failure would not affect the safety of clients and employees, and therefore would not be considered an emergency situation.

1. If you smell gas:
  - a. Do Not turn lights on or off.
  - b. Do Not light any matches.
  - c. Do turn the gas valve off.
  - d. Do open doors and windows for ventilation.
  - e. Do leave the premises.
2. Notify the gas company to report the problem and determine if the outage is facility based or a gas company problem.

#### IV.4.3.1 Action Task: In the event of a gas failure, the Emergency Caller shall:

1. Notify the Area Safety Coordinator or designee, if on site, of the incident.
2. Stand by to notify affected areas of the facility to evacuate if necessary.

#### IV.4.3.2 Action Task: In the event of a power failure, the AREA SAFETY COORDINATOR (or designee) shall:

1. Determine the impact of the failure on the facility and implement the following as needed:
  - a. Evacuation if necessary. If so, what areas?
2. Contact outside emergency services, if needed.
  - a. Fire Department
  - b. Contractor
  - c. Determine the cause of the outage.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

3. Notify the kitchen manager of the cause and expected duration of the outage so that menu changes can be made if necessary.

### **IV-5 THREATS OF VIOLENCE AND Community-Wide Civil Unrest**

Workplace threats and violence and community demonstrations threaten the safety of employees, clients and visitors and can lead to the need for increased facility security. Preparation for disorder, whether expected or not, is the best deterrent to experiencing such difficulty.

#### **IV-5.1 THREATENING/AGGRESSIVE BEHAVIOR**

All threats of violence should be taken seriously until proven otherwise.

1. Upon receipt of a threat of violence, employees shall:
  - a. Document all the information that the caller or individual gives as precisely as possible.
  - b. Advise a supervisor or administrator as soon as possible.
2. If the individual is on-site and doesn't seem to pose an immediate danger to anyone, the Assessment Team will assess the situation to determine if the police should be called. The Assessment Team will be comprised of a senior staff person, available treatment team members, and the individual receiving the threat.
3. If the threat is received from an individual off-site, the local authorities should be notified immediately.

4. [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

5. Do not leave an agitated client alone because they can do harm to themselves and others.

[REDACTED]

8. Employees will remain at the scene, available to assist until a supervisor confirms they are no longer needed or the situation is resolved and the all clear is called.
9. The most senior employee present will assess the situation and call the proper authorities for removal of said individual if de-escalation is not successful.
10. Refrain from agitating attackers through attempts to negotiate concerns.
11. Evaluate requests made by the attacker and cooperate when doing so does not put you or others at further risk. Your main responsibility is to survive the incident.
12. Remain calm. While it is easier said than done, calmness will establish a more favorable environment for survival.
13. Refrain from touching the agitated individual.
14. Speak in a low tone and avoid argumentation.
15. Use active listening skills. Give the agitated individual your undivided attention.
16. Always try to contact another staff member.
17. Stay three to five feet away from the agitated individual at all times.
18. Call the person by name.
19. All redirections need to be specific and concise. (e.g. - "I need you to stop yelling"). During this stage, one person speaks at a time and all staff must be consistent as to not allow staff splitting.
20. Stand with your hands in front of you, not behind you.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

21. Be aware of all exits and any objects that can be used as potential weapons, such as pens, chairs, phones, etc.
22. Always disband an audience. Most agitated individuals use other clients to fuel their anger.
23. Don't make false promises or threats.
24. Take all threats seriously. It is highly recommended that any employees being harassed or threatened on a personal level or who have a court order prohibiting other parties from making contact at their residence or place of work, inform their supervisor immediately. This is for the employee's protection as well as coworkers.
25. Descriptions of the attacker(s) and the type of weapon(s) are helpful to the police; however, at no time should employees expose themselves to additional risk to gain information regarding the attacker(s).

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### **IV-5.2 Armed or Dangerous Person Near the facility**

It may be necessary in certain cases to completely secure a building or facility when there is a threat of harm to clients, employees and visitors from an armed or dangerous individual near the facility. Nobody will be allowed in or out of the building/facility until the situation is resolved. The agency-wide code "SECURE THE FACILITY" will be initiated to alert employees to the emergency. Employees should always be alert for potential violence and suspicious behavior and should report anything out of the ordinary to their supervisors immediately.

#### **IV-5.2.1 Action Task: In the event of an armed or dangerous person near the facility, EMPLOYEES shall:**

1. Call 911 immediately.
2. Notify employees on site using the "SECURE THE FACILITY" code.
3. Move any clients and visitors that are outside into the closest building or safe place as quickly as possible, staying as close to the ground as possible. If you are not close to a building entrance, it may be better to take cover where you are if there is shelter. Do nothing to draw attention to yourself or others.
4. Employees inside will lock all exterior doors and windows. Door stops or a barricade can be used in places where doors cannot be locked.
5. Direct clients and visitors to a safe place where they can lock themselves in where they will not be visible to the outside. Avoid large open areas such as libraries, gyms, dining halls, etc. Check the bathrooms and other areas where the code announcement is less likely to be have been heard as you proceed to the safe place.
6. Explain the emergency to clients and visitors so that they understand the seriousness of the situation and cooperate.
7. Keep everybody away from doors and windows.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

8. Notify the CEO, COO, or Central Administration if possible.
9. Do not open the door until an all clear is announced.

**IV-5.2.2 Action Task: In the event of armed or dangerous person on property, supervisors and the Area Safety Coordinator (or Designee) shall:**

1. Verify that 911 has been called.
2. Assist in securing exterior doors and windows.
3. Coordinate with law enforcement.
4. Notify employees of the all clear when the situation has been resolved.
5. Contact emergency medical personnel if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### **IV-5.3 Armed PERSON In The Building**

“Armed Person in the...[insert location]” will be the announcement used for any situation in which there is an armed or dangerous person inside at any Operation PAR facility to alert staff to take shelter in secured areas to minimize the threat of bodily harm to employees, clients and visitors. The “Armed Person in the...” announcement will include what area of the building the armed individual has been seen in to alert staff as to what areas to avoid. For example, a call of “Armed Person in the cafeteria” would mean “there is an armed individual in the cafeteria”. Active assault situations evolve rapidly. In most cases active assailants display no apparent pattern or method of selection of their victims. Staff should be prepared when hearing the “Armed Person in the ...” code called to move immediately away from the affected area and find a secure area for themselves and any clients and visitors in their vicinity.

#### **IV-5.3.1 Action Task: In the event of an armed person in the building, EMPLOYEES shall:**

1. Call 911 immediately. If you can't speak, just leave the phone on to alert police of situation and location.
2. Notify employees on site using the “Armed Person in the... [insert location] code.
3. Move any clients and visitors to a safe place where you can lock yourself in and not be visible to somebody in the building.
4. Avoid large open areas such as libraries, gyms, dining halls, etc.
5. Check the bathrooms and other areas where the code announcement is less likely to be have been heard as you proceed to the safe place.
6. Explain the emergency to clients and visitors so that they understand the seriousness of the situation and cooperate.
7. Lock and barricade all doors and windows. Door stops or a barricade can be used in places where doors cannot be locked.
8. Turn off interior lights.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

9. Close interior blinds.
10. Block interior windows.
11. Turn off radios and other devices that emit sounds.
12. Silence cell phones.
13. Keep everybody away from doors and windows.
14. Take cover behind concrete walls, thick desks, filing cabinets, etc. if available.
15. Do not attempt to rescue anybody unless the rescue can be made without endangering everybody else in the secure area.
16. Do not do anything to provoke the attacker.
17. Be prepared to try to overpower the armed individual if they attempt to enter the room you are in.
18. Communicate the plan to others in the room with you.
19. Do whatever you can. This is life and death.
20. Consider escape routes through windows or exterior doors if safe to do so.
21. Make sure there are no outside accomplices to the armed individual inside.
22. Determine if there is a nearby location that can be reached safely.
23. Do not attempt to flee without an escape route and plan in mind.
24. Do not carry anything with you when trying to flee.
25. Do not try to move injured individuals.
26. Notify police of their location when you have escaped to safety.
27. Do not respond to voice commands unless you can verify with certainty that the orders are being issued by a law enforcement officer.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

28. Do not open the door until an all clear is announced by the police.

29. Notify the CEO, COO, or Central Administration as soon as possible.

**IV-5.3.2 Action Task: In the event of armed person in the building supervisors and the Area Safety Coordinator (or Designee) shall:**

1. Verify that 911 has been called.
2. Coordinate with law enforcement.
3. Notify employees of the all clear when the situation has been resolved.
4. Contact emergency medical personnel, if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-5.4 Infant/Child Abductions

75% of all child abductions are committed by a family member or acquaintance. The majority of children go missing from home, but about 25% of abductions occur in public locations.

1. Parents with children enrolled in either of Operation PAR's developmental centers or who live on property should be encouraged to maintain current pictures and information about their children in case a child is lost or abducted.
  - a. Have the child foot printed at the time of birth. Include the parent's fingerprint on the footprint page to eliminate doubt of parentage if the child is abducted.
  - b. Maintain current pictures of the child; update pictures every 6 months.
  - c. Have the child fingerprinted.
  - d. Keep medical and dental records up to date.
  - e. Parents should also be encouraged to practice and reinforce safety precautions with their children.
  - f. Prevention is the best deterrent.
    1. Teach children their names, addresses and phone numbers.
    2. Teach children who to call in an emergency and how to use 911.
    3. Teach children what to do if they are lost in a public place.
    4. Remind children never to leave the premises or venture into parking lots if lost, but to get help from somebody that works at the location or a policeman.
    5. Always supervise children in public places.
    6. Do not ever leave a child alone in a car or stroller.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

7. Do not dress children in clothing with their name on it.
8. Make sure children know where they can go in case of trouble.
- g. Children should know the basics on how to avoid potentially dangerous situations.
  1. Never accept candy or gifts from a stranger.
  2. Never go anywhere or get in a car with a stranger.
  3. Run away and scream if someone follows them or tries to grab them or force them into a car.
  4. Say "No" to anybody that wants them to do something they know is wrong or tries to touch them in a way that makes them feel uncomfortable, and immediately tell a parent or somebody they trust.

