

Application Form

Introduction

As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19.

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

The 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?

Yes

Future Programming*

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

As of 5 PM, 11/12/2020, you may no longer apply for future programming for Behavioral Health. You may only apply for reimbursement of already-rendered services related to COVID-19.

Yes

Project Name*

COVID-19 Support-Life Skills Development

EIN*

59-0791038

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.

079197000

Mission Statement*

PARC's mission is to provide opportunities for children & adults with developmental disabilities to exercise their independence and experience life to the fullest. Our vision is a community where all individuals live with dignity and are treated with respect.

Total Operating Expenditure*

What are your total annual operating expenses?

\$18,701,780.00

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.

\$207,417.77

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.

Children and/or the elderly
Persons with disabilities

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).

Established in 1953, PARC, Inc. is the legacy of Edythe Ibold and the 26 parents of children with developmental disabilities who courageously responded to her invitation to meet at St. Petersburg City Hall. Determined to make a difference, this group led the way to an unprecedented era of investment and leadership for Florida's people with disabilities that has prevailed for over 66 years. The individuals that come to PARC are why we exist, they are who we serve each day and they play an active role in the activities and events offered here at PARC. Our goal is to ensure that they are having their best day by doing activities that provide fulfillment in their lives by using a person-centered approach. All the participants impact our organization with their creativity, desires, goals, thoughts, wishes and dreams. Currently, PARC serves over 550 individuals with intellectual and developmental disabilities through one of our 40 different service offerings.

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.**

PARC's Inspired Artists program have been operating for 6 years, PARC Center Industries have been operating since 1981, and our Transportation services have been operating for over 25 years.

Service Area*

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

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.)

The impact of COVID-19 to PARC has been devastating and overwhelming. Until mid-March we were providing vital services daily to over 800 individuals with development disabilities. The COVID-19 mandates temporarily ceased programs and services on our campus for the individuals in the community. In support of community efforts to suppress the spread of COVID-19, PARC's Day Programs for both children and adults closed until further notice. Services through our Residential Programs (including Supported Living) and our Supported Employment Program were still being provided. Our Life Long Learning Center, the hub of amazing daily activity was much different, no longer were individuals with developmental disabilities from the community participating in our Inspired Artist Studios, Adult Technology Achievement Center, or PARC Center Industries. Our Discovery Learning Center Preschool was no longer open to the children who have intellectual and development disabilities. PARC's transportation buses were idle, no longer going on their usual routes to transport individuals to the programs they know and love. In addition, all volunteers could no longer come to PARC to provide valuable assistance in a variety of areas. Our community participants were under the safer at home order and had to learn a new normal, which for some is extremely difficult. All outings were postponed, and community events ceased to exist. It was a very challenging and hard time at PARC. Our priority has been to ensure the safety and health of our individuals and staff, while providing ongoing programs and services. PARC's team was tireless and incredible, transforming vital programs that serve our children and adults and bringing them to their homes. June 1st PARC reopened at 50% capacity, which presented a whole new set of challenges and changes to how we serve our individuals. Once again, we rose to the challenge and created safe environments for our campus programs and services.

Fiscal Accountability

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.**

990 2019 Public Disclosure Copy - PARC Inc.pdf

Board-Approved Budget*

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

Operating Budget Overview FY 20.pdf

Audited Financial Statements

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.

PARC 2019 Audited Financial Statements.pdf

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.

There is not a management letter, as there were no findings from the audit.

Expansion or Sustaining of Exact Programming Funded by Another Source

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.

Reimbursement of COVID-19 Related Expenses

Your organization may seek reimbursement for COVID-19 related expenditures between March 1, 2020 and the time of submittal of this application. **This is NOT a replacement for the loss of revenue from canceled fundraising events or a decrease in private/public support. These are costs already incurred and paid from reserves or rainy day funds that were used to deliver services within this funding's focus areas, *specifically* in response to the COVID-19 pandemic. These are funds that were NOT budgeted for use in this fiscal year.**

Attestation*

I affirm that this funding was expended by my organization solely for program costs in relation to COVID-19, and is not being requested on a unit-of-service basis. None of these costs have been reimbursed by any other funding source.

Yes, I affirm the above is accurate and true.

Amount of Reimbursement Requested*

Please specify the total amount of reimbursement your organization is seeking.

\$50,182.97

Documentation of Expenses*

Please use this template to describe the expenses for which you are seeking reimbursement.

Upload records of expenses indicating the use of unbudgeted funds using some or all of the financial documents:

- Receipts documenting the purchase of unbudgeted items or service
- Credit Card Statements showing payment of items (with MOST account numbers REDACTED)
- Bank Statements showing payment of credit cards (with MOST account numbers REDACTED)
- Financial reports that were presented to a Board of Directors
- Board minutes that show authorization of withdrawal(s) from reserve funds
- Bank statements with redacted account numbers indicating usage of unbudgeted funds

If you have selected more than one Priority Funding Area in the introductory section, please ensure to include information that separates the expenses. If necessary, use the textbox below to indicate any clarifying information regarding uploaded documentation.

PARC-Pinellas CARES Reimbursement-FINAL.pdf

Number Served by Funding Area*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated.

Example

Food: 1250 people

Behavioral Health: 250 people

Behavioral Health: 161 people

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.**

The Inspired Artist Studios at PARC served over 276 participants prior to the COVID-19 pandemic. When COVID-19 mandated the closure of our campus in early March 2020, PARC was forced to furlough our Arts Director with the closing of our campus and adult day programs. Realizing that our participants were self-isolating at their family or group home with little to no socialization or Life Skills Development training, PARC created and implemented a new "Virtual Arts" program. The Virtual Arts Director teaches online virtual art instruction to our participants and allows them an opportunity to remain in contact and engaged with their peers. Classes are accessed on participants personal computers. Our Virtual Arts program provides services to over 123 participants who otherwise would not have daily interaction with their friends and instruction staff. PARC offers 3 to 4 one-hour classes, Monday thru Friday. All classes will be offered indefinitely. Our Virtual Art Director conducts from our main campus, zip code 33710. Various participants codes: 33709, 33781, 33714, 33706, and 33773. Our PARC Life Skills Development 3 program re-opened to our participants at 50% capacity on June 1st, 2020. Prior to COVID we had over 124 individuals at PCI, currently we have 45 individuals. We offer employment readiness training, opportunities to learn new job skills, and the opportunity to earn at or above minimum wage through our production contracts. Due to COVID-19 requirements, our production program has been forced to expand into a 2,000 sq. ft. building in order for PARC to ensure the health and safety of our participants and adhere to CDC and DOH guidelines (face masks, shields, social distancing, hand washing). PARC's production program will continue to provide services for the length of the contract(s), of which have no expiration date. All services take place at our main campus, zip code 33710. Various participant zip codes are: 33709, 33781, 33714, 33706, and 33773.

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?

We promote on social media, PARC's website, key employment platforms (LinkedIn) and targeted email blasts. We partner with Division of Vocational Rehabilitation and the State Agency for Persons with Disabilities to promote successful community-based employment outcomes for individuals served. Currently PARC employs 3-job coaches that market and network throughout the community, various community events and public speaking engagements.

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.

Emailing file to Brittany, file too large to upload

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.

PARC Certificate of Insurance.pdf

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](#)

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.

[PARC-CARES-Budget Summaries.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.

PARC-CARES-Budget Narratives.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.

PARC-PCI Metal Bldg Proposals-3.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?*

Yes

Logistical Partner Organizations (LPOs)

LPO List*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

Family Care Council (WEST) - Paula James
 Chamber of Commerce - Mitchell Shankman
 Rotary Club Beaches - Doug Izzo

Role in Programming*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

All LPOs are used for networking, business contacts and leads, promotion of programs and services, natural supports and advocacy

Behavioral Health

As of 5 PM, 11/12/2020, Behavioral Health proposals for future programming will no longer be accepted. Under the Behavioral Health category, you may only apply for reimbursement of past expenses related to COVID-19. Do not fill this area out.

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.

Individuals that attend programs identify at least one goal to work on throughout the year. Examples of goals include working and earning a paycheck, make artwork and learn different art styles. All progress is documented by staff on a daily basis through our electronic database system, Therap. Individual's progress is monitored monthly, quarterly and annually. Progress is indicated through a person-centered meeting with the individual and his or her circle of supports.

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.

90% progress rate in achieving specified individual goals, monitored and measured through Therap.

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.

161

Estimated Percentage of Progress - Grant Period*

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

80

September Projections - Number Served - Behavioral Health*

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

161

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.

80

October Projections - Number Served - Behavioral Health*

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

161

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.

80

November Projections - Number Served - Behavioral Health*

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

166

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.

80

December Projections - Number Served - Behavioral Health*

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

171

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.

80

Funder Involvement

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

Funding from a Pinellas County Municipality
Juvenile Welfare Board of Pinellas County
Pinellas Community Foundation
Pinellas County Government
Tampa Bay Resiliency Fund
United Way Suncoast

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:

Rays Baseball Foundation and Rowdies Soccer Fund for our Discovery Learning Center
City of St Petersburg - CDBG for bio-decontamination machines for our campus
Pinellas County - CDBG for bio-decontamination machines for 2 of our off-campus group homes
Early Learning Coalition of Pinellas County for our Discovery Learning Center

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

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.

Brooke Fairman November 12, 2020

File Attachment Summary

Applicant File Uploads

- 990 2019 Public Disclosure Copy - PARC Inc.pdf
- Operating Budget Overview FY 20.pdf
- PARC 2019 Audited Financial Statements.pdf
- PARC-Pinellas CARES Reimbursement-FINAL.pdf
- PARC Certificate of Insurance.pdf
- PARC-CARES-Budget Summaries.pdf
- PARC-CARES-Budget Narratives.pdf
- PARC-PCI Metal Bldg Proposals-3.pdf

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
SEPTEMBER 30, 2019

PREPARED FOR:

PARC, INC.
3190 TYRONE BLVD N
ST PETERSBURG, FL 33710

PREPARED BY:

CBIZ MHM, LLC
13577 FEATHER SOUND DR., SUITE 400
CLEARWATER, FL 33762-5539

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 17, 2020.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning OCT 1, 2018, and ending SEP 30, 2019

2018

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

PARC, INC.

59-0791038

Name and title of officer

**KAREN HIGGINS
PRESIDENT/CEO**

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

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

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>17,296,612.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CBIZ MHM, LLC to enter my PIN 91038
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

50465137755
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

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	C Name of organization PARC, INC.		D Employer identification number 59-0791038	
	Doing business as		E Telephone number (727) 345-9111	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3190 TYRONE BLVD N		G Gross receipts \$ 17,620,199.	
	City or town, state or province, country, and ZIP or foreign postal code ST PETERSBURG, FL 33710		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: DOUG GATES SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.PARC-FL.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1953** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE OPPORTUNITIES FOR CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	453
	6 Total number of volunteers (estimate if necessary)	6	1378
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,321,555.	4,140,387.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,368,679.	12,989,191.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	222,965.	115,987.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	123,945.	51,047.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,037,144.	17,296,612.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	11,622,294.	12,578,248.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 619,027.	0.	33,247.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,740,117.	4,817,817.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,362,411.	17,429,312.
19 Revenue less expenses. Subtract line 18 from line 12	1,674,733.	-132,700.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,669,034.	10,892,125.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,417,181.	1,799,281.
		9,251,853.	9,092,844.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	▶ KAREN HIGGINS, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ALICIA HOLLOWAY				P01337755
Firm's name ▶ CBIZ MHM, LLC			Firm's EIN ▶ 27-3605969		
Firm's address ▶ 13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539			Phone no. 727-572-1400		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO PROVIDE OPPORTUNITIES FOR CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES TO EXERCISE THEIR INDEPENDENCE AND EXPERIENCE LIFE TO THE FULLEST.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,352,031. including grants of \$) (Revenue \$ 10,441,148.) RESIDENTIAL SERVICES: PARC MAINTAINS FOUR RESIDENCES FOR BOTH ADULTS AND CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN ST. PETERSBURG, FLORIDA. BETWEEN THE FOUR RESIDENCES, PARC HAS 94 PEOPLE LIVING FULL-TIME IN THE PROGRAM WITH A RANGE OF AGE AND ABILITIES. THE RESIDENTS' WELL-BEING IS PARC'S PRIMARY CONCERN AS THEY LIVE, WORK AND ENJOY LIFE IN PINELLAS COUNTY. ADDITIONALLY, PARC OFFERS SUPPORTED LIVING SERVICES TO HELP INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LIVE ON THEIR OWN IN THE COMMUNITY. THE RESIDENTIAL STAFF AT PARC BELIEVES THAT PARC RESIDENTS DO NOT LIVE IN A PARC FACILITY, WE WORK IN THEIR HOME.

4b (Code:) (Expenses \$ 3,090,795. including grants of \$) (Revenue \$ 798,097.) CHILDREN'S SERVICES AT THE DISCOVERY LEARNING CENTER: THE DISCOVERY LEARNING CENTER IS THE ONLY CHILD CARE PROVIDER IN PINELLAS COUNTY OFFERING EARLY INTERVENTION SERVICES TO CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES, INCLUDING THOSE DIAGNOSED WITH AND/OR "AT-RISK" FOR DEVELOPMENTAL DELAYS, BEHAVIOR CONCERNS AND AUTISM. TO ENSURE THAT EVERY CHILD ENTERS KINDERGARTEN READY TO LEARN, ACHIEVE ACADEMIC SUCCESS AND DEVELOP STRONG LIFE SKILLS, PARC'S PROGRAMS DEVELOP AND IMPLEMENT INDIVIDUALIZED EARLY INTERVENTION PLANS THAT MEET EACH CHILD'S LEARNING NEEDS. THE DISCOVERY LEARNING CENTER SUPPORTS HUNDREDS OF CHILDREN AND FAMILIES A YEAR WITH EARLY INTERVENTION AND EDUCATION PROGRAMS, FAMILY RESPITE SERVICES, AND AN ARRAY OF THERAPIES.

4c (Code:) (Expenses \$ 2,693,939. including grants of \$) (Revenue \$ 1,360,198.) LIFE LONG LEARNING (ADULT DAY TRAINING): ADULTS AT PARC LOOK FORWARD TO THEIR CHOICE OF ENJOYABLE AND PURPOSEFUL ACTIVITIES. CLOSE TO 300 ADULTS TAKE PART IN PARC'S LIFE SKILLS DEVELOPMENT PROGRAM ON A DAILY BASIS. AT PARC, INDIVIDUALS CHOOSE WHAT PROGRAMS THEY WANT TO TAKE PART IN. COMPONENTS OF THE LIFELONG LEARNING PROGRAM INCLUDE: INSPIRED ARTIST STUDIOS @ PARC, CULINARY TEACHING KITCHEN @ PARC, ADULT TECHNOLOGY ACHIEVEMENT CENTER, FINANCIAL LITERACY/HEALTHY LIVING/RECREATION, PARC IN BLOOM, AND PARC CENTER INDUSTRIES. PROGRAMS ARE DESIGNED TO INCREASE SELF-SUFFICIENCY, CONFIDENCE IN PERSONAL DECISION MAKING AND TO WORK WITH STAFF DESIGNING THEIR PROGRAMS AND CLASSES TO MEET THEIR INTEREST AND NEEDS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 578,837. including grants of \$) (Revenue \$ 389,748.)

4e Total program service expenses 14,715,602.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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>	X	
36 Section 501(c)(3) organizations. 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? Note. 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		
	2a		453
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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		7d
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?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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.		
	1a		15
b	Enter the number of voting members included in line 1a, above, who are independent		15
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website 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 **KAREN HIGGINS, PRESIDENT/CEO - (727) 345-9111**
3190 TYRONE BLVD N, ST PETERSBURG, FL 33710

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) DOUG GATES CHAIRMAN	1.00 5.00	X						0.	0.	0.
(2) MARK MYERS CHAIRMAN ELECT	1.00 3.00	X						0.	0.	0.
(3) JOEL MANINGS SECRETARY	1.00 3.00	X						0.	0.	0.
(4) DIANNE TRIPLETT PAST CHAIR/TREASURER	1.00 5.00	X						0.	0.	0.
(5) ROBERT BYELICK DIRECTOR (5/28/19-9/30/19)	1.00 3.00	X						0.	0.	0.
(6) JOSEPH CONROD, SR. DIRECTOR	1.00 3.00	X						0.	0.	0.
(7) DICK CRIPPEN DIRECTOR	1.00 3.00	X						0.	0.	0.
(8) FRANK FARKAS, DC DIRECTOR	1.00 3.00	X						0.	0.	0.
(9) JOHNNIE GUEST DIRECTOR	1.00 3.00	X						0.	0.	0.
(10) MARIA HASBUN DIRECTOR	1.00 3.00	X						0.	0.	0.
(11) BETH HORNER DIRECTOR	1.00 3.00	X						0.	0.	0.
(12) SUZANNE KYKER DIRECTOR	1.00 3.00	X						0.	0.	0.
(13) PAUL MANFREY DIRECTOR	1.00 3.00	X						0.	0.	0.
(14) MICHELLE MINTZ DIRECTOR	1.00 3.00	X						0.	0.	0.
(15) WILL WILLIAMS DIRECTOR	1.00 3.00	X						0.	0.	0.
(16) TIMOTHY HUGHES SECRETARY/TREASURER(10/1/18-3/26/19)	1.00 3.00	X						0.	0.	0.
(17) DANIEL R. DAVIS DIRECTOR (10/1/18-1/29/19)	1.00 3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) KAREN HIGGINS PRESIDENT/CEO	40.00 13.00			X				121,583.	0.	26,611.
(19) TED DUNBAR CFO (10/1/18-11/5/18)	40.00 13.00			X				97,750.	0.	18,534.
(20) MARK CAVANAUGH CFO (3/4/19-9/30/19)	40.00 13.00			X				0.	0.	0.
1b Sub-total								219,333.	0.	45,145.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								219,333.	0.	45,145.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TAMPA BAY TEMPS 2441 5TH AVE NORTH, ST PETERSBURG, FL 33713	CONTRACT LABOR	708,354.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

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 Federated campaigns	1a 119,210.				
	b Membership dues	1b				
	c Fundraising events	1c 250,008.				
	d Related organizations	1d 274,649.				
	e Government grants (contributions)	1e 2,390,707.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,105,813.				
	g Noncash contributions included in lines 1a-1f: \$	98,280.				
	h Total. Add lines 1a-1f	▶ 4,140,387.				
	Program Service Revenue	2 a RESIDENTIAL PROGRAMS	Business Code 623000	10,441,148.	10,441,148.	
b ADULT DAY PROGRAMS		624100	1,360,198.	1,360,198.		
c CHILD DAY PROGRAM		624100	798,097.	798,097.		
d TRANSPORTATION		485991	389,748.	389,748.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 12,989,191.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 92,141.			92,141.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real 84,852.				
		b Less: rental expenses	0.			
		c Rental income or (loss)	84,852.			
		d Net rental income or (loss)	▶ 84,852.			84,852.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 82,441.				
		(ii) Other 20,766.				
		b Less: cost or other basis and sales expenses	79,361.	0.		
		c Gain or (loss)	3,080.	20,766.		
	d Net gain or (loss)	▶ 23,846.			23,846.	
	8 a Gross income from fundraising events (not including \$ 250,008. of contributions reported on line 1c). See Part IV, line 18	a 155,741.				
		b Less: direct expenses	b 244,226.			
c Net income or (loss) from fundraising events		▶ -88,485.			-88,485.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a 54,680.					
	b Less: cost of goods sold	b 0.				
	c Net income or (loss) from sales of inventory	▶ 54,680.			54,680.	
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions	▶ 17,296,612.	12,989,191.	0.	167,034.		