### **IV-5.4.1 Action Task: In the event of child abduction, EMPLOYEES shall:**

1. Notify program/facility managers and law enforcement immediately. Give them as complete a description as possible of the child and what he or she was wearing.
2. Notify the receptionist to inform them to expect increased incoming calls and who the contact person is and where they will be located.
3. Secure the facility to control all avenues of egress. Nobody will be allowed on or off the property or in or out of a building, except for law enforcement personnel. Staff should man all entrances and exits to keep people from attempting to enter or exit a building.
4. Perform a thorough search of the property. Check the parking lot for anybody walking away or driving away with a child.
5. Question all available individuals. When was the last time you saw the child? What was he/she doing? Did you see any strangers in the area?
6. Verify the identity of all persons on property.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

7. Refer all media requests to the CEO/COO or designee. No staff is to speak to anybody outside the Agency about the event without the express consent from the CEO or COO.

**IV-5.4.2 Action Task: In the event of a child abduction, the Area safety Coordinator or Designee shall:**

1. Verify that law enforcement and facility administrators have been notified.
2. Verify that all entrances and exits have been secured and nobody has come onto or left the premises.
3. Verify that the receptionist has been informed of who the contact person is and where they will be located.
4. Coordinate search activities.
5. Assist law enforcement.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-5.5 Bomb Threats

Upon receipt of a threat of violence or a bomb threat, employees shall:

1. Stay on the phone with the caller. Do not hang up on, place on hold or transfer a bomb threat caller.
2. Without using cell phones or overhead paging, get another employee's attention to have them call 911 to start a trace of the call.
3. Once done, the second employee will notify the Program Manager and the Area Safety Coordinator of the threat.
4. Keep the caller talking. Prolong the conversation as long as possible. Using the Bomb Threat Check List (attached), document all the information the caller or individual gives as precisely as possible. Don't be afraid to ask "Who are you? Why are you doing this"? Try to find out what type of device the bomb is, where it is located and what time it is set to go off.
5. Listen for clues that might help identify the caller or the caller's location. Listen for background noises and distinguishing voice characteristics, such as gender, age, accent, impediment, hysteria, etc.
6. Pay attention to comments that may indicate the caller is familiar with the physical layout or normal routine of the facility.
7. Do not hang up! Even if the caller hangs up, do not re-cradle the phone. Just lay it down on the desk. Keep the connection open for tracing of the call.
8. Notify the supervisor or Area Safety Coordinator, and relay the compiled information.
9. Depending on the information available, the building will either be immediately evacuated or staff will be asked to evacuate clients and visitors, and then do a quick search of their offices, common areas and perimeter of the building. The Bomb Squad will not respond unless a device has been located.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

10. Staff will immediately evacuate if information from the caller indicates the bomb is set to go off in a short amount of time. Remember, you cannot use cell phones or overhead paging, as they might detonate a bomb if there is one.
11. The decision to stay and search will be made by the supervisor or other Agency administrator.
12. If informed to do so, staff will do a quick inspection of their own work area. Look for anything out of place or that does not belong there.
13. Scan the room quickly. Start by looking in a circle at the area from the ceiling to the level of your shoulders; then do another circular scan at the section of the room that is between your shoulders and knees. Finish off with a last scan of the section of the room that is within the area from the level of your knee to the floor. This search should not take more than twenty seconds.
14. Do not forget to check common areas such as bathrooms and reception areas. Check garbage pails and potted plants. Inspect the outside perimeter of the building as well.
15. DO NOT change the environment in any way. Do not turn lights or electronics off or on. Do not use cell phones or paging systems. Do not slam doors.
16. If you find anything suspicious, DO NOT touch it.
17. Evacuate immediately and notify your supervisor of any unusual packages or objects that do not belong in the work area.
18. Notify your supervisor of any individuals or vehicles in the area of the building appearing suspicious in nature.
19. If an explosion occurs in the facility, employees should follow the emergency procedures for a fire and Operation PAR's Evacuation and Temporary Sheltering procedures.
20. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

**IV-5.5.1 Action Task: In the event of a bomb threat, supervisors and the Area Safety Coordinator (or Designee) shall:**

1. Verify that 911 has been called.
2. If time permits, instruct personnel to do a quick check of their own area for anything suspicious.
3. Remind them not to change the environment.
4. Check common areas of the building and building perimeter.
5. Evacuate personnel to an outside area as a group away from the facility.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### BOMB THREAT CHECKLIST

Time of Call: \_\_\_\_\_

Exact Words of the Caller: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### QUESTIONS TO ASK THE CALLER:

When is the bomb going to explode? \_\_\_\_\_

Where is the bomb? \_\_\_\_\_

What does the bomb look like? \_\_\_\_\_

What kind of bomb is it? \_\_\_\_\_

What will cause the bomb to explode? \_\_\_\_\_

Did you place the bomb in the building? \_\_\_\_\_

Why? \_\_\_\_\_

Where are you calling from? \_\_\_\_\_

What is your name? \_\_\_\_\_

### CALLERS VOICE (Circle all that apply)

Calm	Disguised	Nasal	Angry	Broken	Male
Stutter	Slow	Sincere	Lisp	Rapid	Female
Giggling	Deep	Crying	Squeaky	Excited	Sex Unknown
Stressed	Accent	Loud	Slurred	Normal	

If the voice is familiar, who did it sound like? \_\_\_\_\_

Were there any background noises? \_\_\_\_\_

## POLICY and PROCEDURE

**Policy Name**      Emergency Action Plan  
**Version Number**    2  
**Date Reviewed**    08/17/2020

---

Person receiving phone call: \_\_\_\_\_  
Telephone number call received at: \_\_\_\_\_

### **IV-5.6    Suspicious Mailings**

If a suspicious envelope or package is discovered, employees shall:

1. Leave any suspicious mailing alone.
2. If you have opened a suspicious letter or box, immediately put it down. Do not continue to handle it in any manner.
3. Leave the vicinity immediately.
4. Seal and secure the area. Nobody should enter the area.
5. Anybody who had contact with the mail or package should wash with soap and water and remove clothing, if possible.
6. Contact 911.
7. Notify the Program Manager and the Area Safety Coordinator or designee.

#### **IV-5.6.1    Action Task: In the event of suspicious mail/package, the Area Safety Coordinator (or designee) shall:**

1. Verify that 911 had been called.
2. Verify the area containing the suspicious mailing has been secured.
3. Make sure that nobody can enter the area.
4. Evacuate employees, visitors and clients until it is safe to return to work by the authorities.
5. Assist Law Enforcement when they respond.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

6. If necessary, relocation of clients or programs will be carried out according to Operation PAR Inc.'s Evacuation and Temporary Sheltering Procedure, Chapter III-8 of this Plan.
7. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.

### **IV-5.7 Terrorist Violence**

Threats of terrorism are not strictly related to international causes and political disputes. Many of the incidents occurring in the world today are related to domestic incidents ranging from work place disputes to difficulties encountered in personal relationships.

Terrorism may come in many forms from bomb threats and hazardous mailings to air crashes. There is only so much preparation and training that can be provided for these totally random and unpredictable types of attacks. Operation PAR, Inc. has included guidelines for what the Agency feels would be the most probable types of terrorism.

During incidents of terrorist violence, employees shall:

1. Seek cover immediately.
2. Escape the area if possible.
3. If gunfire is present, stay down on the floor.
4. When in a safe location call 911.
5. Descriptions of the attacker(s) and the type of weapon(s) are helpful, however, at no time should employees expose themselves to additional risk to gain information regarding the attackers.
6. If an explosion or fire occurs in the facility employees should follow the emergency procedures for a fire.
7. If necessary, relocation of clients or programs will be carried out according to Operation PAR Inc.'s Evacuation and Temporary Sheltering Procedure, Chapter III-8 of this Plan.
8. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### **IV-5.8 Biological/Chemical/Radiological Agents**

If there is a report of a terrorist attack involving bio-chemical or radioactive agents, employees shall:

1. Immediately turn off all air conditioning or heating systems.
2. Wait for the authorities to instruct you as to whether it is preferable to evacuate immediately or seek shelter and seal the premises. This will depend on the chemical agent being employed.

#### **IV-5.8.1 Action Task: In the event of a terrorist attack involving biological/chemical/radiological agent, the Area safety Coordinator or Designee shall:**

1. Verify the air conditioning and heating system has been shut down.
2. Monitor television or radio broadcast for information on how to proceed.
3. Assist in the evacuation of clients, individuals and employees, if that is the government's recommended plan of action.
4. Assist in securing the facility to restrict airflow if that is the government's recommended plan of action.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### IV-5.9 Public Demonstrations

The local police agencies will be contacted and advised of any specific problems impacting a facility. At such times the response of the police department may be limited. In order to provide for the safety and security of our personnel, it may be necessary to utilize private security personnel.

1. Private security may be provided for the facility and the parking lots.
2. All employees will enter the facility through one entrance. The Area Safety Coordinator or designee will designate the entrance to be used.
3. Each employee must display their ID badge. Employees may be denied access to the building without their ID badge. Management will determine if another form of identification, such as a driver's license, will be accepted.
4. Any individual employee who receives a threat or is involved in harassing behavior from demonstrators shall report this event immediately to their supervisor and Area Safety Coordinator or designee.
5. Employees should not engage in disputes with demonstrators. If possible, protected parking will be established, allowing employees to park and then enter without walking through demonstrators.
6. Keep all exterior doors closed and locked. Exiting will only be allowed through the designated doorway for the facility.
7. Employees should refer all media inquiries to the CEO or COO or designee per the Operation PAR, Inc. Media Release Policy.

#### IV-5.9.1 Action Task: In the event of public demonstrations, the Area Safety Coordinator (or designee) shall:

1. Make appropriate arrangements for private security personnel, if directed by the program or facility manager.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

2. Determine which access point will be utilized by employees.
3. Establish a system to approve entrance by visitors.
4. Notify the local authorities of all activities relating to demonstrations, threats, harassments and bomb threats - Local Police - 911.
5. Direct all media inquiries to the CEO or COO or designee.
6. If necessary, relocation of clients or programs will be carried out according Operation PAR Inc.'s Evacuation and Temporary Sheltering procedures.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

### **IV-5.10 Rioting and Looting**

Every attempt will be made by management to inform all employees of these conditions prior to their arrival at the facility.

1. At no time are employees expected to, nor should they attempt to, participate in efforts to stop looting or removal of property from the facility.
2. If the disturbance should occur during normal business hours, notify the Police at 911.
3. Contact the Program/ Facility Manager and Area Safety Coordinator or designee and advise of the conditions. If the events appear threatening to personal safety, seek assistance from a superior and leave as soon as it is safe to do so.

#### **IV-5.10.1 Action Task: In the event of rioting and looting, the Emergency Response Caller shall:**

1. Notify police 911.

#### **IV-5.4.2 Action Task: In the event of rioting and looting, Supervisors and the Area Safety Coordinator (or DESIGNEE) shall:**

1. Notify authorities at 911, if not already informed.
2. If safe to do so, evacuate personnel, clients and visitors to an outside area as a group, as far away from the facility as possible.
3. If necessary, contact the Transportation Department and make arrangements for vans to transport clients and employees away from the facility when it is safe to do so.
4. If necessary, relocation of clients or programs will be carried out according to Operation PAR Inc.'s Evacuation and Temporary Sheltering procedures.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

5. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.

### Chapter V

#### EVACUATION AND TEMPORARY SHELTERING PROCEDURES

The following procedures are to be utilized by Operation PAR, Inc. employees at all sites for the evacuation and temporary sheltering of employees and clients in the event of an emergency situation impacting the facility. The following procedures would be implemented following evacuation procedures for any of the emergency situations described in this Plan.

1. Localized Incident of Short Duration Impacting Only Partial Facility
  - a. This would involve a situation such as damage caused to one or more buildings, but not the entire facility, from an emergency such as a fire or weather related emergency.
  - b. Maintain the safety of employees, clients, and visitors. Immediately move to an area that will not be impacted by operations being conducted to restore or resolve the emergency situation. Staff will direct clients and visitors and check offices and common areas during egress to facilitate a timely and complete evacuation of affected areas.
  - c. After evacuating the building, employees will direct clients and visitors to a designated safe zone. Employees will check in with their supervisors and inform them of any individuals they believe to be missing. In residential facilities, a roll call or head count of the clients will be conducted.
  - d. No employees or clients will reenter the affected building or portion of building until it is deemed safe to do so.
  - e. It may be necessary to temporarily relocate affected program services to a different area of the facility until repairs are completed.
  - f. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency, if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

2. Localized Incident of Longer Duration Impacting Entire Facility
  - a. This would involve a situation such as a tornado, flood or fire.
  - b. Maintain the safety of employees, clients, and visitors. Immediately move to an area that will not be impacted by operations being conducted to restore or resolve the emergency situation. Employees will check common areas, bathrooms, offices, etc. in the evacuation path to make sure employees, clients and visitors have evacuated the affected areas.
  - c. After evacuating the building, employees will direct clients and visitors to a designated safe zone. Employees will check in with their supervisors and inform them of any individuals they believe to be missing. In residential facilities a roll call or head count of the clients will be conducted.
  - d. No employees or clients will reenter a damaged building until it is deemed safe to do so.
  - e. It may be necessary to temporarily relocate affected program services to a different facility until repairs are completed.
  - f. Following an unpredicted emergency impacting an entire facility, current client information will be accessed from any unaffected Operation PAR facility. Clients will be contacted, as appropriate, to be advised of any changes to services and/or locations.
  - g. Following an unpredicted emergency it may be necessary to return residential clients in voluntary programs to their family homes until program operations are stabilized.
  - h. Contact other Operation PAR, Inc. facilities for bed/space availability.
  - i. Coordinate logistics of temporary service provision at the receiving facility with the administrator and program managers.
  - j. Inform clients and families of the new location and any anticipated service changes or interruptions.
  - k. If the affected program provides residential or inpatient services:

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

- l. Arrangements will be made for transportation of clients to the assisting facility.
  
  - m. Coordinate meal services and medication services with the receiving facility.
  - n. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency if necessary.
  - o. ADM, CFBHN and 211 will be notified of the change in service location, service changes or interruptions, and the projected date for return to the original location.
3. Community Wide Emergency
- a. This would involve a situation such as a hurricane.
  - b. Maintain the safety of employees, clients, and visitors.
  - c. Outpatient services and admission to residential, Detox or crisis treatment may be suspended until operations are fully stabilized. CFBHN, ADM, and 211 contacts will be notified of program closures.
  - d. Persons in acute crisis will be directed to psychiatric facilities or medical hospitals for admission.
  - e. Prior to the on-set of a predictable emergency, residential or inpatient clients in voluntary programs, who have access to homes with natural or foster families, will be returned to that home whenever possible.
  - f. Prior to the on-set of a predictable emergency or evacuation, employee volunteers and Emergency Response Team members will be given time to secure their homes and families before returning to aid in the management of the clients for the duration of the emergency.
  - g. Prior to a predicted emergency that may impact an entire facility or area, current client and employee information will be printed and located off property. This information will also be accessible remotely or through any unaffected Agency facility. Clients and employees will be contacted, as appropriate, to be advised of any changes to services and/or locations.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

---

- h. All employees at the evacuation site will be required to have an Operation PAR identification badge visible so they are easily distinguishable from clients and visitors.
- i. Non-residential facilities and administrative offices will be closed until the emergency situation is stabilized.
- j. The Emergency Response Team will monitor community wide emergencies or weather conditions as described in Chapter III-4.3 of this Plan.
- k. Inpatient and Residential Program Managers will be notified if the Emergency Response Team decides evacuation is necessary.
- l. Clients and their families will be informed of the evacuation plan.
- m. Arrangements, per prior agreement, will be made for the delivery of emergency food supplies and medications.
- n. Agency and clients' medications and supplies will be replaced as soon as possible following the emergency, if necessary.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

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### Chapter VI

#### Terminating the Emergency

This section of the Emergency Action Plan will deal with those activities necessary to support employees and clients during and following an emergency situation and those activities necessary for the continued operations of Operation PAR, Inc.'s programs.

##### VI-1 Restoration of Operations

The restoration of facility operations and services will be based on the extent of damage suffered to the facility. If services are interrupted at multiple sites due to facility damage, the Emergency Recovery Team will concentrate efforts to open top priority programs first, according to the "Priority Program Reopening Schedule". The Emergency Recovery Team will need to coordinate activities that can be accomplished with available staff and resources and arrange for external contractors, as needed. ADM, CFBHN, and 2-1-1 will be updated on program activity and locations as services are restored.

##### VI-2 Documentation

Documentation of emergency activities is of critical importance following the emergency situation. All records and forms used during the incident to document activities must be retained for future reference with copies sent to the Risk Management & Safety Department.

##### VI-2.1 Responsibility for Incident Documentation

1. Following an emergency situation, the Area Safety Coordinator will have the responsibility of collecting all records and forms used during the incident. These will be used for several purposes such as incident investigation, insurance claims, and potential legal actions.
2. The Area Safety Coordinator must prepare a report documenting activities that took place during the emergency situation.

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

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3. The report of the Area Safety Coordinator and all related documentation will be submitted to the Risk Management & Safety ~~Director~~ Department for review and necessary follow-up actions.
4. The report findings and necessary corrective actions will be reported to the President of Operation PAR, Inc. via the Chief Operating Officer.

### **VI-3 Incident Investigation**

The emergency situation must be investigated as soon as possible following its occurrence. The investigation is designed to determine why the incident occurred and what Operation PAR, Inc. can do, if anything, to prevent a reoccurrence in the future. In general, the local governmental authorities will conduct investigations related to fires and explosions. The local fire and police departments will generally solicit input and assistance from facility personnel during the investigation process. The Area Safety Coordinator will be the focal point for Operation PAR, Inc. during initial phases of the investigation.

#### **VI-3.1 Investigation Responsibilities**

The Vice President of Facilities Management and the Emergency Recovery Team are responsible for ensuring that an incident investigation is conducted following all emergency situations that occur at a facility.

1. For small incidents this investigation will normally be conducted utilizing Operation PAR, Inc. employees. The Vice President of Facilities Management will provide assistance as needed in conducting the incident investigation.
2. For large incidents, especially those involving loss of life, local, state, and federal authorities will generally lead in conducting the investigation. The Vice President of Facilities Management will assist the local authorities as needed.

### **VI-4 Damage Assessment**

Following an incident, an assessment of damage that has occurred to facility properties and equipment must be conducted. The major emphasis of this assessment will be to determine any damage to facilities, safety hazards and repairs that must be initiated to minimize further damage and restore the facility for the continuation of business and service provision.

#### **VI-4.1 Responsibility for Damage Assessment**

## POLICY and PROCEDURE

**Policy Name** Emergency Action Plan  
**Version Number** 2  
**Date Reviewed** 08/17/2020

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The Vice President of Facilities Management and the Emergency Recovery Team will have the main responsibility for conducting the damage assessment following an incident. Assistance will be obtained as needed from Operation PAR, Inc. personnel and outside organizations such as structural engineers and local government officials.