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 X

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	225,844.		225,844.	
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	10,131,567.	8,780,251.	1,055,368.	295,948.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,481.	36,019.	4,662.	1,800.
9 Other employee benefits	1,409,187.	1,279,826.	104,581.	24,780.
10 Payroll taxes	769,169.	653,771.	93,320.	22,078.
11 Fees for services (non-employees):				
a Management				
b Legal	36,756.	34,172.	2,584.	
c Accounting	58,263.	45,958.	10,798.	1,507.
d Lobbying	52,000.			52,000.
e Professional fundraising services. See Part IV, line 17	33,247.			33,247.
f Investment management fees	3,015.		2,304.	711.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,819,316.	1,478,830.	252,892.	87,594.
12 Advertising and promotion	35,020.	7,427.	5,254.	22,339.
13 Office expenses	996,332.	877,786.	87,445.	31,101.
14 Information technology				
15 Royalties				
16 Occupancy	925,883.	767,934.	125,826.	32,123.
17 Travel	116,395.	111,008.	4,332.	1,055.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	49,775.	36,513.	9,754.	3,508.
20 Interest	6,893.	5,456.	1,352.	85.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	517,465.	451,151.	58,900.	7,414.
23 Insurance	152,115.	139,730.	10,675.	1,710.
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 BAD DEBT (RECOVERY)	45,131.	6,439.	38,692.	
b				
c				
d				
e All other expenses	3,458.	3,331.	100.	27.
25 Total functional expenses. Add lines 1 through 24e	17,429,312.	14,715,602.	2,094,683.	619,027.
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	58,024.	1	22,108.
	2 Savings and temporary cash investments	2,969,085.	2	2,367,783.
	3 Pledges and grants receivable, net	55,785.	3	420,575.
	4 Accounts receivable, net	1,260,313.	4	1,292,859.
	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	16,111.	8	1,727.
	9 Prepaid expenses and deferred charges	117,916.	9	161,480.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,240,131.		
	b Less: accumulated depreciation	10b 7,435,809.	3,425,477.	10c 3,804,322.
	11 Investments - publicly traded securities	634,109.	11	597,623.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,132,214.	15	2,223,648.
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,669,034.	16	10,892,125.	
Liabilities	17 Accounts payable and accrued expenses	1,313,119.	17	1,293,274.
	18 Grants payable		18	
	19 Deferred revenue	43,645.	19	57,232.
	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	60,417.	25	448,775.
	26 Total liabilities. Add lines 17 through 25	1,417,181.	26	1,799,281.
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	7,828,799.	27	7,704,423.
	28 Temporarily restricted net assets	1,049,097.	28	1,030,418.
	29 Permanently restricted net assets	373,957.	29	358,003.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,251,853.	33	9,092,844.	
34 Total liabilities and net assets/fund balances	10,669,034.	34	10,892,125.	

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	17,296,612.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,429,312.
3	Revenue less expenses. Subtract line 2 from line 1	3	-132,700.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,251,853.
5	Net unrealized gains (losses) on investments	5	1,627.
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	-27,936.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,092,844.

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 type="checkbox"/> Separate basis <input checked="" 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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **PARC, INC.** Employer identification number **59-0791038**

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		
Total						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	3185355.	3203012.	3510360.	5321555.	4140387.	19360669.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3185355.	3203012.	3510360.	5321555.	4140387.	19360669.
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)						1944254.
6 Public support. Subtract line 5 from line 4.						17416415.

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	3185355.	3203012.	3510360.	5321555.	4140387.	19360669.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	150,727.	162,288.	149,696.	237,011.	176,993.	876,715.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			62,046.			62,046.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	256.	54.	63.			373.
11 Total support. Add lines 7 through 10						20299803.
12 Gross receipts from related activities, etc. (see instructions)					12 60,426,253.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<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	85.80 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	84.28 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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.		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

PARC, INC.

Employer identification number

59-0791038

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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 PARC, INC.	Employer identification number 59-0791038
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,702,251.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>240,479.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>167,242.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>161,013.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>126,511.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>119,210.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARC, INC.	Employer identification number 59-0791038
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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
7	 <hr/> <hr/> <hr/>	\$ <u>164,306.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>110,343.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>214,979.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARC, INC.	Employer identification number 59-0791038
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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 PARC, INC.	Employer identification number 59-0791038
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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 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 PARC, INC.	Employer identification number 59-0791038
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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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

LHA

832041 11-08-18

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)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -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					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		52,000.
j Total. Add lines 1c through 1i			52,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

A LOBBYIST WAS PAID TO ASSIST THE ORGANIZATION IN OBTAINING AN APPROPRIATION FROM THE STATE OF FLORIDA FOR FUNDS TO SUPPORT THE BUILDING OF AN AUTISM BEHAVIOR CENTER. THE ORGANIZATION RECEIVED AN APPROPRIATION OF \$600,000 DURING 2019. FUNDS WILL BE SPENT IN FUTURE FISCAL YEARS.

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 PARC, INC. **Employer identification number** 59-0791038

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	489,640.	437,081.	2,101,266.	1,968,181.	2,155,889.
b Contributions		50,525.		227,715.	68,475.
c Net investment earnings, gains, and losses	13,242.	24,437.	3,739.	53,114.	-99,260.
d Grants or scholarships					
e Other expenditures for facilities and programs	50,504.	20,329.	1,665,510.	143,794.	156,923.
f Administrative expenses	2,304.	2,074.	2,414.	3,950.	
g End of year balance	450,074.	489,640.	437,081.	2,101,266.	1,968,181.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment .00 %
 - c Temporarily restricted endowment .00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | |
- 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		240,214.		240,214.
b Buildings		6,382,586.	4,627,506.	1,755,080.
c Leasehold improvements				
d Equipment		4,617,331.	2,808,303.	1,809,028.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,804,322.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	781,736.
(2) INVESTMENT IN TYRONE GENERAL, INC.	44,523.
(3) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	308,178.
(4) RECEIVABLE FROM CHARITABLE REMAINDER TRUST	1,050,546.
(5) OTHER RECEIVABLES	38,665.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,223,648.

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) ANNUITY OBLIGATION	57,897.
(3) DUE TO AFFILIATE	390,878.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	448,775.

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

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

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 V, LINE 4:

THE BOARD DESIGNATED ENDOWMENTS INCLUDE A RESERVE FOR INSURANCE.

PART X, LINE 2:

PARC, PARC HOUSING, INC. AND PARC HOUSING II, INC. ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS. THESE ENTITIES HAVE ADOPTED FASB GUIDANCE REGARDING UNCERTAINTY IN INCOME TAXES AS CODIFIED IN FASB ASC 740-10. AT SEPTEMBER 30, 2019, MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. TAX FILINGS FOR FISCAL YEARS AFTER SEPTEMBER 30, 2015 REMAIN OPEN FOR EXAMINATION.

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 (add col. (a) through col. (c))	
		BLACK TIE EVENT	GOLF TOURNAMENT	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	193,673.	147,079.	64,997.	405,749.
	2	Less: Contributions	114,498.	109,557.	25,953.	250,008.
	3	Gross income (line 1 minus line 2)	79,175.	37,522.	39,044.	155,741.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	32,977.	21,252.	5,659.	59,888.
	6	Rent/facility costs	6,560.	12,300.	1,250.	20,110.
	7	Food and beverages	22,753.	14,227.	2,250.	39,230.
	8	Entertainment	3,600.	3,051.	525.	7,176.
	9	Other direct expenses	43,789.	43,566.	30,467.	117,822.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				244,226.
11	Net income summary. Subtract line 10 from line 3, column (d)				-88,485.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<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 (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CHARITABLE DEVELOPMENT CONSULTING

(I) ADDRESS OF FUNDRAISER: PO BOX 1486, FREDERICK, MD 21702

(II) ACTIVITY: FEASIBILITY STUDY FOR A MAJOR CAPITAL FUNDRAISING CAMPAIGN

(I) NAME OF FUNDRAISER: GRANT PATHWAYS INC.

(I) ADDRESS OF FUNDRAISER: 1632 ASHFORD OAKS DRIVE, TAMPA, FL 33625

(II) ACTIVITY: RESEARCH AND IDENTIFY NON-GOVERNMENTAL GRANT POSSIBILITIES

Part IV Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

CHARITABLE DEVELOPMENT CONSULTING WAS HIRED TO COMPLETE A FEASIBILITY STUDY FOR A COMPREHENSIVE CAMPAIGN THAT MAY BE STARTED IN FUTURE YEARS.

GRANT PATHWAYS WAS HIRED DURING FISCAL YEAR 2019 TO IDENTIFY AND RESEARCH NON-GOVERNMENTAL GRANT OPPORTUNITIES. NO SUCH GRANTS MATERIALIZED DURING FISCAL 2019 RELATED TO THESE EFFORTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **PARC, INC.** Employer identification number **59-0791038**

Part I	Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications		X		1,500.	ESTIMATED FMV
5	Clothing and household goods		X		1,060.	ESTIMATED FMV
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution - Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory		X	5	700.	ESTIMATED FMV
20	Drugs and medical supplies		X	1	100.	ESTIMATED FMV
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ▶ (AUCTION ITEMS)		X	447	59,888.	ESTIMATED FMV
26	Other ▶ (FURNITURE)		X	3	29,180.	ESTIMATED FMV
27	Other ▶ (EQUIPMENT)		X	2	4,700.	ESTIMATED FMV
28	Other ▶ (SUPPLIES)		X	5	1,152.	ESTIMATED FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

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

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

SCHEDULE M, LINE 32B:

AN AUCTIONEER IS UTILIZED AT SPECIAL EVENTS TO AUCTION OFF ITEMS THAT
HAVE BEEN DONATED TO PARC.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

PARC, INC.

Employer identification number

59-0791038

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

OTHER PROGRAM SERVICES:

COMMUNITY EMPLOYMENT SERVICES - PARC PROVIDES EMPLOYMENT SERVICES

PROGRAMS FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.

OUR PROGRAMS OFFER A WIDE RANGE OF PRE-EMPLOYMENT AND EMPLOYMENT

PROGRAMMING THROUGH DAY AND COMMUNITY PROGRAMMING THAT ALLOWS

INDIVIDUALS TO GAIN INDEPENDENCE. INDIVIDUALS LEARN EMPLOYABILITY

SKILLS, SOCIALIZATION, DAILY LIVING, AND SELF-ADVOCACY SKILLS IN SAFE,

SUPERVISED ENVIRONMENTS. COMPONENTS OF PARC'S EMPLOYMENT SERVICES

INCLUDE SUPPORTED EMPLOYMENT AND CULINARY ARTS TEACHING KITCHEN @ PARC.

PARC'S VOCATIONAL REHABILITATION IS AN EXCELLENT OPPORTUNITY FOR BOTH

EMPLOYERS AND JOB SEEKERS. WITH ON THE JOB TRAINING, THE TRAINEE

PARTICIPATES IN RECEIVING HANDS-ON TRAINING IN AN INTEGRATED WORK

SETTING PROVIDED BY THE SUPERVISOR AT THE JOB AND PARC'S JOB COACH. THE

AVERAGE LENGTH IS 90 DAYS. TRAINING LENGTH IS BASED ON EMPLOYER NEEDS,

AND DIFFICULTY OF JOB. THE TRAINEE IS PAID MINIMUM WAGE BY PARC.

WORKER'S COMPENSATION AND UNEMPLOYMENT INSURANCE IS COVERED BY PARC FOR

THE TRAINEE AS WELL AS PARC'S EMPLOYMENT CONSULTANT. EMPLOYERS ARE NOT

REQUIRED TO OFFER A JOB AT THE COMPLETION OF AN ON THE JOB TRAINING.

HOWEVER, IF THE EMPLOYER IS PLEASED WITH THE TRAINEE THEY MAY CERTAINLY

OFFER A POSITION. IF THE INDIVIDUAL IS HIRED BY THE EMPLOYER, THE JOB

COACH CONTINUES TO TRAIN THE TRAINEE FOR A SPECIFIED AMOUNT OF TIME.

OTHER EMPLOYMENT AND VOCATIONAL SERVICES INCLUDE: JOB PREPARATION,

DISCOVERY, JOB PLACEMENT, TRAINING ON THE JOB, AND FINANCIAL LITERACY.

BEHAVIOR SERVICES - THE BEHAVIOR SERVICES DEPARTMENT AT PARC PROVIDES

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 PARC, INC.	Employer identification number 59-0791038
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APPLIED BEHAVIOR ANALYSIS (ABA) AS MEDICALLY PRESCRIBED THERAPY TO CHILDREN AND ADULTS DIAGNOSED WITH AUTISM SPECTRUM DISORDER AND OTHER DEVELOPMENTAL DISABILITIES. GOALS ARE DETERMINED THROUGH THE WEEKLY SESSIONS PROVIDED CONCURRENT WITH PARENT/CAREGIVER TRAINING. THE PROGRAM WILL ADDRESS THESE ISSUES: FUNCTIONAL COMMUNICATION, SKILL DEFICITS, ACTIVITIES OF DAILY LIVING (INCLUDING HYGIENE, DRESSING, FEEDING) FOOD AVERSION, SOCIAL SKILL DEVELOPMENT, ENRICH SCHOOL READINESS WITH AGE APPROPRIATE ACADEMICS. BEHAVIOR SERVICES ARE APPROPRIATE FOR INDIVIDUALS OF ALL AGES WHO ENGAGE IN BEHAVIOR THAT: RESTRICTS SOCIAL CONTACT AND PARTICIPATION IN INTEGRATED SETTINGS, ENDANGERS THE INDIVIDUAL, FAMILY OR OTHERS, INTERFERES WITH AN INDIVIDUAL'S DEVELOPMENT SKILLS, ESPECIALLY CRITICAL FOR CHILDREN WHO ARE PREPARING FOR SCHOOL READINESS, DISRUPTS IMPORTANT FAMILY, SCHOOL AND COMMUNITY ROUTINES. WHEN AN ADULT OR CHILD IS REFERRED FOR BEHAVIOR SERVICES, A MASTER'S LEVEL BOARD CERTIFIED BEHAVIOR ANALYST WITH THE FAMILY, SCHOOL SYSTEM, AND OTHER PROFESSIONALS AS NECESSARY TO: IDENTIFY SPECIFIC AREAS OF CONCERN AND DEVELOP GOALS FOR THE INDIVIDUAL AND FAMILY, DETERMINE THE CIRCUMSTANCES AFFECTING THE INDIVIDUAL'S BEHAVIOR AND THE PURPOSE IT IS SERVING, PERFORM A FUNCTIONAL LANGUAGE ASSESSMENT IDENTIFYING DEFICITS AND SPECIFIC BARRIERS IN ORDER TO CREATE A TREATMENT PLAN. THE TREATMENT PLAN IS CREATED SPECIFICALLY FOR THE CAREGIVERS OF THE CHILD OR ADULT AND PROVIDES INSTRUCTIONS ON HOW TO TEACH SPECIFIC SKILLS TOWARDS ENHANCING FUNCTIONAL COMMUNICATION AND REDUCING PROBLEM BEHAVIORS ACROSS CLINICAL AND NATURAL SETTINGS, THE BEHAVIOR ANALYST MONITORS AND EVALUATES THE EFFECTIVENESS OF THE INTERVENTIONS ACROSS SETTINGS, MAKING REVISIONS WHEN NECESSARY.

TRANSPORTATION - ON A DAILY BASIS, PARC'S FLEET OF 42 VEHICLES PROVIDES

Name of the organization PARC, INC.	Employer identification number 59-0791038
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CRITICAL DOORSTEP-TO-DOORSTEP SERVICE TO AND FROM OUR PROGRAMS. IN ADDITION, WE ALSO TRANSPORT INDIVIDUALS TO A VARIETY OF MEDICAL APPOINTMENTS, EMPLOYMENT PROGRAMS, COMMUNITY TRIPS, AND A VARIETY OF OTHER OUTSIDE ACTIVITIES. PARC'S TRANSPORTATION STAFF MAKES CLOSE TO 8,000 TRIPS MONTHLY, LOGGING MORE THAN 300,000 MILES EVERY YEAR. PARC IS PROUD TO BE A DESIGNATED TRANSPORTATION PROVIDER APPROVED BY BOTH THE MPO OF PINELLAS COUNTY AND THE DOT OF THE STATE OF FLORIDA. TRANSPORTATION IS A KEY SERVICE AVAILABLE TO BOTH CHILDREN AND ADULTS PARTICIPATING IN PARC PROGRAMS. THE SERVICE IS ONE OF THE MOST COMPREHENSIVE TRANSPORTATION PROGRAMS OFFERED BY HUMAN SERVICE AGENCIES IN SOUTH PINELLAS COUNTY.