### **VI-5 Post-Emergency Activities**

Post-emergency activities are those that tend to the welfare of facility personnel and review of facility actions during the incident.

#### **VI-5.1 Incident Debriefing**

The incident debriefing is utilized to inform employees about any hazards that may still remain on the facility property following the incident and to identify unsafe conditions that may exist.

Some employees and clients may be profoundly impacted from the events surrounding the incident, especially those involving injuries or loss of life. It may be necessary to provide critical incident stress debriefing sessions following such incidents. The Risk Manager will coordinate these sessions with the Crisis Response Team if necessary.

#### **VI-5.2 Critique**

The critique of the incident is basically a review of what actions took place during the incident, both good and bad. A critique is not designed to place blame, but rather allow for the flow of ideas and recommendations to improve the Emergency Action Plan and facility and/or agency policies and procedures. The Vice President of Facilities Management and the Program Manager will coordinate critiques.

### **VI-6 Community Outreach Services**

ADM Staffing Assistance - Following a community-wide emergency, many individuals will require support from organizations such as Operation PAR, Inc. Operation PAR's first priority will be to provide support to our current clients and to our staff. Assistance will be provided, as requested and within our capabilities, to assist in ADM staffing or American Red Cross shelters, FEMA emergency application centers, and other areas as requested.

Outreach to Disaster Relief Workers - Disaster relief workers may suffer from "burn-out" during the acute phase of the emergency, during the "fade-out" phenomenon toward the end of the

## POLICY and PROCEDURE

<b>Policy Name</b>	Emergency Action Plan
<b>Version Number</b>	2
<b>Date Reviewed</b>	08/17/2020

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recovery period, and after the workers have returned to their normal lives and work. Operation PAR, Inc. will provide assistance to such individuals as requested.

### **VI-7 Support Services During and After an Emergency**

The following will address those support services that Operation PAR, Inc. will provide to employees and their families, clients, and the community. Operation PAR, Inc. will participate as part of the community response effort as coordinated by the State of Florida Department of Children and Family Services, District Alcohol, Drug Abuse and Mental Health program office staff, and the Disaster Recovery Leadership Network to provide for the protection and care of current clients, the extension of services to new clients devastated by the emergency, and the mental health support of the cadre of recovery workers.

Preparedness - The Operation PAR, Inc. Emergency Action Plan has been designed to meet the needs of its employees, clients, and visitors in providing for their safety during and following an emergency situation that impacts the facility. During and after an emergency situation, clients and staff will be placed under significant stress and will need extraordinary support services. Of critical importance for these individuals will be safe and supportive housing, crisis intervention, psychiatric services, replacement of medications and case management.

Care and Support of Operation PAR Staff and Family - It is imperative that we address the needs of staff members, to provide care for our current clients, and to conduct community outreach programs during and following the emergency.

Following a community-wide emergency, Operation PAR, Inc. will provide as much assistance as possible to staff that have sustained substantial losses.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/15/2020

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 have **ADDITIONAL INSURED** provisions or 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).

<b>PRODUCER</b> Wallace Welch & Willingham, Inc. 300 1st Ave. So., 5th Floor Saint Petersburg FL 33701		<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> 727-522-7777 <b>FAX (A/C, No):</b> 727-521-2902 <b>E-MAIL ADDRESS:</b> certificates@w3ins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>NAIC #</b>	
		INSURER A : Scottsdale Insurance Co.      41297	
<b>INSURED</b> Operation Par, Inc. 6655 66th St North Pinellas Park FL 33781		INSURER B : Markel Global Reinsurance company      10829	
		INSURER C : Associated Industries Ins Co., Inc.      23140	
		INSURER D : Lloyd's London	
		INSURER E : RSUI Indemnity Company      22314	
		INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 1229809286

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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OPS0069680	6/1/2020	6/1/2021	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
							Liquor Liability	\$ \$1,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FITAU338072020	6/1/2020	6/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$			XLS0095901	6/1/2020	6/1/2021	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	N/A	AWC1147851	4/1/2020	4/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Professional Liability			OPS0069680	6/1/2020	6/1/2021	Each Claim/Aggregate	2000000/4000000
D	Cyber Liability			ESH061147296	6/1/2020	6/1/2021	Each Claim/Aggregate	1000000/1000000
E	D&O/EPL			NPP680902	6/1/2020	6/1/2021	Each Claim/Aggregate	2000000/2000000

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

\*Excess Liability is Only Excess of Auto Liability;  
 D&O/EPL Deductible \$25,000/\$50,000  
 Professional Liability Limits \$2,000,000 Each Claim/\$4,000,000 Aggregate Limit - No Deductible  
 Cyber Deductible \$25,000; Abuse/Molestation - Covered under General Liability - Each Claim/Aggregate Limits - \$2,000,000/\$3,000,000 - No Deductible; Crime Coverage -  
 Travelers Casualty & Surety Co NAIC #31194 - 6/1/20 - 6/1/21  
 Employee Theft Limit \$500,000; \$5,000 Deductible  
 Property Company Lloyds - AM Best #085202 - AIN# AA1122000;

**CERTIFICATE HOLDER****CANCELLATION**

For Information Purposes Only

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

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**Pinellas Community Foundation**  
**Pinellas CARES Nonprofit Partnership Fund Grant Application**

Organization Name: Operation PAR

Project Name: PAR COVID-19 Precautions and Behavioral health Outreach Technology (PARbot)  
 Extension Program

FROM (date): October 2020 TO (date): December 30, 2020

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel <i>(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)</i>	\$0	\$0
Equipment <i>(computers, furniture, etc., less than \$3,000 per item)</i>	\$123,045	\$123,045
Supplies <i>(office materials, program related purchases, program necessities to deliver services, etc.)</i>	\$26,250	\$26,250
Occupancy <i>(property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)</i>	\$0	\$0
Local Travel <i>(mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)</i>	\$0	\$0
Training <i>(staff development, conferences, long distance travel)</i>	\$0	\$0
Design, Printing, Marketing & Postage <i>(for direct program related services only)</i>	\$0	\$0
Capital <i>(Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)</i>	\$253,484	\$253,484
Purchased Services <i>(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)</i>	\$0	\$0
Indirect Costs <i>(pre-negotiated federal rate, de minimus rate of 10%, or none)</i>	\$0	\$0
<b>TOTAL</b>	<b>\$402,779</b>	<b>\$402,779</b>

Pinellas Community Foundation  
PCF CARES Application  
**BUDGET NARRATIVE**

Budget Narrative

Page 1-5

Backup documentation (price quotes)

Page 6 - 18

Pinellas Community Foundation  
PCF CARES Application  
**BUDGET NARRATIVE FORM**

**BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5kkxsaQkCg>**

**If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.**

**This narrative is to explain the costs in the Pinellas CARES Grant Column of the Budget Summary**

Organization Name: Operation PAR Inc.

Project Name: PAR COVID-19 Precautions and Behavioral health Outreach Technology (PARbot)

Extension Program

FROM (month/year): October 2020 TO (month/year): December 2020

**ALL DESCRIPTIONS BELOW SHOULD BE CLEAR AS TO HOW REQUESTED FUNDS BY AREA RELATE TO ADDITIONAL COSTS THAT WOULD NOT HAVE BEEN INCURRED OR PLANNED IF NOT FOR COVID-19**

Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)

Define each position and indicate how the costs you are requesting expands your COVID-19-related programming and/or how it was unbudgeted as of 3/1/2020 or later. Be sure to include as much detail as possible for each position, e.g. rate per hour and number of hours for new position due to COVID-19 or increased hours as a result of COVID-19 (see example if needed).

\$0

Equipment (computers, phone, furniture, etc., less than \$3,000 per item)

Define each individual piece of equipment, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming. Including estimates, quotes, or print offs from a supplier website is helpful to defend these costs.

Laptops with cameras for Residential clients to attend school or work. We are buying the Dell Latitude 3510 model laptop directly from Dell and the cost per laptop is \$870 x 6 = \$5,220

The laptops will be used by residential clients to attend school or work remotely. As many classes and workplaces have shifted to online learning/working remotely due to the pandemic, clients have an increased need for access to laptops. Because these are **adult** clients in treatment, they do not have access to the resources provided by the Pinellas County School District. These 6 new laptops will enable clients to continue with work and/or school while in treatment.

The following costs are for our Behavioral health Outreach Technology (PARbot) Extension Program. The pandemic has made it necessary for PAR to move all Outpatient treatment to telehealth services. Operation PAR currently has one telehealth cart, or PARbot (PAR Behavioral health Outreach Technology) unit installed at Morton Plant Hospital, a BayCare System hospital, staffed by one Medicated Assisted Treatment (MAT) Peer Counselor. Operation PAR also has a Peer Counselor for one shift in the Pinellas County Jail to complete screening and referral for individuals brought in by law enforcement due to substance use. The mobile telehealth carts stationed in key locations where people in need of emergency access to substance use assistance can quickly and easily get in touch with a professional. With the touch of a screen, individuals in crisis are face to face with an Operation PAR

team member who can assess the situation and set them on the path to recovery. The overwhelming success of this pilot program demonstrates the urgent need to expand. Keeping up with the rising demand for these services will require Operation PAR to acquire the following equipment to expand our telehealth program.

**Telehealth carts:** We are buying the Lund Tablet Roll Stand model from Innovative Medical Systems and the cost per cart is \$798 + \$30 shipping for a total of \$828/ea x 5 = \$4,140.00

**iPads for Telehealth carts:** We are buying the iPads from Apple for \$329 x 5 = \$1,645.00

**Cases for iPads:** We are buying the OtterBox Defender series case for the iPads from Amazon for \$89.95 x 5 = \$449.75

**Tablets for MAPS Clearwater:** We are buying the iPads from Apple for \$329 x 10 = \$3,290.00  
The tablets will be used to allow clients to access their counselor via video conferencing in order to maintain proper social distancing. These tablets will help eliminate barriers to accessing video-based therapy for clients that do not have the means to procure them on their own.

While we are moving all Outpatient services to telehealth, Operation PAR still has a strong need to see certain clients in person. Those programs that require clients to be at our facilities include our residential programs, detox as well as our Medication Assisted Treatment (MAT) program. In order to ensure the safety of our clients while they are on property, we are requesting funds for air conditioning purifiers. These purifiers will cleanse the air of particulates that may contain the virus as the air is circulated through the AC system. This Guidance on Preparing Workplaces for COVID-19 document from OSHA with guidance from the CDC specifies that installing high efficiency air filters and increasing ventilation rates will help reduce exposure to COVID-19 in the workplace:

<https://www.osha.gov/Publications/OSHA3990.pdf>.

**Air Conditioning Purifiers:** We are buying the Air Knight UV Air Purification system from Bentzel Mechanical Services for \$1,900/ea x 57 for the locations listed below. 57 x \$1,900 = \$108,300.

- Largo Campus – 32
  - Y Building – 12
  - Dining Room – 2
  - PAR Village – 10
  - PAR Village Dining Room – 1
  - B Building (2<sup>nd</sup> floor) – 6
  - ARC Group Room – 1
- Highpoint Campus – 11
  - MAPS – 5
  - Case Management – 5
  - Dining Room – 1
- Olive B. McLin Center – 1
- Academy for Behavioral Change – 9
  - School Building – 2
  - Residential – 3
  - Dining Room – 2
  - Lobby – 2
- Park Center Administrative Offices – 4
  - HR – 2
  - Lobby – 2

Equipment Subtotal = \$123,044.75

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)  
Define each supply requested, where it will be purchased from, how much it costs, and how the costs you are requesting expands your COVID-19-related programming.

**Barrier Shields for desktop computers:** We are buying the MojoDesk PlexiGuard dividers from MojoDesk for \$170/ea x 125 for all Pinellas County locations serving clients.  $125 \times \$170 = \$21,250$ . While we are moving all Outpatient services to telehealth, Operation PAR still has a strong need to see certain clients in person. Those programs that require clients to be at our facilities include our residential programs, detox as well as our Medication Assisted Treatment (MAT) program. In order to ensure the safety of our clients while they are on property, we are requesting funds for Barrier Shields for desktop computers. This Guidance on Preparing Workplaces for COVID-19 document from OSHA with guidance from the CDC specifies that installing physical barriers will help reduce exposure to COVID-19 in the workplace: <https://www.osha.gov/Publications/OSHA3990.pdf>. These barriers will protect devices from contamination.

Additionally, to keep up with safety requirements we will need more PPE including masks, gowns, gloves, soap, hand sanitizer, etc. We are requesting \$5,000 for these expenses. This Guidance on Preparing Workplaces for COVID-19 document from OSHA with guidance from the CDC recommends regular cleaning and wearing PPE for those in the same facility to help reduce the spread of COVID-19 in the workplace: <https://www.osha.gov/Publications/OSHA3990.pdf>.

Supplies Subtotal = \$26,250.00

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)  
Define each occupancy-related item, the supplier of the service, how much it costs, the % which is appropriately allocated to this grant, and how the costs you are requesting expands your COVID-19-related programming.

\$0

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)  
Define each travel item, the person who will be incurring the cost (for staff travel), the supplier of the services (for rental/leasing), and how the costs you are requesting expands your COVID-19-related programming.

\$0

Design, Printing, Marketing & Postage (for direct program related services only)  
Define each item, the supplier of the services, the cost, and how the costs you are requesting expands your COVID-19-related programming.

\$0

Capital (buildings, vehicles, equipment \$5,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Define each item, the vendor who will supply the capital item, or construct the item, and provide a defense for how the purchase of this item costs less than the leasing of the item for the grant period. Also explain how this item is necessary for the expansion of your COVID-19-related programming.

**Clorox 360 Machines:** While we are moving all Outpatient services to telehealth, Operation PAR still has a strong need to see certain clients in person. Those programs that require clients to be at our facilities include our residential programs, detox as well as our Medication Assisted Treatment (MAT) program. In order to ensure the safety of our clients while they are on property, we are requesting funds for Clorox 360 Electrostatic Sprayers. This Guidance on Preparing Workplaces for COVID-19 document from OSHA with guidance from the CDC recommends regular cleaning to help reduce the spread of COVID-19: <https://www.osha.gov/Publications/OSHA3990.pdf>. This equipment will allow staff to go above and beyond to ensure a clean environment for our clients.

We are buying the Clorox 360 Electrostatic Sprayer model from Schilling Supply for \$4,498/ea x 10 for the locations listed below. 10 x \$4,498= \$44,980.

- Largo Campus – 5
  - Y Building – 1
  - B Building – 1
  - PAR Village – 1
  - PAR Village Dining Room – 1
  - Dining Room – 1
- Highpoint Campus – 2
  - MAPS – 1
  - Detox – 1
- Outpatient South – 1
- Academy for Behavioral Change – 1
- Park Center Administrative Offices – 1

**HelloSign, RXConnect, and Medbank dispensing machine:** As Operation PAR increases our remote telehealth services, there is a reduced need for many clients to be seen in person. To facilitate a 100% remote experience for outpatient clients, Operation PAR is seeking the following software to assist in eliminating the need for clients to be seen in person simply for the purpose of handling paperwork.

The HelloSign is an eSignature (electronic signature) that allows clients to sign documents online, instead of using pen and paper. HelloSign provides an easy-to-use, HIPAA-compliant solution for PAR to send documents to clients for signature online.

We are buying the **HelloSign software for \$7,000**. While this is an annual cost, the initial first year payment would help us to set the foundation for year one so that Operation PAR can budget for this cost in future years.

**RxConnect** is a web-based pharmacy solution specifically designed for medication dispensing, electronically connecting order entry with the dispensing capabilities of the automated dispensing machine (ADM) **Medbank** and connects with the electronic medication administration record (eMAR) to provide closed-loop medication management. The Rx Connect software and the Medbank medication dispensing machine will allow for medication to be maintained in the most clean and orderly way possible. The electronic management of medication ordering, administration and inventory will allow a closed loop medication management system with less room for error and reduce the need for staff to physically handle medications, thereby reducing the chance of exposing medication to viral and other contamination. As we work to reduce the possibility of viral contamination amid the COVID-19

pandemic, the automation of medication dispensing will assist Operation PAR in eliminating potential exposure pathways.

We are buying the **RXConnect software (\$107,421 - \$104,595 for implementation plus \$942/month x 3 months)**, and the **Medbank automated dispensing machine (\$94,083 - \$91,014 for implementation plus \$1,023/month x 3 months)** from Netsmart **together will cost \$201,504**. Having these costs covered will go a long way to helping transition Operation PAR to a more streamlined operation that can more efficiently, safely, and effectively serve our clients as we work to move our services to digital and avoid unnecessary in person contact.

Capital Subtotal = \$253,484.00

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

Define each item, the vendor supplying the purchased services, the cost of the services per a specified period of time, and explain how this is necessary for the expansion of your COVID-19-related programming.

\$0

GRAND TOTAL = \$402,778.75

# Latitude 3510 Laptop



[View !\[\]\(d0a3942435bb52b22638fb67be986589\_img.jpg\)](#)

 10th Generation Intel® Core™ i3-10110U (2 Core, 4M cache, base 2.1GHz, up to 4.1GHz)

 Windows 10 Pro 64bit English, French, Spanish

 4GB, 1x4GB, DDR4 Non-ECC

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**\$609.00**

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# Purchase Order

Page 1/1  
 Purchase Order  
 Purchase Order No. PO000000000018565  
 Date 4/28/2020

**Operation Par Incorporated**  
 6655 66th Street North  
 Pinellas Park FL 33781

**Vendor:** INNOVATIVE MEDICAL SYSTEMS, INC.  
 3075 N WILSON COURT, N.W.  
 GRAND RAPIDS MI 49534

**Ship To:** OPERATION PAR IT DEPT  
 BRIAN HAMMES  
 13800 66TH ST N, Y BLDG  
 LARGO FL 33771

^ Changed Since the Previous Revision

Contract Number:	Payment Terms	Confirm With	Shipping Method
	NET 30		

L/N	Item Number	Description	Req. Date	U/M	Ordered	Unit Price	Ext. Price
Shipping Method		Reference Number	FOB				
1	DCTTRSVS	LUND TABLET ROLL STAND DCTTRSVS	5/5/2020 None	Each	1.00	\$798.00	\$798.00
PER YOUR QUOTE #OPEPIN042320-1 ATTACHED							

R93214 INN05 1216-7521

Subtotal	\$798.00
Trade Discount	\$0.00
Freight	\$238.95
Miscellaneous	\$0.00
Tax	\$0.00
Order Total	\$1,036.95
Prepayment	\$0.00

*Cathy W. Hietney*  
 Authorized Signature



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 Free and easy returns

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Space Gray [Change](#)

32GB<sup>1</sup> [Change](#)

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Would you like to add AppleCare+ coverage?