EXPENSES \$ 578,837. INCLUDING GRANTS OF \$ 0. REVENUE \$ 389,748.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED ON SEPTEMBER 24, 2019. REVISIONS INCLUDE:

- THE CORPORATION'S CFO IS AUTHORIZED TO SERVE AS THE CORPORATION SECRETARY WHEN THE SECRETARY-TREASURER IS NOT AVAILABLE TO SIGN DOCUMENTS, GRANT APPLICATIONS OR PERFORM OTHER DUTIES OF THE CORPORATE SECRETARY.

- FOR THE FIRST ELECTION OF OFFICERS AFTER THE ENACTMENT OF THESE REVISED BYLAWS (I.E. 2020 FISCAL YEAR), THE MEMBERS OF THE CURRENT EXECUTIVE COMMITTEE, AS DEFINED IN THE MAY 2018 BYLAWS, WILL TAKE ON THE ROLE OF NOMINATION OF OFFICERS THAT WILL, GOING FORWARD, BE HANDLED BY THE NEWLY FORMED EXECUTIVE GOVERNANCE COMMITTEE.

- MINOR CHANGES TO COMMITTEE NAMES.

- THE PRIOR EXECUTIVE AND GOVERNANCE COMMITTEES HAVE BEEN COMBINED TO CREATE THE NEWLY FORMED EXECUTIVE GOVERNANCE COMMITTEE.

- COMMITTEE CHAIRS SHALL BE APPOINTED BY THE EXECUTIVE GOVERNANCE COMMITTEE

Name of the organization PARC, INC.	Employer identification number 59-0791038
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AND VOTED ON BY THE FULL BOARD.

- THE EXECUTIVE GOVERNANCE COMMITTEE SHALL CONSIST OF THE CHAIRPERSON, VICE-CHAIRPERSON, SECRETARY-TREASURER, AND CHAIRS OF THE AUDITS AND COMPLIANCE, PLANNING AND OPERATIONS, FINANCE AND INVESTMENT, AND DEVELOPMENT COMMITTEES.

- THE DUTIES OF THE EXECUTIVE GOVERNANCE COMMITTEE SHALL INCLUDE:

A) ENSURE THAT FULL BOARD MEETINGS CAN FOCUS ON BIG ITEMS CRITICAL TO LONG TERM SUSTAINABILITY AND MISSION CRITICAL ITEMS FOR PARC BY HANDLING MORE ROUTINE MATTERS AND KEEPING BOARD INFORMED.

B) THE EG COMMITTEE ROLLS ADMINISTRATIVE ITEMS THAT BOARD MUST APPROVE INTO ONE RESOLUTION/CONSENT AGENDA THAT THE BOARD VOTES ON AND SO CAN BE MORE EFFICIENT IN THE MAIN BOARD MEETING. IF A BOARD MEMBER HAS QUESTIONS ABOUT AN ITEM, IT CAN BE PULLED OUT OF THE CONSENT RESOLUTION AND DISCUSSED SEPARATELY IN THE BOARD MEETING. EGC SETS AGENDAS FOR BOARD MEETINGS AND PREPARES MATERIALS OR ENSURES THEY ARE PREPARED.

C) NOMINATE A SLATE OF NEW POTENTIAL BOARD MEMBERS AND REFERS THEM TO FULL BOARD FOR A VOTE. ANY BOARD MEMBER OR THE PARC CEO CAN PROPOSE A POTENTIAL NEW MEMBER FOR CONSIDERATION. PARC OFFICERS CAN SUGGEST NOMINEES TO PARC CEO TO PRESENT TO THE BOARD. THE CEO CONTINUES TO ASSIST IN VETTING NOMINEES BY GATHERING BIOS, RESUMES, ARRANGING TOURS OF PARC, ETC. AS IS DONE NOW. THE FULL BOARD THEN VOTES TO APPROVE NEW MEMBERS, TYPICALLY AT THE LAST ANNUAL FULL BOARD MEETING. THIS IS CURRENTLY THE SEPTEMBER MEETING. THIS DOES NOT PRECLUDE THE NOMINATION AND VOTING ON NEW BOARD MEMBERS AT ANY TIME DURING THE YEAR IF NEEDED OR DESIRED.

D) MEETS IN BETWEEN FULL BOARD MEETING IF AN EMERGENCY ARISES THAT IS TIME SENSITIVE AND FULL BOARD CANNOT MEET OR IS NOT NEEDED.

E) RECEIVES MONTHLY FINANCE AND PLANNING COMMITTEE MEETING MINUTES. MEET MONTHLY ONLY IF NEEDED.

Name of the organization PARC, INC.	Employer identification number 59-0791038
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F) EVALUATE PARC CEO ANNUALLY

G) NOMINATES COMMITTEE CHAIRS FOR BOARD APPROVAL VOTE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CEO AND CFO CONDUCT A COMPREHENSIVE REVIEW OF THE FORM 990 BEFORE IT IS FILED. A COPY OF THE APPROVED FORM, AS ULTIMATELY FILED, IS PROVIDED TO EACH VOTING MEMBER OF THE BOARD BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY. THEY REVIEW ACTUAL CONFLICTS THAT ARE IDENTIFIED BY THE ANNUAL DISCLOSURE PROCESS AND BY OTHER BOARD MEMBERS AND PROHIBIT DIRECTORS FROM VOTING ON MATTERS WHERE ACTUAL CONFLICTS OF INTEREST EXIST. A SIMILAR POLICY APPLIES TO EMPLOYEES. ALL EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT UPON RECEIPT OF THEIR POLICY MANUAL.

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

THE EXECUTIVE GOVERNANCE COMMITTEE DETERMINES THE COMPENSATION AND BENEFITS OF THE CHIEF EXECUTIVE OFFICER. THE EXECUTIVE GOVERNANCE COMMITTEE IS INDEPENDENT WITH RESPECT TO COMPENSATION ARRANGEMENT BEING CONSIDERED. THE EXECUTIVE GOVERNANCE COMMITTEE RELIES ON MEMBERS OF THE BOARD OF DIRECTORS WHO SERVE ON BOARDS OF SIMILAR ORGANIZATIONS TO DETERMINE REASONABLE COMPENSATION. THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE GOVERNANCE COMMITTEE'S FINDINGS. THE REVIEW AND APPROVAL PROCESS IS DOCUMENTED IN THE CEO'S CONTRACT.

FOLLOWING THE COMPLETION OF THE CEO EVALUATION PROCESS BY THE EXECUTIVE

Name of the organization PARC, INC.	Employer identification number 59-0791038
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GOVERNANCE COMMITTEE, THAT COMMITTEE MAKES A RECOMMENDATION TO THE BOARD FOR ITS APPROVAL OF THE COMPENSATION AND BENEFITS OF THE CHIEF EXECUTIVE OFFICER. A NEW CEO EMPLOYMENT CONTRACT IS DRAWN EACH YEAR WHICH STATES THE BOARD-APPROVED CEO COMPENSATION, BENEFITS AND TERMS OF THE CONTRACT FOR THE UPCOMING YEAR. THE REVIEW AND APPROVAL ARE DOCUMENTED IN THE CONTRACT.

DURING FISCAL YEAR 2019, THE ORGANIZATION ADDED AN INTERNAL RECRUITER TO ITS STAFF. THE RECRUITER WILL SURVEY THE MARKETPLACE FOR COMPETITIVE SALARIES FOR POSITIONS AND THEN MANAGEMENT WILL USE THAT INFORMATION ALONG WITH BUDGET CONSTRAINTS AND RELATIVE SALARIES FOR PEER POSITIONS TO SET COMPENSATION LEVELS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	682,458.
MANAGEMENT AND GENERAL EXPENSES	214,799.
FUNDRAISING EXPENSES	86,312.
TOTAL EXPENSES	983,569.

TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES	694,617.
MANAGEMENT AND GENERAL EXPENSES	26,735.
FUNDRAISING EXPENSES	0.

Name of the organization PARC, INC.	Employer identification number 59-0791038
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TOTAL EXPENSES	721,352.
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SALES COMMISSION:

PROGRAM SERVICE EXPENSES	5,990.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	5,990.
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MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES	69,796.
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MANAGEMENT AND GENERAL EXPENSES	374.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	70,170.
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EMPLOYMENT SERVICES:

PROGRAM SERVICE EXPENSES	25,969.
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MANAGEMENT AND GENERAL EXPENSES	10,984.
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FUNDRAISING EXPENSES	1,282.
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TOTAL EXPENSES	38,235.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,819,316.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-31,717.
--	----------

EQUITY IN EARNINGS OF AFFILIATED CORPORATION (NET DIVIDENDS PAID)	3,781.
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TOTAL TO FORM 990, PART XI, LINE 9	-27,936.
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FORM 990, PART XII, LINE 2C:

Name of the organization PARC, INC.	Employer identification number 59-0791038
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THE ORGANIZATION HAS AN AUDIT COMMITTEE COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE MEETS WITH THE AUDIT PARTNER PRIOR TO THE START OF THE AUDIT AND AGAIN AT THE COMPLETION OF THE AUDIT WHEN A DRAFT OF THE REPORT IS PRESENTED. THEY ALSO MEET WITH THE AUDITORS WITHOUT MANAGEMENT PRESENT. THEY HAVE THE OPPORTUNITY TO ASK QUESTIONS PRIOR TO THE COMPLETED AUDIT PRESENTATION TO THE BOARD.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

PARC, INC.

Employer identification number

59-0791038

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
PARC HOUSING, INC. - 59-1700361 3190 TYRONE BLVD N ST PETERSBURG, FL 33710	RESIDENTIAL SERVICE FOR ADULTS WITH DISABILITIES	FLORIDA	501(C)(3)	LINE 7	PARC, INC.	X	
PARC HOUSING II, INC. - 59-2766054 3190 TYRONE BLVD N ST PETERSBURG, FL 33710	RESIDENTIAL SERVICE FOR ADULTS WITH DISABILITIES	FLORIDA	501(C)(3)	LINE 7	PARC, INC.	X	
PARC ENDOWMENT FUND - 59-1850843 3190 TYRONE BLVD N ST PETERSBURG, FL 33710	SUPPORT THE PINELLAS ASSOCIATION FOR RETARDED CHILDREN	FLORIDA	501(C)(3)	LINE 12A, I	PARC, INC.	X	
PARC ENDOWMENT FUND 2 - 26-4019887 3190 TYRONE BLVD N ST PETERSBURG, FL 33710	SUPPORT THE PINELLAS ASSOCIATION FOR RETARDED CHILDREN	FLORIDA	501(C)(3)	LINE 12A, I	PARC, INC.	X	

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

Schedule R (Form 990) 2018

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TYRONE GENERAL, INC. - 59-3227368 3190 TYRONE BLVD N ST PETERSBURG, FL 33710	HOLDING COMPANY	FL	PARC, INC.	C CORP	133,748.	82,263.	100%	X	
50 PERCENT CHARITABLE REMAINDER UNITRUST C/O WELLS FARGO, ONE W 4TH ST, 2ND FL, MAC D4 WINSTON SALEM, NC 27101	CHARITABLE TRUST	FL	N/A	TRUST	N/A	N/A	N/A		X
100 PERCENT CHARITABLE REMAINDER UNITRUST C/O WELLS FARGO, ONE W 4TH ST, 2ND FL, MAC D4 WINSTON SALEM, NC 27101	CHARITABLE TRUST	FL	N/A	TRUST	N/A	N/A	N/A		X
100 PERCENT CHARITABLE REMAINDER UNITRUST #3 C/O WELLS FARGO, ONE W 4TH ST, 2ND FL, MAC D4 WINSTON SALEM, NC 27101	CHARITABLE TRUST	FL	N/A	TRUST	N/A	N/A	N/A		X
50 PERCENT PERPETUAL TRUST C/O BANK OF AMERICA, PO BOX 4899-GA2-002-08-0 ATLANTA, GA 30302-9957	CHARITABLE TRUST	FL	N/A	TRUST	N/A	N/A	N/A		X

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)	X	
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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) PARC ENDOWMENT FUND	C	164,306.	CASH TRANSFER
(2) PARC ENDOWMENT FUND NUMBER 2	C	110,343.	CASH TRANSFER
(3) TYRONE GENERAL, INC.	F	72,373.	DIVIDENDS PAID
(4) PARC HOUSING, INC.	K	129,528.	FAIR MARKET VALUE
(5) PARC HOUSING, INC.	D	77,190.	INCREASE IN INTERCOMPANY LOAN
(6) PARC ENDOWMENT FUND	E	390,878.	INCREASE IN INTERCOMPANY LOAN

PARC OPERATING BUDGET	Budget FYE 9/30/2019	Unaudited FYE 9/30/2019	Budget FYE 9/30/2020
REVENUE			
Program Service Fees	\$ 15,832,499	15,716,707	\$ 17,148,114
Interest & Investment Income	1,902	7,441	9,350
Other Income	1,682,780	1,958,413	2,134,090
Total Revenue and Other Support	<u>\$ 17,517,181</u>	<u>17,682,561</u>	<u>\$ 19,291,554</u>
EXPENSES:			
Salaries and Benefits	\$ 12,985,412	13,006,499	\$ 13,782,092
Supplies	392,970	368,601	310,963
Insurance	484,149	521,170	511,169
Utilities	416,443	471,490	451,195
Professional Fees	361,908	540,633	464,634
Vehicle Expenses	160,521	103,861	107,764
Repairs & Maintenance	470,806	522,867	587,426
Interest Expense	30,150	27,951	29,929
Other Expense	1,501,847	1,731,298	2,456,608
Total expenses	<u>\$ 16,804,205</u>	<u>17,294,370</u>	<u>\$ 18,701,780</u>
Net Operating Income Before Depreciation	\$ 712,976	\$ 388,191	\$ 589,774
Depreciation	<u>\$ (470,342)</u>	<u>(631,633)</u>	<u>\$ (635,091)</u>
NET OPERATING INCOME	<u>\$ 242,634</u>	<u>(243,442)</u>	<u>\$ (45,318)</u>

PARC, INC. AND AFFILIATES

**Combined Financial Statements, Supplementary
Financial Information and Reports as Required by
the Comptroller General of the United States
and Uniform Guidance**

**September 30, 2019 and 2018
(With Independent Auditor's Report Thereon)**

PARC, INC. AND AFFILIATES

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AUDITED FINANCIAL STATEMENTS



Mayer Hoffman McCann P.C.

13577 Feather Sound Drive, Suite 400 ■ Clearwater, FL 33762
Main: 727.572.1400 ■ Fax: 727.571.1933 ■ www.mhmcpa.com

**Independent Auditor’s Report on Combined Financial Statements
and Supplementary Financial Information**

The Board of Directors
PARC, Inc. and Affiliates:

We have audited the accompanying combined financial statements of PARC, Inc. and Affiliates, (the “Organization”) which comprise the combined statements of financial position as of September 30, 2019 and 2018, and the related combined statements of support and revenue, expenses, and other changes in net assets without donor restrictions, changes in net assets, and cash flows for the years then ended, the related combined statement of functional expenses for the year ended September 30, 2019, and the related notes to the combined financial statements.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined 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 combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the combined 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 combined 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 combined 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 combined financial statements referred to above present fairly, in all material respects, the combined financial position of PARC, Inc. and Affiliates as of September 30, 2019 and 2018, the combined changes in their net assets and their cash flows for the years then ended, and their functional expenses for the year ended September 30, 2019, in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* is presented for purposes of additional analysis and is not a required part of the combined 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 combined financial statements. The information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined 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 combined financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated January 21, 2020 on our consideration of PARC, Inc. and Affiliates' internal control over financial reporting and on our tests of their 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 the 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 PARC, Inc. and Affiliates' internal control over financial reporting and compliance.

Report on Summarized Comparative Information

We have previously audited PARC, Inc. and Affiliates' 2018 combined financial statements, and our report dated January 29, 2019 expressed an unmodified opinion on those financial statements. In our opinion, the summarized comparative information presented herein for the year ended September 30, 2018, is consistent, in all material respects, with the audited combined financial statements from which it has been derived.

Mayer Hoffman McCann P.C.

January 21, 2020
Clearwater, Florida

PARC, INC. AND AFFILIATES

Combined Statements of Financial Position

September 30, 2019 and 2018

Assets	<u>2019</u>	<u>2018</u>
Current assets:		
Cash and cash equivalents	\$ 2,569,263	3,136,853
Accounts receivable:		
Third party payors, less allowance for doubtful accounts of approximately \$36,000 and \$45,000 in 2019 and 2018, respectively	1,087,643	963,218
Funding agencies	205,216	297,095
Other	38,665	41,019
Current portion of promises to give	127,240	55,785
Prepaid expenses and other assets	176,582	131,765
Inventories	1,727	16,111
	<u>4,206,336</u>	<u>4,641,846</u>
Total current assets		
Investments	6,461,081	6,553,669
Partnership investment	22,292	37,415
Promises to give, less current portion	293,335	-
Receivable from charitable remainder trusts	1,050,546	1,066,862
Beneficial interest in perpetual trusts	308,178	321,327
Assets whose use is limited	155,954	134,003
Land, buildings and equipment, net	4,824,448	4,537,333
Deposits and other, net	22,995	24,147
	<u>17,345,165</u>	<u>17,316,602</u>
Total assets	<u>\$ 17,345,165</u>	<u>17,316,602</u>

Liabilities and Net Assets	2019	2018
Current liabilities:		
Current installments of long-term debt	\$ 12,446	64,868
Current portion of annuity obligations	2,520	1,972
Accounts payable	372,593	477,526
Accrued expenses:		
Compensation costs	639,666	550,998
Vacation pay	205,989	217,972
Other	126,020	121,702
Deferred revenue	57,232	43,645
	<hr/>	<hr/>
Total current liabilities	1,416,466	1,478,683
Long-term debt, excluding current installments	215,325	227,097
Annuity obligations, excluding current portion	55,377	58,445
	<hr/>	<hr/>
Total liabilities	1,687,168	1,764,225
Net assets:		
Without donor restrictions:		
Net investment in land, buildings and equipment	4,596,677	4,245,368
Designated for long-term purposes	450,074	489,640
Designated for operating reserves	1,710,000	2,627,174
Undesignated	1,235,495	824,601
	<hr/>	<hr/>
	7,992,246	8,186,783
With donor restrictions	7,665,751	7,365,594
	<hr/>	<hr/>
Total net assets	15,657,997	15,552,377
	<hr/>	<hr/>
Total liabilities and net assets	\$ 17,345,165	17,316,602

PARC, INC. AND AFFILIATES

**Combined Statements of Support and Revenue, Expenses and Other Changes
in Net Assets Without Donor Restrictions**

Years Ended September 30, 2019 and 2018

	2019	2018
Operating support and revenue:		
Public support:		
Special event revenue	\$ 465,637	522,864
Special event costs	(244,226)	(337,144)
Net revenue from special events	221,411	185,720
Contributions	392,963	289,048
Wills and bequests	397,520	1,902,712
In-kind support	361,876	354,373
United Way allocations	94,970	104,595
	1,468,740	2,836,448
Revenue:		
Medicaid and Medwaiver reimbursements	11,624,245	10,590,033
Funding contracts from governmental agencies	2,393,378	2,383,521
Program service fees	1,406,585	1,432,323
Workshop sales	69,220	295,636
Investment return	14,021	30,281
Rental income	84,852	84,852
Equity in earnings of affiliated partnership	125,127	148,612
Other	62,256	65,093
	15,779,684	15,030,351
Net assets released from restrictions:		
Expiration of time restrictions	34,865	38,278
Appropriation of restricted investment earnings	274,649	253,672
Satisfaction of donor use restrictions	-	23,846
	309,514	315,796
Total operating support and revenue	17,557,938	18,182,595
Operating expenses:		
Program services	15,068,011	14,081,706
Supporting services:		
Management and general	2,142,926	2,149,821
Development	907,806	774,901
	3,050,732	2,924,722
Total operating expenses	18,118,743	17,006,428
Increase (decrease) in net assets without donor restrictions from operations	(560,805)	1,176,167

(Continued)

PARC, INC. AND AFFILIATES

**Combined Statements of Support and Revenue, Expenses and Other Changes
in Net Assets Without Donor Restrictions - Continued**

	<u>2019</u>	<u>2018</u>
Other changes:		
Change in value of split-interest agreements	\$ (2,252)	(2,996)
Gain on sale of equipment	20,766	50,611
Refund of Medwaiver billings	(159,967)	-
Capital grants	<u>507,721</u>	<u>374,467</u>
Increase (decrease) in net assets without donor restrictions	<u>\$ (194,537)</u>	<u>1,598,249</u>

PARC, INC. AND AFFILIATES

Combined Statements of Changes in Net Assets

Years Ended September 30, 2019 and 2018

	2019	2018
Net assets without donor restrictions:		
Total operating support and revenue	\$ 17,248,424	17,866,799
Total operating expenses	(18,118,743)	(17,006,428)
Net assets released from restrictions	309,514	315,796
Change in value of split-interest agreements	(2,252)	(2,996)
Gain on sale of equipment	20,766	50,611
Refund of Medwaiver billings	(159,967)	-
Capital grants	507,721	374,467
Increase (decrease) in net assets without donor restrictions	(194,537)	1,598,249
Net assets with donor restrictions:		
Time and purpose restricted contributions	29,697	50,765
Contributions to be held in perpetuity	497,439	202,919
Restricted investment return	112,000	435,864
Change in value of split-interest agreements	(13,512)	43,095
Change in value of split-interest agreements in perpetuity	(15,953)	15,105
Net assets released from restrictions	(309,514)	(315,796)
Increase in net assets with donor restrictions	300,157	431,952
Increase in net assets	105,620	2,030,201
Net assets at beginning of year	15,552,377	13,522,176
Net assets at end of year	\$ 15,657,997	15,552,377

PARC, INC. AND AFFILIATES

Combined Statement of Functional Expenses

**Year Ended September 30, 2019
(With Comparative Totals for 2018)**

	Program Services				Total Program Services	Supporting Services		Total Supporting Services	Total Expenses	
	Residential	Adult Day Program	Child Day Program	Other		Management and General	Development		2019	2018
Staff salaries and wages	\$ 4,804,208	1,690,721	2,066,550	224,854	8,786,333	1,274,652	295,948	1,570,600	10,356,933	9,445,411
Consumer wages	-	62,020	-	-	62,020	-	-	-	62,020	213,947
Payroll taxes	360,299	129,431	152,827	16,424	658,981	93,320	22,078	115,398	774,379	712,111
Employee benefits	713,030	282,300	286,388	37,752	1,319,470	123,978	26,580	150,558	1,470,028	1,331,161
Total personnel expenses	5,877,537	2,164,472	2,505,765	279,030	10,826,804	1,491,950	344,606	1,836,556	12,663,360	11,702,630
Utilities	229,724	87,215	89,310	3,506	409,755	55,907	5,825	61,732	471,487	434,721
Insurance	104,094	29,959	23,643	58,268	215,964	22,761	3,635	26,396	242,360	259,892
Interest	24,130	888	1,028	468	26,514	1,352	85	1,437	27,951	30,765
Repairs and maintenance	229,541	99,180	77,252	4,034	410,007	64,496	27,244	91,740	501,747	470,280
Food	189,948	28,231	36,943	68	255,190	2,100	300	2,400	257,590	446,922
Production supplies	-	15,491	756	-	16,247	-	-	-	16,247	13,732
Printing and postage	6,391	5,839	4,435	1,276	17,941	14,074	10,183	24,257	42,198	41,174
Professional fees	141,238	17,485	5,639	1,264	165,626	17,131	1,507	18,638	184,264	223,231
Contract services	564,469	28,643	94,489	165	687,766	214,799	171,559	386,358	1,074,124	451,270
Temporary labor	591,910	39,658	63,049	-	694,617	26,735	-	26,735	721,352	1,011,896
Vehicle expenses	24,325	1,158	150	74,185	99,818	4,045	-	4,045	103,863	170,659
Small equipment	5,873	13,289	4,291	-	23,453	14,617	1,176	15,793	39,246	45,931
Operating supplies	267,386	32,516	38,959	1,894	340,755	17,426	3,208	20,634	361,389	393,245
Other expense	106,289	69,822	58,235	5,338	239,684	54,409	41,574	95,983	335,667	379,302
In-kind expenses	60,567	2,297	1,748	1,500	66,112	6,274	289,490	295,764	361,876	354,373
State and federal income taxes	-	-	-	-	-	37,258	-	37,258	37,258	34,016
Uncollectible accounts provision	2,019	2,439	1,638	343	6,439	38,692	-	38,692	45,131	65,600
Total expenses before depreciation and amortization	8,425,441	2,638,582	3,007,330	431,339	14,502,692	2,084,026	900,392	2,984,418	17,487,110	16,529,639
Depreciation and amortization	277,979	55,852	83,990	147,498	565,319	58,900	7,414	66,314	631,633	476,789
Total expenses - 2019	\$ 8,703,420	2,694,434	3,091,320	578,837	15,068,011	2,142,926	907,806	3,050,732	18,118,743	
Total expenses - 2018	\$ 8,032,867	2,724,306	2,779,536	544,997	14,081,706	2,149,821	774,901	2,924,722		17,006,428

See accompanying independent auditor's report and notes to combined financial statements.

PARC, INC. AND AFFILIATES

Combined Statements of Cash Flows

Years Ended September 30, 2019 and 2018

	2019	2018
Cash flows from operating activities:		
Increase in net assets	\$ 105,620	2,030,201
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	631,633	476,789
Gain on disposal of building and equipment	(20,766)	(50,611)
Realized and unrealized loss (gains) on investments	28,627	(338,945)
Noncash contribution under charitable gift annuity agreement	-	(9,728)
Change in value of split-interest agreements	31,890	(55,204)
Equity in earnings of affiliated partnership	(125,127)	(148,612)
Grants restricted for long-term purposes	(507,721)	(374,467)
Increase in accounts receivable	(394,982)	(113,625)
Decrease (increase) in prepaid expenses and other assets	(46,957)	24,718
Decrease (increase) in inventories	14,384	(12,694)
Increase (decrease) in accounts payable and accrued expenses	(23,930)	159,530
Increase (decrease) in deferred revenue	13,587	(16,882)
Net cash provided by (used in) operating activities	(293,742)	1,570,470
Cash flows from investing activities:		
Purchases of property and equipment	(915,456)	(696,199)
Proceeds from sale of equipment	20,766	50,611
Purchases of investments	(912,536)	(1,162,492)
Proceeds from sale of investments	976,497	996,180
Change in assets whose use is limited	(21,951)	(2,890)
Distributions received from affiliated partnership	140,250	140,249
Net cash used in investing activities	(712,430)	(674,541)
Cash flows from financing activities:		
Payments to annuitants	(4,945)	(4,945)
Cash received under charitable gift annuity agreement	-	25,000
Grants restricted for long-term purposes	507,721	374,467
Principal payments on long-term debt	(64,194)	(64,423)
Net cash provided by financing activities	438,582	330,099
Net increase (decrease) in cash and cash equivalents	(567,590)	1,226,028
Cash and cash equivalents at beginning of year	3,136,853	1,910,825
Cash and cash equivalents at end of year	\$ 2,569,263	3,136,853

See accompanying independent auditor's report and notes to combined financial statements.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements

September 30, 2019 and 2018

(1) **Description of Organization and Summary of Significant Accounting Policies**

(a) **Description of Organization and Principles of Combination**

PARC, Inc. (PARC) and its affiliates PARC Housing, Inc., PARC Housing II, Inc., PARC Endowment Fund and PARC Endowment Fund 2 (collectively referred to as the “Organization”) were organized as nonprofit entities to provide housing, vocational training, recreational, respite and support services to individuals with developmental disabilities and their families in Pinellas County, Florida and are described as follows:

PARC, Inc. provides services to children and adults with developmental disabilities, as well as their families. Established in 1953, it currently serves more than 800 individuals in Pinellas County, Florida.

PARC Housing, Inc. and PARC Housing II, Inc. operate residential facilities for individuals with developmental disabilities under Section 202 of the Housing Act of 1959 with a Section 8 Housing Assistance Payment Contract. They are regulated by the U.S. Department of Housing and Urban Development (HUD).

PARC Endowment Fund and PARC Endowment Fund 2 (a/k/a Gunderson Trust Endowment Fund) were established in 1978 and 2007, respectively, to establish a repository for lifetime gifts and bequests.

Tyrone General, Inc. (TGI) is a wholly-owned subsidiary of PARC. TGI owns a 33% interest in Pediatric Health Choice at the Bishop Children’s Center, a Florida general partnership. TGI’s financial statements have been consolidated with the financial statements of PARC. TGI’s interest in the partnership is accounted for using the equity method.

The combined financial statements include the consolidated financial statements of PARC and its subsidiary Tyrone General, Inc. and the financial statements of its affiliates, PARC Housing, Inc., PARC Housing II, Inc., PARC Endowment Fund and PARC Endowment Fund 2, which are collectively under common control. All significant interorganization balances have been eliminated in combination.

(b) **Description of Programs**

PARC, PARC Housing, Inc. and PARC Housing II, Inc. provide services to adults and children with developmental disabilities in Pinellas County, Florida. Program objectives are as follows:

Residential Programs provide a safe living environment and promote learning of daily living and basic self-care skills for individuals with the most severe developmental disabilities and independent living skills for individuals with less restrictive disabilities.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(1) **Description of Organization and Summary of Significant Accounting Policies - Continued**

(b) **Description of Programs - Continued**

Adult Day Programs provide supporting services which provide regular opportunities for adults to participate in community activities which are appropriate for them, and opportunities for persons with employment barriers, as well as assistance for those with existing jobs.

Child Day Programs provide early intervention services for children.

Other Programs provide employment, in-home support, transportation, training and food services for the individuals PARC serves.

(c) **Financial Statement Presentation and Financial Accounting Standards**

The accompanying combined financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of PARC, Inc. and Affiliates and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions: Net assets without donor restrictions are available for use at the discretion of the Organization's Board of Directors (the "Board") and/or management for general operating purposes. From time to time, the Board designates a portion of these net assets for specific purposes which makes them unavailable for use at management's discretion.

Net Assets With Donor Restrictions: Net assets with donor restrictions consist of assets whose use is limited by donor-imposed, time and/or purpose restrictions. The Organization reports gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, the net assets are reclassified as net assets without donor restrictions and reported in the accompanying combined statements of support and revenue, expenses and other changes in net assets without donor restrictions as net assets released from restrictions.

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

The Financial Accounting Standards Board (FASB) issued authoritative guidance establishing two levels of U.S. generally accepted accounting principles (GAAP) - authoritative and nonauthoritative - and making the Accounting Standards Codification (ASC) the source of authoritative, nongovernmental GAAP, except for rules and interpretive releases of the Securities and Exchange Commission. This guidance is incorporated into ASC Topic 105, *Generally Accepted Accounting Principles*.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(1) **Description of Organization and Summary of Significant Accounting Policies - Continued**

(d) **Contributions**

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

(e) **Cash Equivalents**

The Organization considers all highly-liquid financial instruments, including certificates of deposit, with original maturities of three months or less to be cash equivalents.

(f) **Receivables**

Accounts receivable are comprised primarily of amounts due from the State of Florida Medicaid program along with workshop sales and amounts due from estates and private-pay consumers. Receivables from funding agencies represent amounts due from various federal, state and local agencies for purposes specified by each contract or grant.

Accounts receivable and receivables from funding agencies are stated at unpaid balances, less an allowance for doubtful accounts. The Organization provides for losses on receivables using the allowance method. The allowance is primarily based on historical experience and the terms of third-party contracts. Receivables are considered impaired if full principal payments are not received in accordance with their terms. It is the Organization's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected.

(g) **Promises to Give**

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. It is the Organization's policy to charge off uncollectible pledges receivable when management determines the receivable will not be collected. Conditional promises to give are not included as support until the conditions are substantially met.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(1) **Description of Organization and Summary of Significant Accounting Policies - Continued**

(h) **Investments**

Investments in marketable securities with readily determinable fair values and all investments in debt securities are carried at their fair values in the Organization's combined statements of financial position. Donated investments are initially recorded at market value on the date of donation and thereafter reported in accordance with the above provisions. Realized gains and losses are included in investment return and are calculated based on proceeds received less cost. The cost of securities sold is based on the specific identification method. Unrealized gains and losses are included in the change in net assets in the accompanying combined statements of changes in net assets.

(i) **Assets Whose Use is Limited**

Assets whose use is limited represents restricted cash balances of PARC Housing, Inc. and PARC Housing II, Inc. which are maintained for specific purposes under HUD regulations, primarily for reinvestment in building improvements and equipment.

(j) **Land, Buildings and Equipment**

Depreciation of buildings and equipment is computed principally by the straight-line method over the estimated useful lives of the related assets, ranging from 2 to 40 years. Expenditures in excess of \$500 with estimated useful lives greater than one year are capitalized. Land, buildings and equipment are stated at cost, or if contributed, at fair value at the date of donation. 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 future authorized programs. However, its disposition, as well as the ownership of any proceeds therefrom, is subject to applicable regulations.

(k) **Charitable Gift Annuities**

The Organization maintains custody of the assets related to charitable gift annuities (CGA) and makes specified distributions to a designated beneficiary over the term of each annuity. Assets under the annuities are recorded at fair value.

The annuity liabilities associated with the CGA are determined based on the present value of the estimated future payments to be made to the designated beneficiaries. Discount rates used in computing present values range from 2.2% to 9.8%. The liability is reduced as distributions are made to the beneficiaries.

(l) **Donated Supplies and Services**

Donations of supplies are recorded as support at their estimated fair value at the date of donation. Donations of services are recorded as support at their estimated fair value if they require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. The Organization also receives donated services from a variety of unpaid volunteers. No amounts have been recognized in the accompanying statement of activities because the criteria for recognition of such volunteer effort under FASB ASC Topic 958 relating to *Not-for-Profit Entities* have not been satisfied.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(1) **Description of Organization and Summary of Significant Accounting Policies - Continued**

(m) **Income Taxes**

PARC, PARC Housing, Inc. and PARC Housing II, Inc. are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and have been determined not to be private foundations. These entities have adopted FASB guidance regarding *Uncertainty in Income Taxes* as codified in FASB ASC 740-10. At September 30, 2019, management does not believe it has taken any tax positions that are subject to a significant degree of uncertainty. Tax filings for fiscal years after September 30, 2015 remain open for examination.

TGI is a C corporation subject to federal and state income taxes. TGI's income taxes are recorded in these combined financial statements in the period TGI files its tax return and the amount of its tax is determined. Income tax expense relating to partnership earnings for the years ended September 30, 2019 and 2018 was approximately \$37,000 and \$34,000, respectively.

(n) **Functional Expense Allocations**

The costs of providing the Organization's various programs and supporting services have been summarized on a functional basis in the combined statement of functional expenses. Expenses directly attributable to a specific functional area of the Organization are reported as direct expenses of those functional areas while indirect costs that benefit multiple functional areas have been allocated among the functional areas based on either time spent by employees on each functional area or based on a square footage analysis for all indirect occupancy-related expenses.

(o) **Summarized Financial Information for 2018**

The combined statement of functional expenses includes certain prior-year summarized comparative information in total but not by functional category. Such information does not include sufficient detail to constitute a presentation in accordance with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's combined financial statements for the year ended September 30, 2018, from which the summarized information was derived.