 **AppleCare+** [Add](#)  
\$3.49/mo. or \$69.00  
Get additional tech support and accidental damage protection.

Add a trade-in

 **Apple Trade In** [Get started](#)  
Get up to \$500 in credit when you trade in your iPad.<sup>2</sup>

[Add to Bag](#) 

 **Pickup:**  
Currently unavailable at Apple International Plaza  
[Check another store](#)

 **Order today, deliver:**  
Nov 4 - Nov 11 - Free  
[Delivery options for 33755<sup>3</sup>](#)



Roll over image to zoom in

## OtterBox DEFENDER SERIES Case for iPad 8th & 7th Gen (10.2" Display - 2020 & 2019 version) - BLACK

Visit the OtterBox Store

★★★★★ 1,219 ratings | 37 answered questions

Amazon's Choice for "ipad case' otterbox"

List Price: ~~\$89.95~~

Price: **\$75.84** ✓prime FREE Same-Day & FREE Returns

You Save: **\$14.11 (16%)**

Thank you for being a Prime Member. Get \$125 off: Pay **\$0.00** ~~\$75.84~~ upon approval for the Amazon Business Prime Card. Terms apply.

Available at a lower price from other sellers, potentially without free Prime shipping.

Style: **Case, iPad 7th Gen**

**Material** Polycarbonate

**Brand** OtterBox

**Type of product** Basic Case

**Color** BLACK

**Compatible Phone Models** iPad 7th Gen

**Display Size** 10.2 Inches

### About this item

Buy new: **\$75.84**

✓prime FREE Same-Day & FREE Returns

FREE delivery: **Today**  
Order within 22 mins [Details](#)

In Stock.

Qty: 1

Add to Cart

Buy Now

Secure transaction

Ships from Amazon.com  
Sold by Amazon.com

Add gift options

Deliver to Rachel - Saint Peter...  
33701

Buy used: **\$68.07**

Add to List



PO# 19199

# Bentzel Mechanical Services, Inc.

## PROPOSAL

Submitted On: September 15, 2020

Submitted To: Larry  
Operation Par  
6655 66<sup>th</sup> St N  
St Petersburg, FL 33716

Project Location  
Operation Par  
Bradenton, FL

BMI Services, is pleased to submit the enclosed proposal for your review and approval

Price Includes:

1. Clean and sanitize existing supply plenums, return plenums
2. Clean and sanitize all indoor a/c coils inter air handler cabinets blower wheels and drain pans
3. Install One (1) Air Knight UV air purification East a/c system  
(Note) \*Air Knight, removes symptom causing dust, pollen mold, odors, VOC's, bacteria and dander
4. Start and test unit's operation.

Price does not include:

1. Any work or material not mentioned herein.

Warranty:

One- year parts, Labor and workmanship by BMI Services

Additional Six (6) year Air Knight factory warranty (2) year UV Bulb factory warranty

We propose to complete the described work in accordance with the proposal provided for price of

One Thousand Nine Hundred Dollars -----and -----00/100 (\$1,900.00)

This Proposal is valid for 30 days and may be withdrawn by us if not accepted within 30 days

Respectfully Submitted By.

Warren Bronson \_\_\_\_\_

Client Signature

Date 9/16/2020

12001 31<sup>st</sup> Court N St. Petersburg, FL 33716  
Phone (727) 572-7767 Fax (727) 572-9020  
License # CMC1249611 #CFC1428539



ORDER #3005

## Thank you for choosing MojoDesk!

Hi Cathy, your order has been received and is now in line to be made at our Denver factory.

### Here's what to expect next.

As each MojoDesk or PlexiGuard divider is made to order and because our sales volume has been extremely high, it typically takes **5-7 BUSINESS days** to make and fulfill your order. We will email with tracking the moment it has shipped.

**MojoDesk Orders:** If it has been **more than 7 BUSINESS days**, and you have not received tracking, for the fastest response, please request a fulfillment status [HERE](#).

**PlexiGuard Orders:** If it has been **more than 5 BUSINESS DAYS** for orders less than 50 units or **more than 7 Business days** for orders greater than 50 units, please request a fulfillment status [HERE](#).

For **all other requests** please reply to this email.

Thanks!

\*\*

## Order summary

	<b>PlexiGuard - Freestanding Transaction Divider Screens</b> <b>(Tax Exempt) - 36x30 / No x 1</b> 36x30 / No	<b>\$169.99</b>
Subtotal		<b>\$169.99</b>
Shipping		<b>\$0.00</b>
Total		<b>\$169.99 USD</b>

## Customer information

### Shipping address

Jon Essenburg  
6124 So Tamiami Trail

Sarasota, Florida 34231

### Billing address

Cathy Whitney  
6655 66th St N

Pinellas Park, Florida 33781

### Shipping method

1. Free FedEx Ground Shipping

### Payment method

Ending in 3020 — **\$169.99 USD**



# Unlimited signature requests with no hidden fees.

Get documents signed fast and secure.

Annual
  Monthly

<sup>1</sup> Planning to use our API? Check out our API pricing.

PRICE	ESSENTIALS	BUSINESS	ENTERPRISE
<p><b>\$0 USD</b></p> <p><b>Get Started</b></p> <p>2 Signature Requests per Month</p>	<p><b>\$15 USD/mo</b> billed annually as \$180 USD</p> <p><b>Start Free Trial</b></p> <p>UNLIMITED Signature Requests per Month</p>	<p><b>\$40 USD/mo</b> billed annually as \$480 USD</p> <p><b>Start Free Trial</b></p> <p>UNLIMITED Signature Requests per Month</p>	<p>Looking for more?</p> <p><b>Contact Us</b></p> <p>Includes all business features</p>
1 # of Senders	1 # of Senders	5 # of Senders	Salesforce Integration
0 # of Templates	5 # of Templates	5 # of Templates	Oracle Content & Experience Cloud Integration
Integrated with Google Drive	Integrated with Google Drive	Integrated with Google Drive	HIPAA and SOC 2
Status notifications	Status notifications	Status notifications	SSO
Audit Trail	Audit Trail	Audit Trail	Advanced Admin Features
	Data validation	Data validation	User Reporting
		Branding	Advanced Features
		In-person signing	
		Single access code	
		Team transaction overview	

Presented to:  
 Solutions for Administrative Services  
 6655 66th St N  
 Pinellas Park, FL 33781-5033

Netsmart Contact: Carla Messbarger (cmessbarger@ntst.com)  
 +1 (913) 272-2155  
 Remit to: Netsmart Technologies, Inc.  
 PO Box 823519  
 Philadelphia, PA 19182-3519

## Quote Summary - Solutions for Administrative Services, INC - MedBank and RxConnect

Non-Recurring Fees	
Software	\$40,105.00
Hardware	\$74,502.94
Professional Services	\$79,000.00
Other	\$2,000.00
<b>Total Non-Recurring Fees</b>	<b>\$195,607.94</b>

Recurring Fees (First Year)	
Software	\$4,005.00
Support Services	\$13,575.04
Hosted System	\$6,000.00
<b>Total Recurring Fees</b>	<b>\$23,580.04</b>
<b>Total Fees</b>	<b>\$219,187.98</b>

## Solution Summary

### \*RxConnect (Pharmacy)

RxConnect is an integrated component of Netsmart's myAvatar electronic health record, which provides inpatient pharmacy capabilities to provider organizations. It is an integrated component within the myAvatar Order Entry and Electronic Medication Administration Record (eMAR). This provides a comprehensive closed-loop medication management solution, including demographic visibility, order and administration details and clinical decision support information -- reducing errors throughout the care process. Physicians place the orders, which are available for the pharmacy to verify, process and dispense electronically using automated dispensing technology. The solution, flexible enough to work with smaller agencies to multiple hospitals concurrently, includes a rules engine and barcode technology, and can also integrate with a client's billing systems. RxConnect -- written by pharmacists for pharmacists -- brings more than 30 years of industry experience, strengthening your organization's medication management.

### \*Professional Services

Professional Services are based on Netsmart's Scope of Work document, which is contained in a separate document. Professional Services are for a set level of effort that is based on Netsmart's exclusive understanding of the requirements. Any changes to the requirements or Netsmart's understanding thereof, may require additional funds from the client. Netsmart will notify the client in advance of any changes to the required funding and the client shall have the right to either purchase the additional level of effort or stay with the initial scope of work.

## Non-Recurring Fees Detail

	Qty	Unit	Price	Total
<b>RxConnect Pharmacy Solutions</b>				<b>\$104,594.00</b>
<b>Software</b>				
RxConnect ADM Browser Interface (Lic)	1	EACH	\$2,500.00	\$2,500.00
RxConnect Browser (Lic)	1	EACH	\$33,750.00	\$33,750.00
Crystal Reports Developer Version (Lic) -- Required with RxConnect Browser License	1	NAMED USER	\$495.00	\$495.00
<b>Hardware</b>				
Translator CD	1	EACH	\$0.00	\$0.00
Other 3rdParty Generic Hardware -- Zebra DS8108 Bar Code Scanner w/ USB Kit	1	EACH	\$349.00	\$349.00
<b>Professional Services</b>				
RxConnect Professional Services -- RxConnect Browser Implementation (Closed Loop, Integrated with OE)				\$67,500.00
<b>Cubex</b>				<b>\$49,956.97</b>
<b>Software</b>				
Cubex License -- Cubex Activation	1	EACH	\$3,360.00	\$3,360.00
<b>Hardware</b>				
Cubex Hardware -- Residential Medbank Tower + 3 year warranty	1	EACH	\$39,596.97	\$39,596.97
<b>Professional Services</b>				
Third Party Professional Services - Cubex				\$5,000.00
Netsmart Services				\$2,000.00
<b>Hardware</b>				
Cubex Hardware -- Detox Medbank Tower + 3 year warranty	1	EACH	\$34,556.97	\$34,556.97
<b>Professional Services</b>				
RxConnect Professional Services -- MedBank Integration				\$4,500.00
<b>Other</b>				
Shipping & Handling	1	EACH	\$2,000.00	\$2,000.00
			<b>Total Fees</b>	<b>\$195,607.94</b>

## Recurring Fees Detail

	Qty	Unit	Price	Term (mo)	Total (First Year)
<b>RxConnect Pharmacy Solutions</b>					<b>\$11,304.04</b>
<b>Software</b>					
NDC Translator Annual Subscription	1	EACH/MO	\$35.75	36	\$429.00
<b>Support Services</b>					
RxConnect ADM Browser Interface (Mnt)	1	EACH/MO	\$54.17	36	\$650.04
RxConnect Browser (Mnt)	1	EACH/MO	\$843.75	36	\$10,125.00
Crystal Reports Developer Version (Mnt) -- Required with RxConnect Browser Maintenance	1	NAMED USER/MO	\$8.33	36	\$100.00
<b>Cubex</b>					<b>\$2,700.00</b>
<b>Support Services</b>					
Cubex Maintenance -- Third Party Quote Required - Contact Plexus Technologies Team	1	EACH/MO	\$225.00	12	\$2,700.00
<b>Software</b>					
Other 3rdParty Generic Subscription -- Avatar Interface Fee	1	EACH/MO	\$99.00	36	\$1,188.00
Other 3rdParty Generic Subscription -- MedBank IQ professional Site Pack	1	EACH/MO	\$199.00	36	\$2,388.00
<b>Hosted System</b>					
Platform as a Service - PaaS	1	EACH/MO	\$500.00	36	\$6,000.00
<b>Total Fees</b>					<b>\$23,580.04</b>

## Terms and Conditions

### Netsmart Pricing and Payment Policies

All fees set forth in this quote are due net 30 days, unless otherwise set forth in the master agreement that is identified at the end of this quote. Delinquent accounts will be subject to Netsmart's Delinquent Account Escalation Policy set forth at <http://www.ntst.com/ARpolicy>

The following terms apply to this quote:

- Valid until the expiration date shown above.
  - Subject to and incorporates the terms and conditions of the master agreement.
  - Unless identified separately below, does not include on site services or assistance, or charges for travel, living expense or travel time.
  
  - 100% of the license, hardware, hosting set-up fees and 1st year of support and maintenance charges (pro-rated) are due on the date a legally binding commitment is executed by you and Netsmart ("Effective Date").
  - The initial term for support and maintenance begins on the Effective Date and continues through December 31 of the then-current year, with the following January 1 being the "Support Anniversary Date". Support and maintenance automatically renews on an annual basis on the Support Anniversary Date unless Client gives Netsmart written notice of termination not less than ninety (90) days prior to the next Support Anniversary Date, or in accordance with other provisions of the master agreement.
  - Charges for Hosting, PaaS, SaaS and subscription services are payable on the Execution Date.
  - Professional Services
    - Quoted professional services totaling less than or equal to \$10,000 are payable on the Effective Date.
    - Quoted professional services totaling more than \$10,000 will have the following payment terms: 50% due upon the Effective Date with the remaining 50% due 90 days after the Effective Date.
  - FOB Origin. Shipping and taxes will be separately charged and added to the invoice with other charges quoted above.
  - Netsmart has no obligation with respect to the software, hardware and/or services described in this quote until a binding agreement incorporating the terms of this proposal is executed between you and Netsmart.
- Unless otherwise set forth in a Master Agreement, all recurring items included in this quote will be subject to an annual increase at a rate of 3.5% beginning one year following execution.
- If certain Third Party Products are being licensed under this quote, Client agrees to the pass through terms that apply to those Third Party Products at <http://www.ntst.com/passthroughterms/index.aspx>. Notwithstanding the foregoing, nothing contained in the third party pass through terms will diminish Netsmart's obligations under this quote or the underlying agreement between the parties and as between Netsmart and Client, in the event of a conflict of terms, the terms of this Quote shall prevail.

CONTRACT TO BE APPLIED TO THIS QUOTE BY REFERENCE

QUOTE ACCEPTED AND INCLUDED UNDER THE REFERENCED AGREEMENT

## Netsmart Subscription Services Agreement dated 3-16-2010

[Leave blank if this is a Quote subject to a new agreement]

QUOTED ITEMS TO BE SHIPPED AND BILLED TO THE FOLLOWING:

Billing Address:

\_\_\_\_\_

\_\_\_\_\_

Shipping Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature:

\_\_\_\_\_

Name

\_\_\_\_\_

Title:

\_\_\_\_\_

Date:

\_\_\_\_\_

Client PO Number:

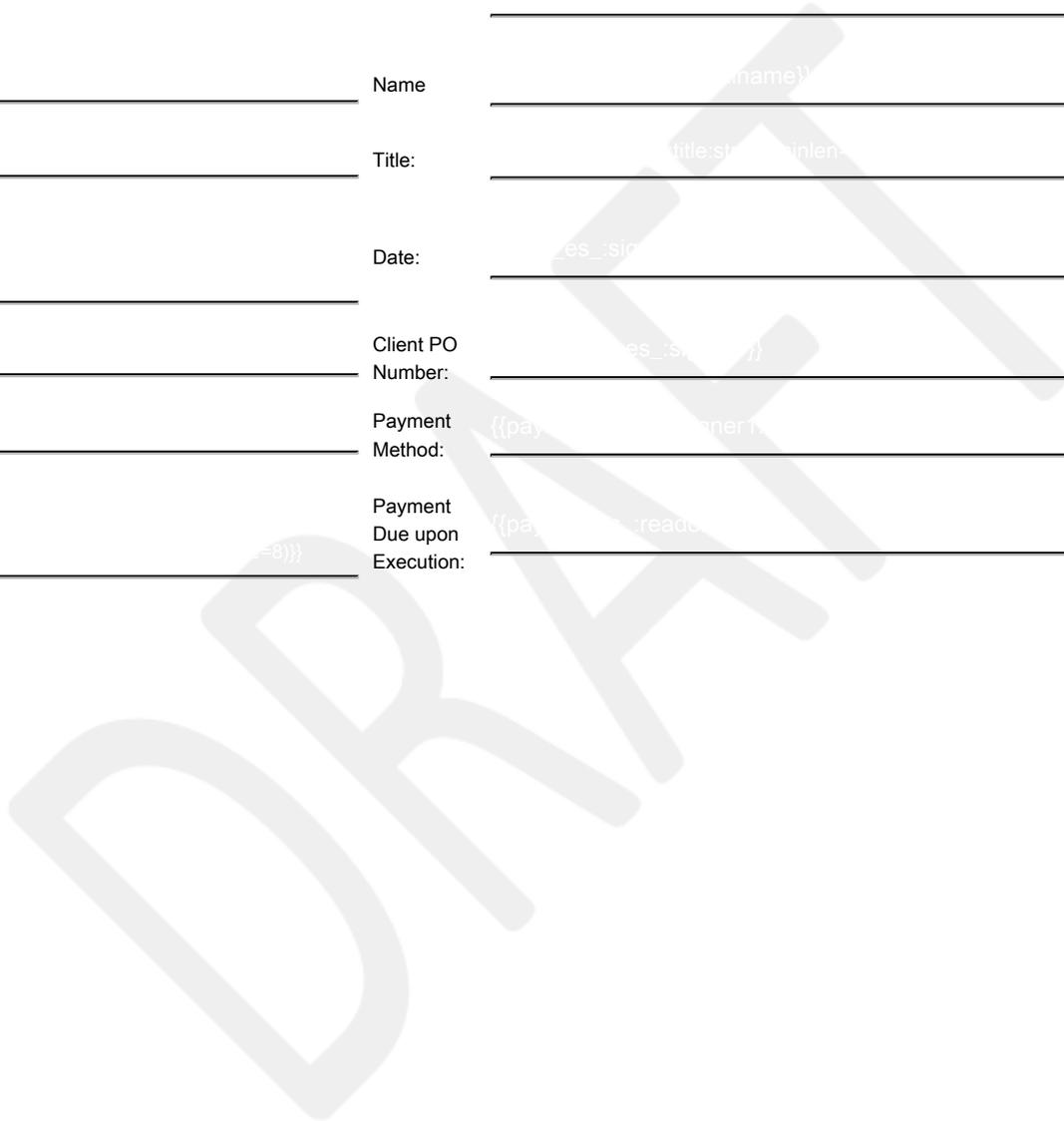
\_\_\_\_\_

Payment Method:

\_\_\_\_\_

Payment Due upon Execution:

\_\_\_\_\_



# Latitude 3510 Laptop



[View !\[\]\(b49911e7f0749a34500dc2a7288f7f59\_img.jpg\)](#)

 10th Generation Intel® Core™ i3-10110U (2 Core, 4M cache, base 2.1GHz, up to 4.1GHz)

 Windows 10 Pro 64bit English, French, Spanish

 4GB, 1x4GB, DDR4 Non-ECC

 2.5" 500GB 7200 RPM SATA Hard Drive

 [Ports & Slots](#)

List Price ~~\$870.00~~

**\$609.00**

 [Price Match Guarantee](#)

Dell Business Credit

[As low as \\$19 /mo.^ | Apply for credit](#)

null

[Add to Cart](#)

# Purchase Order

Page 1/1  
 Purchase Order  
 Purchase Order No. PO000000000018565  
 Date 4/28/2020

**Operation Par Incorporated**  
 6655 66th Street North  
 Pinellas Park FL 33781

**Vendor:** INNOVATIVE MEDICAL SYSTEMS, INC.  
 3075 N WILSON COURT, N.W.  
 GRAND RAPIDS MI 49534

**Ship To:** OPERATION PAR IT DEPT  
 BRIAN HAMMES  
 13800 66TH ST N, Y BLDG  
 LARGO FL 33771

^ Changed Since the Previous Revision

Contract Number:	Payment Terms	Confirm With	Shipping Method
	NET 30		

L/N	Item Number	Description	Req. Date	U/M	Ordered	Unit Price	Ext. Price
Shipping Method		Reference Number	FOB				
1	DCTTRSVS	LUND TABLET ROLL STAND DCTTRSVS	5/5/2020 None	Each	1.00	\$798.00	\$798.00
PER YOUR QUOTE #OPEPIN042320-1 ATTACHED							

R93214 INN05 1216-7521

Subtotal	\$798.00
Trade Discount	\$0.00
Freight	\$238.95
Miscellaneous	\$0.00
Tax	\$0.00
Order Total	\$1,036.95
Prepayment	\$0.00

*Cathy W. Hietney*  
 Authorized Signature



 Fast, free, no-contact delivery

 Free personal engraving

 Free and easy returns

 Have questions about buying an iPad?  
[Chat with an iPad Specialist](#)

New  
**Buy iPad**

Space Gray [Change](#)

32GB<sup>1</sup> [Change](#)

Wi-Fi [Change](#)

No Engraving [Change](#)

**\$27.41/mo. for  
12 mo.\***

[Learn how to pay monthly at 0% APR with Apple Card Monthly Installments](#)

or

**\$329.00**

Would you like to add AppleCare+ coverage?