(p) **Estimates in Combined Financial Statements**

The preparation of combined financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of increases or decreases in net assets during the period. Actual results could differ from those estimates.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(1) Description of Organization and Summary of Significant Accounting Policies - Continued

(q) Recent Accounting Pronouncements

In August 2016, the FASB issued ASU No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities (Topic 958)*. The ASU amends the current reporting model for nonprofit organizations and enhances their required disclosures. The major changes include: (a) requiring the presentation of only two classes of net assets now entitled “net assets without donor restrictions” and “net assets with donor restrictions,” (b) modifying the presentation of underwater endowment funds and related disclosures, (c) requiring the use of the placed in service approach to recognize the expiration of restrictions on gifts used to acquire or construct long-lived assets absent explicit donor stipulations otherwise, (d) requiring that all nonprofits present an analysis of expenses by function and nature in either the statement of activities, a separate statement or in the notes to the financial statements and disclose a summary of the allocation methods used to allocate costs, (e) requiring the disclosure of quantitative and qualitative information regarding liquidity and availability of resources, (f) presenting investment return net of external and direct internal investment expenses, and (g) modifying other financial statement reporting requirements and disclosures intended to increase the usefulness of nonprofit financial statements. The Organization has adopted this ASU as of and for the year ended September 30, 2019. As a result, the Organization changed the presentation of its net asset classes and expanded its footnote disclosures as required by the ASU.

(r) Reclassifications

Certain amounts in the 2018 combined financial statements have been reclassified for comparative purposes to conform to the 2019 presentation.

(2) Investments

At September 30, 2019 and 2018, the cost and fair value of investments were as follows:

	2019		2018	
	Cost	Fair Value	Cost	Fair Value
Cash and money market funds	\$ 243,154	243,154	263,111	263,111
Mutual funds	5,393,840	6,217,927	5,427,143	6,290,558
	<u>\$ 5,636,994</u>	<u>6,461,081</u>	<u>5,690,254</u>	<u>6,553,669</u>

The Organization’s investments in equity and fixed income mutual funds are not concentrated in a single entity or in a few entities, nor are there any specific industry concentrations.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(2) Investments - Continued

The following schedule summarizes the investment return and its classification in the accompanying combined statements of changes in net assets for the years ended September 30, 2019 and 2018:

	2019	2018
Interest and dividend income	\$ 186,313	157,869
Net realized and unrealized gains (losses)	(28,627)	338,945
Investment management fees	(31,665)	(30,669)
Total investment return	126,021	466,145
Unrestricted investment return	14,021	30,281
Restricted investment return	\$ 112,000	435,864

(3) Land, Buildings and Equipment

Land, buildings and equipment at September 30, 2019 and 2018 consists of the following:

	2019	2018
Land	\$ 347,982	347,982
Land improvements	538,494	488,124
Buildings and improvements	8,547,219	8,271,023
Furniture, fixtures and equipment	3,406,975	3,086,864
Transportation equipment	1,408,954	1,271,653
	14,249,624	13,465,646
Less accumulated depreciation	9,425,176	8,928,313
	\$ 4,824,448	4,537,333

Depreciation expense was \$628,341 and \$474,400 for the years ended September 30, 2019 and 2018, respectively.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(3) Land, Buildings and Equipment - Continued

Certain vehicles have been acquired with funding from federal and state agencies. The Organization is required by contract to use these vehicles to support consumer transportation during their useful lives. In addition, if the Organization disposes of a vehicle prior to expiration of its useful life the Organization is required to remit a pro-rata portion of the proceeds received from the disposal to the funding agency. The pro-rata portion is determined based on the percentage of the original vehicle purchase price provided by the funding agency. The net book value of the vehicles covered by this restriction was \$821,245 and \$701,631 at September 30, 2019 and 2018, respectively.

In addition, certain improvements to various properties were funded by the U.S. Department of Housing and Urban Development. Under the terms of the funding agreements, the Organization is required to continue to use the improved properties to provide program services through dates ranging from April 2020 to January 2027. If the Organization disposes of any of the properties prior to expiration of the land use restrictions, the Organization may be required to refund a portion of the funds received. The net book value of the improvements was approximately \$357,000 and \$367,000 at September 30, 2019 and 2018, respectively.

(4) Promises to Give

Promises to give at September 30, 2019 and 2018 consist of the following:

	2019	2018
United Way allocations	\$ 24,740	34,865
Foundation pledges	405,000	20,920
Total contributions receivable	429,740	55,785
Less unamortized discount	(9,165)	-
	\$ 420,575	55,785
Amounts due in:		
Less than one year	\$ 127,240	55,785
One to five years	302,500	-
	\$ 429,740	55,785

Promises to give due in more than one year are reflected at the present value of estimated future cash flows using discount rates ranging from 1.56% to 1.75%.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(5) Split-Interest Agreements

Beneficial Interest in Perpetual Charitable Trusts

The Organization is an income beneficiary of perpetual trusts held by third parties. The Organization's interest in these perpetual trusts is measured based on the fair value of the trust assets.

Investment income, including the change in fair value of the trust assets and distributions from the trusts, are reported as revenue without donor restrictions and/or with donor restrictions as stipulated in the individual trust agreements.

Charitable Remainder Trusts

The Organization is the beneficiary of several charitable remainder trusts held by third parties. Annual changes to these trusts are recorded as a change in value of split-interest agreements in the combined statements of changes in net assets.

Charitable Gift Annuities

Under the charitable gift annuity agreements, the Organization receives a stated amount, and in consideration of the amount transferred, agrees to pay the annuitants a specified annuity payment. Quarterly distributions under the charitable gift annuity agreements range from 5.5% to 6.9%, totaling approximately \$5,000 for each of the years ended September 30, 2019 and 2018.

State law requires PARC to maintain assets at least equal to the sum of the reserves on its outstanding charitable gift annuity agreements, calculated in accordance with the Internal Revenue Code, and a surplus of 10% of such reserves. PARC voluntarily maintains assets that are in excess of the required reserves and surplus.

(6) Line of Credit

During fiscal 2011, PARC entered into an agreement for a revolving line of credit from a commercial bank which allows PARC to borrow up to \$1,000,000. During fiscal 2019, the line of credit was renewed with a maturity date of April 23, 2020. The interest rate on the outstanding principal balance is charged at the one-month LIBOR plus 2.50% (4.58% at September 30, 2019). The line of credit is secured by all cash and investments held at this commercial bank, with an agreement not to encumber any other PARC assets without bank approval. There was no outstanding balance on the line of credit as of September 30, 2019 and 2018.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(7) Long-Term Debt

Long-term debt consists of the following at September 30, 2019 and 2018:

	2019	2018
6.875% mortgage note payable to HUD in monthly installments of \$4,962, including interest, through August 2019; secured by real property.	\$ -	52,745
8.375% mortgage note payable to HUD in monthly installments of \$2,588, including interest, through February 2031; secured by real property.	227,771	239,220
Total long-term debt	227,771	291,965
Less current installments	12,446	64,868
Long-term debt, excluding current installments	\$ 215,325	227,097

The aggregate maturities of long-term debt for each of the five years subsequent to September 30, 2019 and thereafter are as follows:

<u>Year Ending September 30,</u>	
2020	\$ 12,446
2021	13,529
2022	14,707
2023	15,987
2024	17,378
Thereafter	153,724
	\$ 227,771

Interest expense for the years ended September 30, 2019 and 2018 was \$27,951 and \$30,765, respectively.

(8) Leases

PARC leases operating equipment for certain of its programs and supporting services. The leases are classified as operating leases. Rent expense for the years ended September 30, 2019 and 2018 was approximately \$73,000 and \$93,000, respectively.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(8) Leases - Continued

Future minimum lease payments under noncancellable operating leases (with initial or remaining lease terms in excess of one year) are as follows:

<u>Year Ending September 30,</u>	
2020	\$ 68,900
2021	66,600
2022	<u>29,100</u>
	<u>\$ 164,600</u>

(9) Net Assets with Donor Restrictions

Net assets with donor restrictions as of September 30, 2019 and 2018 relate to assets contributed by donors and other funding sources for specific purposes and time periods as follows:

	2019	2018
Subject to time restrictions:		
Charitable remainder trusts	\$ 1,000,720	1,014,232
Promises to give	4,957	-
United Way	<u>24,740</u>	<u>34,865</u>
	1,030,417	1,049,097
Subject to use restrictions:		
Unappropriated earnings from endowment	491,992	654,641
Net assets held in perpetuity:		
Internally-controlled endowments:		
PARC general endowment fund	3,609,957	3,112,518
Gunderson Trust endowment fund	2,175,381	2,175,381
Externally-controlled endowments:		
Young Ewing CRUT	45,589	48,124
Blair/Robert Brennan CRUT	4,237	4,506
Patterson Perpetual Charitable Trust	236,140	245,179
Evans Perpetual Charitable Trust	<u>72,038</u>	<u>76,148</u>
	<u>6,143,342</u>	<u>5,661,856</u>
	<u>\$ 7,665,751</u>	<u>7,365,594</u>

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(10) Endowment Funds

The Organization's internally-controlled endowment net assets are comprised of the investments held in the PARC General Endowment Fund (the "Fund"), PARC Endowment Fund 2, also known as the Gunderson Trust Endowment Fund (the "Trust"), and amounts designated by the Organization's Board of Directors.

In accordance with FASB ASC 958-205-45-28, *Classification of Donor Restricted Endowment Funds Subject to UPMIFA*, the Organization classifies investment earnings on endowments as a component of net assets with donor restrictions if not appropriated for expenditure in the period earned. Once investment earnings are appropriated for expenditure, the Organization reclassifies the amount appropriated as a component of net assets without donor restrictions.

The Board of Directors of the Organization has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets restricted in perpetuity (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. In the absence of donor restrictions, the net appreciation on a donor-restricted endowment fund is spendable and classified as net assets with donor restrictions until appropriated for expenditure.

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of these endowment assets over the long-term. Together, the Organization's investment and spending policies work to achieve this objective. The investment policy establishes an achievable return objective through diversification of asset classes. The current long-term return objective is to return growth of 4% over inflation as measured by CPI. Actual returns in any given year may vary from this amount. To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation to achieve its long-term return objectives within prudent risk parameters.

The spending policy calculates an annual distribution from endowment net assets as a component of PARC's operating budget for each fiscal year. Under the current spending policy, up to 5% of the fair value of the PARC Endowment Fund's principal and at least 5% of the fair value of the Gunderson Trust Endowment Fund's principal is distributed annually. The current spending policy for amounts designated by the Organization's Board of Directors is to spend on an as required basis.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(10) Endowment Funds - Continued

Composition of endowment net assets as of September 30, 2019 and 2018 are as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total Endowment Net Assets</u>
2019:			
Board-designated endowment	\$ 450,074	-	450,074
General endowment	-	4,068,274	4,068,274
Gunderson endowment	-	2,209,056	2,209,056
	<u>\$ 450,074</u>	<u>6,277,330</u>	<u>6,727,404</u>
2018:			
Board-designated endowment	\$ 489,640	-	489,640
General endowment	-	3,661,432	3,661,432
Gunderson endowment	-	2,281,108	2,281,108
	<u>\$ 489,640</u>	<u>5,942,540</u>	<u>6,432,180</u>

Changes in endowment net assets for the years ended September 30, 2019 and 2018 are as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total Endowment Net Assets</u>
Balances, September 30, 2017	\$ 437,081	5,521,913	5,958,994
Contributions	51,077	238,435	289,512
Net investment income	4,872	120,895	125,767
Net appreciation	17,491	314,969	332,460
Appropriations	<u>(20,881)</u>	<u>(253,672)</u>	<u>(274,553)</u>
Balances, September 30, 2018	489,640	5,942,540	6,432,180
Contributions	-	497,439	497,439
Net investment income	6,828	145,672	152,500
Net appreciation (depreciation)	4,110	(33,672)	(29,562)
Appropriations	<u>(50,504)</u>	<u>(274,649)</u>	<u>(325,153)</u>
Balances, September 30, 2019	<u>\$ 450,074</u>	<u>6,277,330</u>	<u>6,727,404</u>

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(11) Fair Value Measurements

Financial instruments measured at fair value are classified and disclosed in the following categories:

Level 1: Quoted prices are available in active markets for identical investments as of the reporting date. The types of financial instruments included in Level 1 are money market funds, equity and fixed income mutual funds, exchange traded funds, common stock, corporate bonds and U.S. treasury and agency obligations.

Level 2: Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies. The Organization's beneficial interest in perpetual trusts and its certificates of deposit, including assets whose use is limited, are considered to be Level 2 fair value measurements.

Level 3: Valuation is based on unobservable inputs.

Fair value of assets measured on a recurring basis at September 30, 2019 is as follows:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments:				
Money market funds	\$ 243,154	243,154	-	-
Mutual funds - equity:				
Large blend	2,284,411	2,284,411	-	-
Large growth	21,288	21,288	-	-
Large value	21,401	21,401	-	-
Mid blend	7,078	7,078	-	-
Mid growth	438,610	438,610	-	-
Small blend	450,496	450,496	-	-
Small value	7,290	7,290	-	-
International	1,028,433	1,028,433	-	-
Mutual funds - fixed income:				
Ultrashort	120,139	120,139	-	-
Short-term	566,631	566,631	-	-
Intermediate	891,941	891,941	-	-
Nontraditional	380,209	380,209	-	-
	<u>6,461,081</u>	<u>6,461,081</u>	<u>-</u>	<u>-</u>
Assets whose use is limited:				
Cash	99,829	99,829	-	-
Certificate of deposit	56,125	-	56,125	-
	<u>155,954</u>	<u>99,829</u>	<u>56,125</u>	<u>-</u>
Receivable from charitable trusts	1,050,546	-	-	1,050,546
Beneficial interest in perpetual trusts	308,178	-	308,178	-
	<u>\$ 7,975,759</u>	<u>6,560,910</u>	<u>364,303</u>	<u>1,050,546</u>

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(11) Fair Value Measurements - Continued

Fair value of assets measured on a recurring basis at September 30, 2018 is as follows:

	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments:				
Money market funds	\$ 263,111	263,111	-	-
Mutual funds - equity:				
Large blend	2,253,421	2,253,421	-	-
Large growth	20,433	20,433	-	-
Large value	18,360	18,360	-	-
Mid blend	6,614	6,614	-	-
Mid growth	466,669	466,669	-	-
Small blend	453,952	453,952	-	-
Small value	8,090	8,090	-	-
International	1,134,858	1,134,858	-	-
Real estate	1,751	1,751	-	-
Mutual funds - fixed income:				
Ultrashort	166,700	166,700	-	-
Short-term	590,393	590,393	-	-
Intermediate	776,497	776,497	-	-
Nontraditional	392,820	392,820	-	-
	<u>6,553,669</u>	<u>6,553,669</u>	-	-
Assets whose use is limited:				
Cash	78,018	78,018	-	-
Certificate of deposit	55,985	-	55,985	-
	<u>134,003</u>	<u>78,018</u>	<u>55,985</u>	-
Receivable from charitable trusts	1,066,862	-	-	1,066,862
Beneficial interest in perpetual trusts	321,327	-	321,327	-
	<u>\$ 8,075,861</u>	<u>6,631,687</u>	<u>377,312</u>	<u>1,066,862</u>

The following table sets forth a summary of changes in fair value of assets using significant unobservable inputs (Level 3) for the years ended September 30, 2019 and 2018:

Balance at September 30, 2017	\$ 1,050,777
Total gains included in the changes in net assets	<u>16,085</u>
Balance at September 30, 2018	1,066,862
Total losses included in the changes in net assets	<u>(16,316)</u>
Balance at September 30, 2019	<u>\$ 1,050,546</u>

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(11) Fair Value Measurements - Continued

Quantitative Information About Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The Organization utilizes discounted cash flow methods to estimate the fair value of receivables under remainder trusts. At September 30, 2019, significant unobservable inputs include discount rates and estimated life expectancies of income beneficiaries which range from one to ten years.

(12) Related Party Transactions

During fiscal 2019 and 2018, PARC had rental income of \$84,852 from property which it leases to a partnership in which Tyrone General, Inc. owns a 33% general partnership interest. The lease expired August 2019 and a new lease was entered into in fiscal 2019 which requires monthly rental payments of \$7,071 through August 2024.

(13) Juvenile Welfare Board Program Revenue

Revenues from the Juvenile Welfare Board (JWB) consist of the following for the years ended September 30, 2019 and 2018:

	2019	2018
Child day program	\$ 957,463	1,008,943
Family focus	254,063	247,406
Respite	390,725	353,836
Technology grant	100,000	-
	\$ 1,702,251	1,610,185

(14) Donated Supplies and Services

Donated supplies and services for the years ended September 30, 2019 and 2018 consisted of the following:

	2019	2018
Medical services	\$ 25,788	25,788
Operating supplies	9,369	10,340
Small equipment	33,880	650
Promotional activities	287,050	310,840
Other goods and services	5,789	6,755
	\$ 361,876	354,373

In addition to the in-kind supplies and services identified above, the Organization also received donated food, supplies and services totaling approximately \$59,900 and \$72,500 for the years ended September 30, 2019 and 2018, respectively, which are included in the accompanying combined statements of support and revenue, expenses and other changes in net assets without donor restrictions with special event revenues and costs.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(15) Retirement Plan

The Organization sponsors a 403(b) employee retirement plan (the “Plan”), which covers all employees who meet the Plan’s participation requirements. Participants direct the investment of their contributions into various investment options offered by the Plan. The Organization will contribute to the Plan an amount of matching contribution equal to the lesser of 50% of a participant’s salary deferral contribution or 1% of the participant’s compensation received during the plan year. The Organization’s matching contribution is also invested as directed by participants. The Organization contributed approximately \$44,000 and \$39,000 to the Plan for the years ended September 30, 2019 and 2018, respectively.

(16) Commitments and Contingencies

Consumer Trust Funds

At September 30, 2019 and 2018, PARC held funds in trust for its consumers of approximately \$6,000 and \$19,500, respectively. The transactions related to consumer trust funds are not reflected in PARC’s combined financial statements.

Financial Instruments and Operating and Credit Concentrations

The Organization holds its investments in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the Organization’s investment holdings and the amounts reported in the combined financial statements.

Financial instruments which potentially subject the Organization to concentrations of credit risk include cash deposits and investments held by financial institutions in excess of federal deposit insurance limits, accounts receivable, and contributions receivable under promises to give. The Organization grants credit to its residents and consumers, most of whom are local residents of Florida and are beneficiaries under third-party, government-payor agreements.

Approximately 66% and 58% of operating support and revenue was derived from the State of Florida’s Medicaid and Medicaid Waiver programs for each of the years ended September 30, 2019 and 2018, respectively.

The Organization is economically dependent on the continuation of reimbursement from Medicaid and various U.S. Department of Housing and Urban Development housing assistance programs.

Medicaid and Medicaid Waiver Programs

A significant percentage of PARC’s revenue resulted from reimbursement from Medicaid and related waiver programs. Laws and regulations governing these programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future governmental review and interpretation, as well as significant regulatory action, including fines, penalties, and exclusion from Medicaid and related waiver programs. PARC believes that it is in compliance with all applicable laws.

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(16) Commitments and Contingencies - Continued

Medicaid and Medicaid Waiver Programs - Continued

Governmental funding for healthcare programs is subject to statutory and regulatory changes, administrative rulings, interpretations of policy, intermediary determinations and governmental funding restrictions, all of which may materially affect a program reimbursement to providers. Changes in the reimbursement policies of the Medicaid program, as a result of legislative and regulatory actions, could adversely affect the revenues of PARC.

As of September 30, 2019 and 2018, the Organization has included a provision for any potential third party payor liabilities in the amount of \$50,000. The effect of an adjustment, if any, resulting from future audits cannot be determined at this time and no provision above the reserve has been made for any such adjustment in the accompanying combined financial statements. Management's estimate of the provision is subject to a significant degree of uncertainty and actual third party payor liabilities may differ from management's estimate in the near term. In fiscal 2019, the Organization was required to remit payment of approximately \$160,000 based upon an audit of fiscal 2014-2015 Medicaid waiver billings which primarily resulted from documentation damaged and lost during a hurricane.

Litigation

The Organization is periodically involved in litigation arising in the normal course of operations. After consultation with legal counsel, management has concluded that these matters will be resolved within the limits of insurance coverage and will not have a material adverse effect on the future financial position, results of operations, or cash flows of the Organization.

(17) Supplemental Cash Flow Disclosures

Cash paid for interest for the years ended September 30, 2019 and 2018 totaled approximately \$28,000 and \$31,000, respectively. Cash paid for income taxes for the years ended September 30, 2019 and 2018 totaled approximately \$25,000 and \$9,000, respectively.

(18) Liquidity and Availability of Resources

PARC is supported by contributions with and without donor restrictions. Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year. As part of the Organization's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization regularly monitors liquidity to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal including cash and a revolving line of credit (described in Note 6).

PARC, INC. AND AFFILIATES

Notes to Combined Financial Statements - Continued

(18) Liquidity - Continued

As of September 30, 2019, the Organization's financial assets available to meet general expenditures within one year were as follows:

Financial assets:		
Cash and cash equivalents	\$	2,569,263
Investments		6,483,373
Accounts receivable		1,331,524
Promises to give		420,575
Receivable from charitable remainder trusts		1,050,546
Beneficial interest in perpetual trusts		308,178
Assets whose use is limited		<u>155,954</u>
Total financial assets		12,319,413
Less amounts unavailable for general expenditure within one year due to:		
Contractual or donor-imposed restrictions:		
Internally-controlled endowments		(5,785,338)
Externally-controlled endowments		(358,004)
Contributions restricted to future periods		(1,030,417)
Unappropriated earnings from endowment		(491,992)
Partnership investment		(22,292)
Long-term promises to give		(4,957)
Assets whose use is limited		<u>(155,954)</u>
Total contractual or donor-imposed restrictions		(7,848,954)
Board designations:		
Net assets designated for long-term purposes		(450,074)
Net assets designated for operating reserves		<u>(1,710,000)</u>
Total board designations		<u>(2,160,074)</u>
Financial assets available to meet general expenditures within one year	\$	<u>2,310,385</u>

(19) Subsequent Events

The Organization has evaluated subsequent events through January 21, 2020, the date the combined financial statements were available for issuance.

SUPPLEMENTARY FINANCIAL INFORMATION

PARC, INC. AND AFFILIATES

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2019

Federal Agency Pass-through Grantor/ Federal Program	CFDA Number	Contract/ Grant Number	Current Year Expenditures	Transfers to Subrecipients
<i>U.S. Department of Housing and Urban Development</i>				
Passed through from City of St. Petersburg, Florida:				
CDBG - Entitlement Grants Cluster:				
Community Development Block Grants/Entitlement Grants:	14.218*	n/a		
Outstanding loan (BMH dated December 2017)			\$ 29,760	-
Outstanding loan (BMH dated December 2017)			78,987	-
Outstanding loan (Cottages dated December 2018)			167,242	-
Passed through from Pinellas County, Florida:				
CDBG - Entitlement Grants Cluster:				
Community Development Block Grants/Entitlement Grants:	14.218*	n/a		
Outstanding loan (Burkett Villa dated April 2012)			99,620	-
Outstanding loan (Curry Villa dated February 2017)			34,481	-
			<u>410,090</u>	<u>-</u>
Subtotal CDBG - Entitlement Grants Cluster			410,090	-
Subtotal U.S. Department of Housing and Urban Development			<u>410,090</u>	<u>-</u>
<i>U.S. Department of Transportation</i>				
Passed through from Florida Department of Transportation:				
Enhanced Mobility for Seniors and Individuals with Disabilities	20.513	n/a	214,888	-
			<u>214,888</u>	<u>-</u>
Subtotal Transit Services Program Cluster			214,888	-
Subtotal U.S. Department of Transportation			<u>214,888</u>	<u>-</u>
<i>U.S. Department of Health and Human Services</i>				
Passed through from Lutheran Services Florida, Inc.:				
Head Start	93.600	LSF-PSA-HS-CCP- PDC-FY-19	161,013	-
Passed through from Florida Agency for Persons with Disabilities:				
Social Services Block Grant	93.667	NCF03	29,326	-
Passed through from Federal Emergency Management Agency:				
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	n/a	4,782	-
			<u>195,121</u>	<u>-</u>
Subtotal U.S. Department of Health and Human Services			195,121	-
Total expenditures of federal awards			<u>\$ 820,099</u>	<u>-</u>

* Major federal program

PARC, INC. AND AFFILIATES

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2019

(1) **Basis of Presentation**

The accompanying Schedule of Expenditures of Federal Awards (the “Schedule”) includes the federal grant activity of PARC, Inc. under programs of the federal government for the year ended September 30, 2019. The information in this Schedule is presented in accordance with the 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). Because the Schedule presents only a selected portion of the operations of PARC, Inc., it is not intended to and does not present the combined financial position, changes in net assets, or cash flows of PARC, Inc. and Affiliates. All federal awards passed through other government agencies are included in the accompanying schedule.

(2) **Summary of Significant Accounting Policies**

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance wherein certain types of expenditures are not allowable or are limited as to reimbursement. PARC, Inc. has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

(3) **Subrecipients**

None of the expenditures of federal awards included in the Schedule were paid or provided to subrecipients.

(4) **Outstanding Community Development Block Grant Mortgage Balances**

The federally funded Community Development Block Grant (CDBG) mortgages which do not require repayment of principal or interest over the period of the related land use restriction agreements at the beginning of the year are included in federal expenditures in the Schedule. The balances of mortgages outstanding at September 30, 2019 consist of the following:

Outstanding loan (Burkett Villa dated April 2012)	\$	99,620
Outstanding loan (Curry Villa dated February 2017)		34,481
Outstanding loan (BMH dated December 2017)		29,760
Outstanding loan (BMH dated December 2017)		78,987
Outstanding loan (Cottages dated December 2018)		<u>167,242</u>
	\$	<u>410,090</u>

INTERNAL CONTROL AND COMPLIANCE



**Independent Auditor’s Report on Internal Control Over Financial Reporting and
on Compliance and Other Matters Based on an Audit of Combined Financial Statements
Performed in Accordance with *Government Auditing Standards***

The Board of Directors
PARC, Inc. and Affiliates:

We have audited, 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, the combined financial statements of PARC, Inc. and Affiliates (the “Organization”), which comprise the combined statement of financial position as of September 30, 2019, and the related combined statements of support and revenue, expenses, and other changes in net assets without donor restrictions, changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the combined financial statements, and have issued our report thereon dated January 21, 2020

Internal Control Over Financial Reporting

In planning and performing our audit of the combined financial statements, we considered the Organization’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 combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization’s internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization’s internal control.

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

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's combined financial statements are free from material misstatement, we performed tests of their 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.

Mayer Hoffman McCann P.C.

January 21, 2020
Clearwater, Florida



**Independent Auditor’s Report on Compliance for Each Major Federal Program and
on Internal Control Over Compliance Required by the Uniform Guidance**

The Board of Directors
PARC, Inc.:

Report on Compliance for Each Major Federal Program

We have audited PARC, Inc.’s (the “Organization”) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the Organization’s major federal program for the year ended September 30, 2019. The Organization’s major federal program is 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 the Organization’s major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization’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 the major federal program. However, our audit does not provide a legal determination on the Organization’s compliance.

Opinion on Major Federal Program

In our opinion, PARC, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended September 30, 2019.

Report on Internal Control Over Compliance

Management of the Organization 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 the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the 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 the Organization'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 combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

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

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

Mayer Hoffman McCann P.C.

January 21, 2020
Clearwater, Florida

PARC, INC. AND AFFILIATES

Schedule of Findings and Questioned Costs

Year Ended September 30, 2019

(A) Summary of Auditor's Results

1. The auditor's report expresses an unmodified opinion on the combined financial statements of PARC Inc. and Affiliates.
2. No significant deficiencies or material weaknesses relating to the audit of the combined financial statements are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters based on an Audit of Combined Financial Statements Performed in Accordance with *Government Auditing Standards*.
3. No instances of noncompliance material to the combined financial statements of PARC, Inc. and Affiliates were disclosed during the audit.
4. No significant deficiencies or material weaknesses relating to the audit of the major federal program are reported in the Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control over Compliance Required by the Uniform Guidance.
5. The auditor's report on compliance for the major federal program for PARC, Inc. expresses an unmodified opinion.
6. There were no audit findings that are required to be reported in accordance with Section 2 CFR 200.516(a) of the Uniform Guidance.
7. The program tested as a major federal program was:

Community Development Block Grants/Entitlement Grants (CFDA 14.218)
8. The threshold for distinguishing Types A and B programs was \$750,000 for major federal programs.
9. PARC, Inc. was determined to be a low-risk auditee.

(B) Findings - Audit of Combined Financial Statements

None

(C) Findings and Questioned Costs Relating to Federal Awards

None



**Reimbursement Template
Summary of Expenses**

For each unbudgeted/unplanned, but COVID-19 related expenditure, provide the following:

- Receipt or invoice for the purchase
- Method of payment for the purchase
- If paid via credit card or credit arrangement, provide a copy of the credit card statement with the appropriate charge (for security REDACT most account numbers)
- Include bank statement demonstrating paying of credit card (for security REDACT most account numbers)

You may add additional rows to the table below in order to properly document expenses. Keep items and documentation in the item order in your summary chart to easily follow the documentation.

Item Number	Quantity	Item Description	Total Cost
1	1	Longo Electric & Fire-Invoice 200271: Electric rewire of PARC Center Industries bldg. expansion to comply with CDC requirements of social distancing	425.00
2	1	ABCO Aluminum-Invoice 065886: Removal of asphalt, replace with concrete at PARC Center Industries bldg. expansion to comply with CDC requirements and safety of our individuals who are non-ambulatory or semi-ambulatory	3,500.00
3	1	June-Oct (6) Transportation Driver Aids salary-to comply with CDC requirements, screening of individuals before loading on vans/buses, physical distancing of 6ft requires less individuals on vans, resulting in more routes. 6 Driver Aids, 6 Routes per day. Attached recap outlines hours worked and reimbursement calculation.	18,450.00
4	1	June-Oct Virtual Art Director salary-position created to teach online virtual arts	17,553.59
5	4	CURIS System-Invoice 526 Bio-decontamination cleaning solution – COVID	912.96

6	6	CURIS System-Invoice 662 Bio-decontamination cleaning solution – COVID	1,411.85
7	4	CURIS System-Invoice 862 Bio-decontamination cleaning solution – COVID (total check \$21,093.98, \$978.98 for solution, \$20,115 for machines-not part of reimbursement)	978.98
8	8	CURIS System-Invoice 888 Bio-decontamination cleaning solution – COVID	1,831.70
9	6	CURIS System-Invoice 958 Bio-decontamination cleaning solution – COVID	1,467.57
10	12	CURIS Decontamination-Invoice 1044 Bio-decontamination cleaning solution – COVID	2,708.86
11	4	CURIS Decontamination-Invoice 1127 Bio-decontamination cleaning solution – COVID	942.46
12			
13			
14			
15			

Total Reimbursement Request: \$ 50,182.97

Longo Electric & Fire LLC

12405 3rd St E Unit 202
 Treasure Island, FL 33706
 Phone #: (727) 272-0653

Invoice

Date	Invoice #
10/2/2020	200271

Bill To
PARC Att: Dave 3190 Tyrone Boulevard Saint Petersburg, FL 33710

Ship To
3110 75th Street North Saint Petersburg, Florida 33710

WORK ORDER	ORDERED BY	TELEPHONE	TERMS	Due Date
	DL	DL	Net 30	11/1/2020

Quantity	Item Code	Description	Price Each	Amount
5	16 Electrical Job	Labor connect equipment in place in back of bldg. 4 per David	74.00	370.00
1	16 Electrical Job	Material wire, connectors, wire nuts.	55.00	55.00
		Sales Tax	7.00%	0.00
6510 - 8025 (ADT), Alliance electrical wiring for Flanders Production				
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p>APPROVED By dlehman at 12:56 pm, 10/5/20</p> </div>				

A finance charge of 1.5% per month is charged on accounts over 30 days..

Total	\$425.00
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3190 Tyrone Boulevard North
P.O. Box 47799
St. Petersburg, Florida 33743-7799
(727) 345-9111

SUNTRUST BANK
63-215/631

12111

Four Hundred Twenty Five and 00/100 Dollars

PAY TO THE ORDER OF: LONGO ELECTRIC & FIRE LLC
10/29/2020 12111
32405 3RD ST. E. UNIT 202
TREASURE ISLAND, FL 33706

\$425.00

AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED DETAILS ON BACK

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United States and the territory/possession provided on this document
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- Paper: 100% cotton
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- Thread: Randomly placed

PAY TO THE ORDER OF
GTE FEDERAL CREDIT UNION
FOR DEPOSIT ONLY
LONGO ELECTRIC & FIRE, LLC
000041887549
DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
DEPOSITORY BANK ENDORSEMENT

Date	Description	Serial #	Debit	Credit	Available Balance
11/03/2020	Check 00000012125 12125 	12125	-\$94.00		\$509,680.88
11/03/2020	Check 00000011935 11935 	11935	-\$219.95		\$509,774.88
11/03/2020	Check 00000012111 12111 	12111	-\$425.00		\$509,994.83
11/03/2020	Check 00000012062 12062 	12062	-\$1,750.81		\$510,419.83
11/03/2020	Check 00000012118 12118 	12118	-\$1,135.20		\$512,170.64
11/03/2020	Electronic/ach Debit Authns Gateway Billing 114829643 1870568569 *6899		-\$34.95		\$513,305.84
11/03/2020	Online Check Deposit *6899 			\$9,791.53	\$513,340.79
11/03/2020	Electronic/ach Credit Suntrust Merchant 0276188342 1593177343 *6899			\$300.82	\$503,549.26
11/03/2020	Electronic/ach Credit smartcoreos Llc 1d1101 352495176 *6899			\$499.50	\$503,248.44
11/03/2020	Electronic/ach Credit State Of Florida Payments 9001395052 *6899			\$87.78	\$502,748.94
11/03/2020	Electronic/ach Credit State Of Florida Payments 9001395052 *6899			\$54.30	\$502,661.16
11/02/2020	Zero Balance Account Transfer Zbl Trnfer Debit From Acct 1000170208564 *6899		-\$25.00		\$502,606.86
11/02/2020	Check 00000012061 12061 	12061	-\$301.17		\$502,631.86
11/02/2020	Check 00000011988 11988 	11988	-\$4,172.00		\$502,933.03
11/02/2020	Check 00000012036 12036 	12036	-\$14,418.24		\$507,105.03

Purchase Requisition & Capital Form

Date Submitted	10/06/2020	<p align="center">IMPORTANT NOTICE</p> <p>Purchasing Request Form allows employees to request the purchase of a product or products, using a uniform process that provides details of the product for the purchasing agent, accounting, and the person who approves the purchase; Routine weekly supply request do not require Purchase Requisition & Capital Form to be completed. Capital, Major, Significant, New Projects and New Program purchases REQUIRE the completion of the Purchase Requisition & Capital Form. Purchases over \$1,000 must attach a minimum of three quotes. Pricing and the Three quotes can be obtained by the Purchasing Agent.</p>
Date Required	10/06/2020	
Department For	8025	
Purpose (Medical, Recreational, Training, etc.)	Construction	
Funding Source (Grant, Activity Code, if applicable)	6510	

Requested By	BJ Palencia-Tobar
---------------------	-------------------

Manager/Supervisor/Director Approval <i>(up to \$500)</i>		Date Approved
---	--	----------------------

Officer Approval <i>(\$500 plus)</i>	<p>APPROVED</p> <p><i>By Michelle Defweiler at 12:59 pm, Oct 06, 2020</i></p>	Date Approved
--	--	----------------------

Chief Financial Officer Approval <i>(\$1,000 plus requires 3 quotes)</i>	<p>APPROVED</p> <p><i>By Mark Cavanaugh at 12:00 pm, 10/6/20</i></p>	Date Approved
--	---	----------------------

CEO/President Approval <i>(\$1,000 plus requires 3 quotes)</i>	<p>APPROVED</p> <p><i>By Karen Higgins at 12:12 pm, 10/6/20</i></p>	Date Approved
--	--	----------------------

Items Requested

Provide in detail the product requesting (including electric/manual, color, ect.)	Cost	Quantity	Item Number	Coding
Removal of old asphalt and replace with new concrete.	\$3,500	1		6510
Total	\$3,500			

Purchase Requisition & Capital Form Routing: According to Dollar Value as listed above, the highest required approval will send the form to the Purchasing Agent to process the order and submit the form with the invoice to Accounting for coding and vendor payment.