 **AppleCare+** [Add](#)  
\$3.49/mo. or \$69.00  
Get additional tech support and accidental damage protection.

Add a trade-in

 **Apple Trade In** [Get started](#)  
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[Add to Bag](#) 

 **Pickup:**  
Currently unavailable at Apple International Plaza  
[Check another store](#)

 **Order today, deliver:**  
Nov 4 - Nov 11 - Free  
[Delivery options for 33755<sup>3</sup>](#)



Roll over image to zoom in

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★★★★★ 1,219 ratings | 37 answered questions

Amazon's Choice for "ipad case' otterbox"

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Available at a lower price from other sellers, potentially without free Prime shipping.

Style: **Case, iPad 7th Gen**

**Material** Polycarbonate

**Brand** OtterBox

**Type of product** Basic Case

**Color** BLACK

**Compatible Phone Models** iPad 7th Gen

**Display Size** 10.2 Inches

### About this item

Buy new: **\$75.84**

✓prime FREE Same-Day & FREE Returns

FREE delivery: **Today**  
Order within 22 mins [Details](#)

In Stock.

Qty: 1

Add to Cart

Buy Now

Secure transaction

Ships from Amazon.com  
Sold by Amazon.com

Add gift options

Deliver to Rachel - Saint Peter...  
33701

Buy used: **\$68.07**

Add to List



PO# 19199

# Bentzel Mechanical Services, Inc.

## PROPOSAL

Submitted On: September 15, 2020

Submitted To: Larry  
Operation Par  
6655 66<sup>th</sup> St N  
St Petersburg, FL 33716

Project Location  
Operation Par  
Bradenton, FL

BMI Services, is pleased to submit the enclosed proposal for your review and approval

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(Note) \*Air Knight, removes symptom causing dust, pollen mold, odors, VOC's, bacteria and dander
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Respectfully Submitted By.

Warren Bronson \_\_\_\_\_

Client Signature

Date 9/16/2020

12001 31<sup>st</sup> Court N St. Petersburg, FL 33716  
Phone (727) 572-7767 Fax (727) 572-9020  
License # CMC1249611 #CFC1428539



ORDER #3005

## Thank you for choosing MojoDesk!

Hi Cathy, your order has been received and is now in line to be made at our Denver factory.

### Here's what to expect next.

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Thanks!

\*\*

## Order summary

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Shipping		<b>\$0.00</b>
Total		<b>\$169.99 USD</b>

## Customer information

### Shipping address

Jon Essenburg  
6124 So Tamiami Trail

Sarasota, Florida 34231

### Billing address

Cathy Whitney  
6655 66th St N

Pinellas Park, Florida 33781

### Shipping method

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# Unlimited signature requests with no hidden fees.

Get documents signed fast and secure.

Annual
  Monthly

<sup>1</sup> Planning to use our API? Check out our API pricing.

PRICE	ESSENTIALS	BUSINESS	ENTERPRISE
<p>\$0 USD</p> <p><b>Get Started</b></p> <p>2 Signature Requests per Month</p>	<p>\$15 USD/mo <small>billed annually as \$180 USD</small></p> <p><b>Start Free Trial</b></p> <p>UNLIMITED Signature Requests per Month</p>	<p>\$40 USD/mo <small>billed annually as \$480 USD</small></p> <p><b>Start Free Trial</b></p> <p>UNLIMITED Signature Requests per Month</p>	<p>Looking for more?</p> <p><b>Contact Us</b></p> <p>Includes all business features</p>
1 # of Senders	1 # of Senders	5 # of Senders	Salesforce Integration
0 # of Templates	5 # of Templates	5 # of Templates	Oracle Content & Experience Cloud Integration
Integrated with Google Drive	Integrated with Google Drive	Integrated with Google Drive	HIPAA and SOC 2
Status notifications	Status notifications	Status notifications	SSO
Audit Trail	Audit Trail	Audit Trail	Advanced Admin Features
	Data validation	Data validation	User Reporting
		Branding	Advanced Features
		In-person signing	
		Single access code	
		Team transaction overview	

Presented to:  
 Solutions for Administrative Services  
 6655 66th St N  
 Pinellas Park, FL 33781-5033

Netsmart Contact: Carla Messbarger (cmessbarger@ntst.com)  
 +1 (913) 272-2155  
 Remit to: Netsmart Technologies, Inc.  
 PO Box 823519  
 Philadelphia, PA 19182-3519

## Quote Summary - Solutions for Administrative Services, INC - MedBank and RxConnect

Non-Recurring Fees	
Software	\$40,105.00
Hardware	\$74,502.94
Professional Services	\$79,000.00
Other	\$2,000.00
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Other 3rdParty Generic Hardware -- Zebra DS8108 Bar Code Scanner w/ USB Kit	1	EACH	\$349.00	\$349.00
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RxConnect Professional Services -- MedBank Integration				\$4,500.00
<b>Other</b>				
Shipping & Handling	1	EACH	\$2,000.00	\$2,000.00
			<b>Total Fees</b>	<b>\$195,607.94</b>

## Recurring Fees Detail

	Qty	Unit	Price	Term (mo)	Total (First Year)
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RxConnect Browser (Mnt)	1	EACH/MO	\$843.75	36	\$10,125.00
Crystal Reports Developer Version (Mnt) -- Required with RxConnect Browser Maintenance	1	NAMED USER/MO	\$8.33	36	\$100.00
<b>Cubex</b>					<b>\$2,700.00</b>
<b>Support Services</b>					
Cubex Maintenance -- Third Party Quote Required - Contact Plexus Technologies Team	1	EACH/MO	\$225.00	12	\$2,700.00
<b>Software</b>					
Other 3rdParty Generic Subscription -- Avatar Interface Fee	1	EACH/MO	\$99.00	36	\$1,188.00
Other 3rdParty Generic Subscription -- MedBank IQ professional Site Pack	1	EACH/MO	\$199.00	36	\$2,388.00
<b>Hosted System</b>					
Platform as a Service - PaaS	1	EACH/MO	\$500.00	36	\$6,000.00
<b>Total Fees</b>					<b>\$23,580.04</b>

## Terms and Conditions

### Netsmart Pricing and Payment Policies

All fees set forth in this quote are due net 30 days, unless otherwise set forth in the master agreement that is identified at the end of this quote. Delinquent accounts will be subject to Netsmart's Delinquent Account Escalation Policy set forth at <http://www.ntst.com/ARpolicy>

The following terms apply to this quote:

- Valid until the expiration date shown above.
  - Subject to and incorporates the terms and conditions of the master agreement.
  - Unless identified separately below, does not include on site services or assistance, or charges for travel, living expense or travel time.
  
  - 100% of the license, hardware, hosting set-up fees and 1st year of support and maintenance charges (pro-rated) are due on the date a legally binding commitment is executed by you and Netsmart ("Effective Date").
  - The initial term for support and maintenance begins on the Effective Date and continues through December 31 of the then-current year, with the following January 1 being the "Support Anniversary Date". Support and maintenance automatically renews on an annual basis on the Support Anniversary Date unless Client gives Netsmart written notice of termination not less than ninety (90) days prior to the next Support Anniversary Date, or in accordance with other provisions of the master agreement.
  - Charges for Hosting, PaaS, SaaS and subscription services are payable on the Execution Date.
  - Professional Services
    - Quoted professional services totaling less than or equal to \$10,000 are payable on the Effective Date.
    - Quoted professional services totaling more than \$10,000 will have the following payment terms: 50% due upon the Effective Date with the remaining 50% due 90 days after the Effective Date.
  - FOB Origin. Shipping and taxes will be separately charged and added to the invoice with other charges quoted above.
  - Netsmart has no obligation with respect to the software, hardware and/or services described in this quote until a binding agreement incorporating the terms of this proposal is executed between you and Netsmart.
- Unless otherwise set forth in a Master Agreement, all recurring items included in this quote will be subject to an annual increase at a rate of 3.5% beginning one year following execution.
- If certain Third Party Products are being licensed under this quote, Client agrees to the pass through terms that apply to those Third Party Products at <http://www.ntst.com/passthroughterms/index.aspx>. Notwithstanding the foregoing, nothing contained in the third party pass through terms will diminish Netsmart's obligations under this quote or the underlying agreement between the parties and as between Netsmart and Client, in the event of a conflict of terms, the terms of this Quote shall prevail.

CONTRACT TO BE APPLIED TO THIS QUOTE BY REFERENCE

QUOTE ACCEPTED AND INCLUDED UNDER THE REFERENCED AGREEMENT

## Netsmart Subscription Services Agreement dated 3-16-2010

[Leave blank if this is a Quote subject to a new agreement]

QUOTED ITEMS TO BE SHIPPED AND BILLED TO THE FOLLOWING:

Signature:

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Billing Address:

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Name:

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Title:

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Date:

---



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Shipping Address:

---

Client PO Number:

---

Payment Method:

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Payment Due upon Execution:

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