Purchases made for a Grant or due to a donation may be exempt from the minimum of three bids requirement due to the stipulations outlined in the Grant or by the donor. Updated: 06-2017

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St. Petersburg, Florida 33743-7799
(727) 345-9111

SUNTRUST BANK
63-215/631

11952

***Three Thousand Five Hundred and 00/100 Dollars

PAY TO THE ORDER OF: ABCO ALUMINUM PRODUCTS INC
10400 68TH STREET N
PINELLAS PARK, FL 33782
10/08/2020 11952 \$3,500.00

AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑆011952⑆ ⑆063102152⑆

⑆063102152⑆ 10/09/2020 0004218529

6561630000400135

⑆063102152⑆ 10/09/2020 0004218529
6561630000400135

- Microprinting
- Security Features
- Watermark
- Voided Background
- Voided Reflection
- Security Features
- Watermark
- Voided Background
- Voided Reflection

Endorse Check Here
 ABACO ALUMINUM
 10400 68th ST. N.
 PINELLAS PARK, FL 33782
 DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
 DEPOSITORY BANK ENDORSEMENT



Account Statement

Deposits/ Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	10/30	.52		RECEIVED THIS STATEMENT FROM THE				
Deposits/Credits: 127				Total Items Deposited: 115				

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	1197	11,236.80	10/15	11923	15,082.90	10/16	11982	168.89	10/14
*	11652	125.16	10/27	11924	787.69	10/08	11983	509.89	10/14
*	11762	6.48	10/05	11925	739.35	10/13	11984	130.00	10/16
*	11779	34.72	10/05	11926	6,364.40	10/09	11985	528.00	10/15
*	11795	1,999.00	10/01	11927	3,080.00	10/14	11986	110.70	10/29
*	11800	875.00	10/01	11928	197.00	10/07	11987	448.40	10/13
*	11819	106.51	10/01	11929	590.00	10/09	*11989	1,704.05	10/19
*	11824	234.25	10/01	11930	13.95	10/15	11990	12,572.52	10/14
*	11842	369.75	10/07	11931	212.00	10/13	11991	853.54	10/15
*	11852	200.00	10/16	11932	28.00	10/07	11992	3,888.90	10/15
*	11854	869.59	10/01	11933	598.65	10/06	11993	50.00	10/27
*	11857	51.17	10/01	11934	1,719.00	10/20	11994	431.46	10/09
	11858	51.17	10/01	*11936	99.36	10/05	11995	215.01	10/09
	11859	189.28	10/01	11937	322.36	10/09	11996	128.92	10/21
	11860	1,244.65	10/01	11938	105.00	10/06	*11998	32,610.13	10/15
*	11862	1,000.00	10/15	11939	38.00	10/13	11999	3,026.57	10/20
*	11865	100.00	10/02	11940	720.00	10/06	12000	4,735.00	10/27
	11866	1,626.07	10/02	11941	264.00	10/06	12001	1,684.26	10/26
	11867	7,537.53	10/02	11942	101.96	10/14	12002	596.00	10/20
	11868	839.97	10/02	11943	2,397.00	10/09	12003	343.62	10/26
	11869	900.25	10/02	11944	10,829.16	10/08	12004	165.00	10/23
	11870	1,841.92	10/02	11945	2,800.20	10/09	12005	640.00	10/26
	11871	556.30	10/06	11946	654.91	10/19	12006	1,515.31	10/21
*	11873	180.47	10/01	11947	75.82	10/02	12007	4,346.00	10/22
	11874	700.00	10/07	11948	113.94	10/02	12008	42,383.56	10/22
	11875	35.64	10/07	11949	26.98	10/13	12009	53.54	10/23
	11876	225.78	10/01	11950	632.97	10/02	12010	140.00	10/23
	11877	284.78	10/05	11951	360.00	10/09	12011	79.75	10/20
	11878	195.00	10/01	11952	3,500.00	10/09	12012	48.44	10/22
*	11880	359.80	10/14	11953	1,000.00	10/15	12013	238.00	10/20
*	11883	1,500.01	10/05	11954	500.00	10/15	12014	327.33	10/20
*	11885	2,529.50	10/05	11955	75.00	10/15	12015	1,041.29	10/22
*	11887	24.91	10/05	11956	2,380.00	10/15	12016	2,783.91	10/21
*	11890	45.00	10/05	11957	962.70	10/19	12017	379.99	10/20
	11891	1,780.77	10/08	11958	282.41	10/19	12018	742.50	10/27
*	11894	2,802.60	10/01	11959	500.00	10/14	12019	68.33	10/20
	11895	1,505.39	10/01	11960	15,600.00	10/13	12020	743.16	10/20
	11896	617.00	10/13	11961	8.35	10/14	12021	80.00	10/19
*	11901	22,477.00	10/06	11962	536.90	10/15	12022	1,634.96	10/29
	11902	955.68	10/07	11963	458.00	10/15	12023	584.46	10/29
	11903	11.50	10/07	11964	767.50	10/19	12024	369.75	10/23
	11904	789.99	10/07	11965	1,074.23	10/19	12025	463.32	10/20
	11905	115.98	10/06	11966	1,049.64	10/19	12026	701.80	10/21
*	11907	138.79	10/07	11967	345.44	10/19	12027	14,402.59	10/21
	11908	552.00	10/09	11968	305.98	10/19	12028	1,732.75	10/21
	11909	2,880.41	10/09	11969	1,250.00	10/13	12029	267.00	10/27
	11910	919.53	10/09	11970	85.29	10/15	12030	200.95	10/20
	11911	1,750.98	10/09	11971	300.00	10/14	12031	48,567.89	10/19
	11912	1,186.62	10/09	11972	1,700.67	10/14	*12038	615.00	10/30
	11913	313.60	10/09	11973	183.00	10/14	12039	912.00	10/28
	11914	179.20	10/09	11974	67,007.75	10/20	12040	104.33	10/27
	11915	622.17	10/09	11975	411.10	10/16	12041	51.17	10/29
	11916	4,217.94	10/06	11976	1,114.36	10/14	12042	51.17	10/29
*	11918	106.92	10/06	11977	92.30	10/15	12043	529.02	10/29
	11919	12,758.02	10/09	11978	53.46	10/13	12044	3,647.21	10/27
	11920	1,119.39	10/07	11979	520.95	10/14	12045	700.00	10/26
	11921	130.10	10/05	11980	207.92	10/19	12046	235.96	10/26
	11922	15,082.90	10/16	11981	455.00	10/14	12047	225.52	10/30

PARC - Transporation Driver Aides

Date	David Rought	Harold Mason	Laketta Womack	Gary Coney	William Young	William Cordero
6/12/2020	43.50	18.50	17.00	23.00	15.75	20.75
6/26/2020	45.00	45.00	27.75	37.75	28.25	27.00
7/10/2020	45.00	44.00	4.50	36.50	30.75	34.00
7/24/2020	45.00	38.25		38.25	30.00	31.75
8/7/2020	45.00	39.75		32.00	29.25	14.75
8/21/2020	45.00	34.50		28.50	33.00	30.50
9/4/2020	35.00	10.00		5.50	8.00	8.00
9/18/2020	45.00	21.50		24.75	25.75	23.75
10/2/2020	45.00	38.75		41.75	42.50	37.50
10/16/2020	45.00	34.50		45.50	34.00	37.50
10/30/2020	45.00	34.00		41.25	29.75	26.25
TOTALS	483.50	358.75	49.25	354.75	307.00	291.75

Hours per employee not to exceed 45 hours a pay period

1845.00 hours worked x \$10 an hour =

\$18,450.00 Reimbursement request

Job Description



Employee Name:

Job Title: Driver Assistant

Department: Transportation
Non-Exempt, Full-Time

Date:

Position Summary:

Under the direction of the Transportation Manager , the Driver Assistant will support the PARC, Inc. Driver as well as supervise clients on PARC vehicles being transported from home to the center, and center to home .

Job Duties:

- Assists clients in the boarding and un-boarding vehicles.
- Van Assistants are responsible for assisting and supporting the Van Driver to ensure the safety of all passengers.
- Maintain routine communication with families, and administrators.
- Confer with families, counselors, and administrators to resolve concerns with Clients with behavioral issues.
- Observe, evaluate and document client's performance, behavior and social development.
- May perform other duties as assigned by supervisor.
- Complete daily screenings pertaining to Covid-19, including temp checks to all clients boarding PARC, Inc. Vehicles.
- Sanitize vehicle upon completion of each route, using provided disinfectant.

Required Knowledge, Skills and Abilities

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily, as assigned. The requirements listed below are representative of the knowledge, skill, and ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education and Experience

- High school diploma
- Experience in transportation Environment a plus
- Experience in Community Programs a plus
- Must have FL Driver license
- Must pass background screening

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable

Job Description



accommodations may be made to enable individuals with disabilities to perform the essential functions.

- Lift a minimum of 45 pounds from the floor to a waist-high table when necessary. Reach a client 20 to 30 feet away within 30 seconds without endangering the staff person's health.
- Be physically, visually, and auditory aware of the cognitive, social and physical needs of client.
- Communicate with verbally and writing in English to the degree that the client, parents and other staff members to understand and respond.

Work Environment

- The work environment characteristics described here are representative of those encountered while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
- While performing the duties of this job, the employee is occasionally exposed to moving mechanical parts and vehicles. The noise level in the work environment is usually moderate.
- This job description is intended to convey information essential to understanding the scope of the position and is not an exhaustive list of skills, efforts, duties, responsibilities or working conditions associated with it.

Reports To: Transportation Manager

Directly/Indirectly Supervises:

Approvals:

Employee

Supervisor/ Dept. Head

Human Resources

Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Report Parameters

Employee ID: 82906

Process Date Range: 05/01/2020-01 to 10/30/2020-01

Sort Order: N/A

Show Employees: Y

Show Department: N

Show Expense: Y

5524-DRIVERS SALARIES

Expense:	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	13698
Rought, David	82906	10.18	24.00	244.32	FITW	S-0	239.43	9.33	403B	4.89	Type	Regular
Emp Id	10.18			2.44	MED		244.32	3.54			Chk Date	5/1/2020
Rate					SS		244.32	15.16			Net	211.40
Freq	B				FL		239.43				Dir Dep	211.40
Totals			24.00	244.32	Totals		28.03	Totals		4.89		

Expense:	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	13998
Rought, David	82906	10.00	47.50	475.00	FITW	S-0	465.50	31.93	403B	9.50	Type	Regular
Emp Id	10.18			4.75	MED		475.00	6.89			Chk Date	5/15/2020
Rate					SS		475.00	29.44			Net	397.24
Freq	B				FL		465.50				Dir Dep	397.24
Totals			47.50	475.00	Totals		68.26	Totals		9.50		

Expense:	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	14299
Rought, David	82906	10.00	42.50	425.00	FITW	S-0	471.37	32.52	403B	9.62	Type	Regular
Emp Id	10.18			55.99	MED		480.99	6.97			Chk Date	5/29/2020
Rate				4.81	SS		480.99	29.82			Net	402.06
Freq	B				FL		471.37				Dir Dep	402.06
Totals			48.00	480.99	Totals		69.31	Totals		9.62		



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	14606		
82906	REG	10.00	10.75	107.50	FTW	S-0	432.08	28.59	403B	8.82	Type	Regular		
10.18	REG	10.18	32.75	333.40	MED		440.90	6.39			Chk Date	6/12/2020		
	B			4.41	SS		440.90	27.35			Net	369.75		
					FL		432.08				Dir Dep	369.75		
Totals											43.50	440.90	Totals	8.82

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	14931		
82906	REG	10.18	48.75	496.28	FTW	S-0	486.35	34.02	403B	9.93	Type	Regular		
10.18	403ER			4.96	MED		496.28	7.20			Chk Date	6/26/2020		
	B				SS		496.28	30.76			Net	414.37		
					FL		486.35				Dir Dep	414.37		
Totals											48.75	496.28	Totals	9.93

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	15265		
82906	REG	10.18	53.75	547.17	FTW	S-0	536.23	39.21	403B	10.94	Type	Regular		
10.18	403ER			5.47	MED		547.17	7.93			Chk Date	7/10/2020		
	B				SS		547.17	33.92			Net	455.17		
					FL		536.23				Dir Dep	455.17		
Totals											53.75	547.17	Totals	10.94

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	15606		
82906	REG	10.18	46.25	470.83	FTW	S-0	461.41	31.53	403B	9.42	Type	Regular		
10.18	403ER			4.71	MED		470.83	6.83			Chk Date	7/24/2020		
	B				SS		470.83	29.20			Net	393.85		
					FL		461.41				Dir Dep	393.85		
Totals											46.25	470.83	Totals	9.42

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	15934		
82906	REG	10.18	48.75	496.27	FTW	S-0	486.34	34.02	403B	9.93	Type	Regular		
10.18	403ER			4.96	MED		496.27	7.20			Chk Date	8/7/2020		
	B				SS		496.27	30.77			Net	414.35		
					FL		486.34				Dir Dep	414.35		
Totals											48.75	496.27	Totals	9.93



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User: sallen
 Run on 11/10/2020 at 7:36 AM

Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	16254		
82906	REG	10.18	51.25	521.73	FITW	S-0	511.30	36.51	403B	10.43	Type	Regular		
				5.22	MED		521.73	7.57			Chk Date	8/21/2020		
					SS		521.73	32.35			Net	434.87		
	B				FL		511.30				Dir Dep	434.87		
Totals											51.25	521.73	Totals	10.43

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	16575		
82906	REG	10.18	18.75	190.88	FITW	S-0	362.24	21.61	403B	7.39	Type	Regular		
				178.75	MED		369.63	5.36			Chk Date	9/4/2020		
				3.70	SS		369.63	22.91			Net	312.36		
	B				FL		362.24				Dir Dep	312.36		
Totals											35.00	369.63	Totals	7.39

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	16895		
82906	REG	10.18	55.50	564.99	FITW	S-0	553.69	41.31	403B	11.30	Type	Regular		
				5.65	MED		564.99	8.19			Chk Date	9/18/2020		
					SS		564.99	35.03			Net	469.16		
	B				FL		553.69				Dir Dep	469.16		
Totals											55.50	564.99	Totals	11.30

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	17203		
82906	REG	10.18	54.50	554.81	FITW	S-0	543.71	40.11	403B	11.10	Type	Regular		
				5.55	MED		554.81	8.04			Chk Date	10/2/2020		
					SS		554.81	34.40			Net	461.16		
	B				FL		543.71				Dir Dep	461.16		
Totals											54.50	554.81	Totals	11.10

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	17514		
82906	REG	10.18	51.25	521.73	FITW	S-0	511.30	36.51	403B	10.43	Type	Regular		
				5.22	MED		521.73	7.57			Chk Date	10/16/2020		
					SS		521.73	32.35			Net	434.87		
	B				FL		511.30				Dir Dep	434.87		
Totals											51.25	521.73	Totals	10.43



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	17820				
82906	REG	10.18	53.50	544.63	FITW	S-0	533.74	38.91	403B	10.89	Type	Regular				
	403ER			5.45	MED		544.63	7.90			Chk Date	10/30/2020				
	B				SS		533.74	33.77			Net	453.16				
					FL						Dir Dep	453.16				
Totals											53.50	544.63	Totals	80.58	Totals	10.89

Totals for Expense: 5524-DRIVERS SALARIES

Employees	I Code	Hours	Amount	Code	Taxable	Amount	Code	Amount	Chk/Vchr						
Female	0 REG	661.50	6,729.28	FITW	6,594.69	456.11	403B	134.59	0 Checks						
Male	1 403ER		67.30	MED	6,729.28	97.58			14 Vouchers						
				SS	6,729.28	417.23			Net 5,623.77						
				FL	6,594.69				Dir Dep 5,623.77						
Totals										661.50	6,729.28	Totals	970.92	Totals	134.59

Report Totals

Employees	I Code	Hours	Amount	Code	Taxable	Amount	Code	Amount	Chk/Vchr						
Female	0 REG	661.50	6,729.28	FITW	6,594.69	456.11	403B	134.59	0 Checks						
Male	1 403ER		67.30	MED	6,729.28	97.58			14 Vouchers						
				SS	6,729.28	417.23			Net 5,623.77						
				FL	6,594.69				Dir Dep 5,623.77						
Totals										661.50	6,729.28	Totals	970.92	Totals	134.59



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Report Parameters

Employee ID: 95482

Process Date Range: 05/01/2020-01 to 10/30/2020-01

Sort Order: N/A

Show Employees: Y

Show Department: N

Show Expense: Y

Expense: 5524-DRIVERS SALARIES

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr
95482	REG	10.00	18.50	185.00	FITW	S-0	185.00				14605
					MED		185.00	2.68			Regular
					SS		185.00	11.48			6/12/2020
					FL		185.00				Net
											Dir Dep
											170.84
											170.84
Totals				18.50	185.00	Totals		14.16	Totals		

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr
95482	REG	10.00	45.00	450.00	FITW	S-0	450.00				14930
					MED		450.00	6.53			Regular
					SS		450.00	27.89			6/26/2020
					FL		450.00				Net
											Dir Dep
											415.58
											415.58
Totals				45.00	450.00	Totals		34.42	Totals		

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr
95482	REG	10.00	44.00	440.00	FITW	S-0	440.00				15264
					MED		440.00	6.38			Regular
					SS		440.00	27.29			7/10/2020
					FL		440.00				Net
											Dir Dep
											406.33
											406.33
Totals				44.00	440.00	Totals		33.67	Totals		



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vehr
95482	REG	10.00	38.25	382.50	FITW	S-0	382.50	382.50	5.55	382.50	Regular
					MED				23.70		7/24/2020
					SS						353.25
					FL						353.25
											Dir Dep

Totals 38.25 382.50 29.25

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vehr
95482	REG	10.00	39.75	397.50	FITW	S-0	397.50	397.50	5.76	397.50	Regular
					MED				24.65		8/7/2020
					SS						367.09
					FL						367.09
											Dir Dep

Totals 39.75 397.50 30.41

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vehr
95482	REG	10.00	34.50	345.00	FITW	S-0	345.00	345.00	5.00	345.00	Regular
					MED				21.40		8/21/2020
					SS						318.60
					FL						318.60
											Dir Dep

Totals 34.50 345.00 26.40

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vehr
95482	REG	10.00	10.00	100.00	FITW	S-0	100.00	100.00	1.45	100.00	Regular
					MED				6.19		9/4/2020
					SS						92.36
					FL						92.36
											Dir Dep

Totals 10.00 100.00 7.64

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vehr
95482	REG	10.00	21.50	215.00	FITW	S-0	215.00	215.00	3.12	215.00	Regular
					MED				13.34		9/18/2020
					SS						198.54
					FL						198.54
											Dir Dep

Totals 21.50 215.00 16.46



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Emp Id	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Vchr	17202
95482	REG	38.75	10.00	387.50	FITW	S-0	387.50	387.50	5.62	Type	Regular
	10.00				MED		387.50		24.01	Chk Date	10/2/2020
	B				SS		387.50			Net	357.87
					FL		387.50			Dir Dep	357.87
				387.50	Totals		29.63	Totals			

Emp Id	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Vchr	17513
95482	REG	34.50	10.00	345.00	FITW	S-0	345.00	345.00	5.00	Type	Regular
	10.00				MED		345.00		21.40	Chk Date	10/16/2020
	B				SS		345.00			Net	318.60
					FL		345.00			Dir Dep	318.60
				345.00	Totals		26.40	Totals			

Emp Id	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Vchr	17819
95482	REG	34.00	10.00	340.00	FITW	S-0	340.00	340.00	4.93	Type	Regular
	10.00				MED		340.00		21.08	Chk Date	10/30/2020
	B				SS		340.00			Net	313.99
					FL		340.00			Dir Dep	313.99
				340.00	Totals		26.01	Totals			

Totals for Expense: 5524-DRIVERS SALARIES

Employees	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Vchr	11
Female	0				FITW		3,587.50	3,587.50		Checks	0
Male	1	338.75			MED		3,587.50		52.02	Vouchers	11
					SS		3,587.50		222.43	Net	3,313.05
					FL		3,587.50			Dir Dep	3,313.05
				3,587.50	Totals		274.45	Totals			

Report Totals

Employees	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Vchr	11
Female	0				FITW		3,587.50	3,587.50		Checks	0
Male	1	338.75			MED		3,587.50		52.02	Vouchers	11
					SS		3,587.50		222.43	Net	3,313.05
					FL		3,587.50			Dir Dep	3,313.05
				3,587.50	Totals		274.45	Totals			



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Payroll Register
PARCINC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Report Parameters

Employee ID: 17148

Process Date Range: 05/01/2020-01 to 10/30/2020-01

Sort Order: N/A

Show Employees: Y

Show Department: N

Show Expense: Y

Expense: 5524-DRIVERS SALARIES

Womack, Laketta	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	13701			
Emp Id	17148 REG	4.50	10.00	45.00	FITW	H-0	45.00				Type	Regular			
Rate	10.00				MED		45.00		0.65		Chk Date	5/1/2020			
Freq	B				SS		45.00		2.79		Net	41.56			
					FL		45.00				Dir Dep	41.56			
Totals											4.50	45.00	Totals	3.44	Totals

Womack, Laketta	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	14001			
Emp Id	17148 REG	23.25	10.00	232.50	FITW	H-0	232.50				Type	Regular			
Rate	10.00				MED		232.50		3.37		Chk Date	5/15/2020			
Freq	B				SS		232.50		14.41		Net	214.72			
					FL		232.50				Dir Dep	214.72			
Totals											23.25	232.50	Totals	17.78	Totals

Womack, Laketta	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	14302			
Emp Id	17148 REG	12.75	10.00	127.50	FITW	H-0	127.50				Type	Regular			
Rate	10.00				MED		127.50		1.85		Chk Date	5/29/2020			
Freq	B				SS		127.50		7.91		Net	117.74			
					FL		127.50				Dir Dep	117.74			
Totals											12.75	127.50	Totals	9.76	Totals



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Womack, Laketta	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Veir	14609
Emp Id	17148 REG	17.00	10.00	170.00	FTW	H-0	170.00	170.00	2.47	Type	Regular
Rate	10.00				MED		170.00		10.54	Chk Date	6/12/2020
Freq	B				SS		170.00			Net	156.99
					FL		170.00			Dir Dep	156.99

Totals 17.00 170.00 13.01

Totals 17.00 170.00

Womack, Laketta	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Veir	14934
Emp Id	17148 REG	27.75	10.00	277.50	FTW	H-0	277.50	277.50	4.02	Type	Regular
Rate	10.00				MED		277.50		17.20	Chk Date	6/26/2020
Freq	B				SS		277.50			Net	256.28
					FL		277.50			Dir Dep	256.28

Totals 27.75 277.50 21.22

Totals 27.75 277.50

Womack, Laketta	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Veir	15268
Emp Id	17148 REG	4.50	10.00	45.00	FTW	H-0	45.00	45.00	0.65	Type	Regular
Rate	10.00				MED		45.00		2.80	Chk Date	7/10/2020
Freq	B				SS		45.00			Net	41.55
					FL		45.00			Dir Dep	41.55

Totals 4.50 45.00 3.45

Totals 4.50 45.00

Totals for Expense: 5524-DRIVERS SALARIES

Employees	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Veir	6
Female	1 REG	89.75		897.50	FTW		897.50	897.50	13.01	Chk/Veir	6
Male	0				MED		897.50		55.65	Vouchers	6
					SS		897.50			Net	828.84
					FL		897.50			Dir Dep	828.84

Totals 89.75 897.50 68.66

Totals 89.75 897.50

Report Totals

Employees	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Veir	6
Female	1 REG	89.75		897.50	FTW		897.50	897.50	13.01	Chk/Veir	6
Male	0				MED		897.50		55.65	Vouchers	6
					SS		897.50			Net	828.84
					FL		897.50			Dir Dep	828.84

Totals 89.75 897.50 68.66

Totals 89.75 897.50



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Report Parameters

Employee ID: 25518

Process Date Range: 05/01/2020-01 to 10/30/2020-01

Sort Order: N/A

Show Employees: Y

Show Department: N

Show Expense: Y

Expenses: 5524-DRIVERS SALARIES

Emp Id	Rate	Hours	Code	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	14601	
25518	10.00	23.00	REG	230.00	FITW	M-2	200.00	3.34	403B	30.00	Type	Regular	
							230.00	14.26			Chk Date	6/12/2020	
			B		FL		200.00				Dir Dep	182.40	
Totals											17.60	Totals	30.00

Emp Id	Rate	Hours	Code	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	14926	
25518	10.00	37.75	REG	377.50	FITW	M-2	347.50	5.47	403B	30.00	Type	Regular	
							377.50	23.40			Chk Date	6/26/2020	
			B		FL		347.50				Dir Dep	318.63	
Totals											28.87	Totals	30.00

Emp Id	Rate	Hours	Code	Amount	Code	Status	Taxable	Amount	Code	Amount	Vch	15260	
25518	10.00	36.50	REG	365.00	FITW	M-2	335.00	5.29	403B	30.00	Type	Regular	
							365.00	22.64			Chk Date	7/10/2020	
			B		FL		335.00				Dir Dep	307.07	
Totals											27.93	Totals	30.00



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	Vchr	
25518	REG	10.00	38.25	382.50	FITW	M-2	352.50	30.00	403B	30.00	Type	15601	
					MED		382.50	5.55			Chk Date	Regular	
					SS		382.50	23.70			Net	7/24/2020	
					FL		352.50				Dir Dep	323.25	
												323.25	
Totals											382.50	Totals	30.00

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	Vchr	
25518	REG	10.00	32.00	320.00	FITW	M-2	290.00	30.00	403B	30.00	Type	15929	
					MED		320.00	4.64			Chk Date	Regular	
					SS		320.00	19.85			Net	8/7/2020	
					FL		290.00				Dir Dep	265.51	
												265.51	
Totals											320.00	Totals	30.00

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	Vchr	
25518	REG	10.00	28.50	285.00	FITW	M-2	255.00	30.00	403B	30.00	Type	16249	
					MED		285.00	4.13			Chk Date	Regular	
					SS		285.00	17.67			Net	8/21/2020	
					FL		255.00				Dir Dep	233.20	
												233.20	
Totals											285.00	Totals	30.00

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	Vchr	
25518	REG	10.00	5.50	55.00	FITW	M-2	25.00	30.00	403B	30.00	Type	16570	
					MED		55.00	0.80			Chk Date	Regular	
					SS		55.00	3.41			Net	9/4/2020	
					FL		25.00				Dir Dep	20.79	
												20.79	
Totals											55.00	Totals	30.00

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	Vchr	
25518	REG	10.00	24.75	247.50	FITW	M-2	217.50	30.00	403B	30.00	Type	16890	
					MED		247.50	3.59			Chk Date	Regular	
					SS		247.50	15.34			Net	9/18/2020	
					FL		217.50				Dir Dep	198.57	
												198.57	
Totals											247.50	Totals	30.00



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Report Parameters

Employee ID: 9742
 Process Date Range: 05/01/2020-01 to 10/30/2020-01
 Sort Order: N/A
 Show Employees: Y
 Show Department: N
 Show Expense: Y

552-L-DRIVERS SALARIES

Expense:	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchir
Young, William	9742 REG	10.00	15.75	157.50	FITW	M-2	154.35	2.28	403B	3.15	14610 Regular
Rate	10.00				MED		157.50	9.77			6/12/2020
Freq	B				SS		154.35				142.30
					FL						142.30
Totals			15.75	157.50	Totals		12.05		Totals	3.15	

Expense:	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchir
Young, William	9742 REG	10.00	28.25	282.50	FITW	M-2	276.85	4.10	403B	5.65	14935 Regular
Rate	10.00				MED		282.50	17.51			6/26/2020
Freq	B				SS		276.85				255.24
					FL						255.24
Totals			28.25	282.50	Totals		21.61		Totals	5.65	

Expense:	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchir
Young, William	9742 REG	10.00	30.75	307.50	FITW	M-2	301.35	4.46	403B	6.15	15269 Regular
Rate	10.00				MED		307.50	19.07			7/10/2020
Freq	B				SS		301.35				277.82
					FL						277.82
Totals			30.75	307.50	Totals		23.53		Totals	6.15	



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Young, William	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	15609
Emp Id	9742 REG	30.00	10.00	300.00	FITW	M-2	294.00	4.35	403B	6.00	Type	Regular
Rate	10.00				MED		300.00	18.60			Chk Date	7/24/2020
Freq	B				SS		300.00				Net	271.05
					FL		294.00				Dir Dep	271.05
Totals		30.00		300.00	Totals		22.95		Totals	6.00		

Young, William	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	15937
Emp Id	9742 REG	29.25	10.00	292.50	FITW	M-2	286.65	4.24	403B	5.85	Type	Regular
Rate	10.00				MED		292.50	18.13			Chk Date	8/7/2020
Freq	B				SS		292.50				Net	264.28
					FL		286.65				Dir Dep	264.28
Totals		29.25		292.50	Totals		22.37		Totals	5.85		

Young, William	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	16258
Emp Id	9742 REG	33.00	10.00	330.00	FITW	M-2	323.40	4.79	403B	6.60	Type	Regular
Rate	10.00				MED		330.00	20.47			Chk Date	8/21/2020
Freq	B				SS		330.00				Net	298.14
					FL		323.40				Dir Dep	298.14
Totals		33.00		330.00	Totals		25.26		Totals	6.60		

Young, William	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	16578
Emp Id	9742 REG	8.00	10.00	80.00	FITW	M-2	78.40	1.16	403B	1.60	Type	Regular
Rate	10.00				MED		80.00	4.95			Chk Date	9/4/2020
Freq	B				SS		80.00				Net	72.29
					FL		78.40				Dir Dep	72.29
Totals		8.00		80.00	Totals		6.11		Totals	1.60		

Young, William	Code	Hours	Rate	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	16898
Emp Id	9742 REG	25.75	10.00	257.50	FITW	M-2	252.35	3.73	403B	5.15	Type	Regular
Rate	10.00				MED		257.50	15.97			Chk Date	9/18/2020
Freq	B				SS		257.50				Net	232.65
					FL		252.35				Dir Dep	232.65
Totals		25.75		257.50	Totals		19.70		Totals	5.15		



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Young, William	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	17206
Emp Id	9742 REG	10.00	42.50	425.00	FITW	M-2	416.50	6.16	403B	8.50	Type	Regular
Rate	10.00				MED		425.00	26.35			Chk Date	10/2/2020
Freq	B				SS		416.50				Net	383.99
					FL						Dir Dep	383.99
Totals			42.50	425.00	Totals			32.51	Totals	8.50		

Young, William	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	17517
Emp Id	9742 REG	10.00	34.00	340.00	FITW	M-2	333.20	4.93	403B	6.80	Type	Regular
Rate	10.00				MED		340.00	21.08			Chk Date	10/16/2020
Freq	B				SS		340.00				Net	307.19
					FL		333.20				Dir Dep	307.19
Totals			34.00	340.00	Totals			26.01	Totals	6.80		

Young, William	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	17823
Emp Id	9742 REG	10.00	29.75	297.50	FITW	M-2	291.55	4.31	403B	5.95	Type	Regular
Rate	10.00				MED		297.50	18.44			Chk Date	10/30/2020
Freq	B				SS		297.50				Net	268.80
					FL		291.55				Dir Dep	268.80
Totals			29.75	297.50	Totals			22.75	Totals	5.95		

Totals for Expense: 5524-DRIVERS SALARIES

Employees	I Code	Hours	Amount	Code	Taxable	Amount	Code	Amount	Code	Amount	Chk/Vchr	11
Female	0 REG	307.00	3,070.00	FITW	3,008.60	61.40	403B	61.40			Checks	0
Male	1			MED	3,070.00	44.51					Vouchers	11
				SS	3,070.00	190.34					Net	2,773.75
				FL	3,008.60						Dir Dep	2,773.75
Totals		307.00	3,070.00	Totals		234.85	Totals	61.40			Chk	0.00

Report Totals

Employees	I Code	Hours	Amount	Code	Taxable	Amount	Code	Amount	Code	Amount	Chk/Vchr	11
Female	0 REG	307.00	3,070.00	FITW	3,008.60	61.40	403B	61.40			Checks	0
Male	1			MED	3,070.00	44.51					Vouchers	11
				SS	3,070.00	190.34					Net	2,773.75
				FL	3,008.60						Dir Dep	2,773.75
Totals		307.00	3,070.00	Totals		234.85	Totals	61.40			Chk	0.00



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Report Parameters

Employee ID: 45805

Process Date Range: 05/01/2020-01 to 10/30/2020-01

Sort Order: N/A

Show Employees: Y

Show Department: N

Show Expense: Y

Expense: 5524-DRIVERS SALARIES

Emp Id	Rate	Hours	Code	Amount	Code	Status	Taxable	Amount	Code	Amount	Vehr	13695		
45805	10.00	4.00	REG	40.00	FTW	M-2	39.20	0.80	403B	0.80	Type	Regular		
					MED		40.00	0.58			Chk Date	5/11/2020		
					SS		40.00	2.48			Net	36.14		
					FL		39.20				Dir Dep	36.14		
Totals											4.00	40.00	Totals	0.80

Emp Id	Rate	Hours	Code	Amount	Code	Status	Taxable	Amount	Code	Amount	Vehr	13995		
45805	10.00	17.50	REG	175.00	FTW	M-2	171.50	3.50	403B	3.50	Type	Regular		
					MED		175.00	2.54			Chk Date	5/15/2020		
					SS		175.00	10.85			Net	158.11		
					FL		171.50				Dir Dep	158.11		
Totals											17.50	175.00	Totals	3.50

Emp Id	Rate	Hours	Code	Amount	Code	Status	Taxable	Amount	Code	Amount	Vehr	14296		
45805	10.00	7.00	REG	70.00	FTW	M-2	68.60	1.40	403B	1.40	Type	Regular		
					MED		70.00	1.02			Chk Date	5/29/2020		
					SS		70.00	4.34			Net	63.24		
					FL		68.60				Dir Dep	63.24		
Totals											7.00	70.00	Totals	1.40



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	14602					
45805	REG	10.00	20.75	207.50	FTW	M-2	203.35	3.01	403B	4.15	Type	Regular					
					MED		207.50	12.86			Chk Date	6/12/2020					
					SS		207.50				Net	187.48					
					FL		203.35				Dir Dep	187.48					
Totals											20.75	207.50	Totals	4.15	15.87	Totals	

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	14927					
45805	REG	10.00	27.00	270.00	FTW	M-2	264.60	3.92	403B	5.40	Type	Regular					
					MED		270.00	16.75			Chk Date	6/26/2020					
					SS		270.00				Net	243.93					
					FL		264.60				Dir Dep	243.93					
Totals											27.00	270.00	Totals	5.40	20.67	Totals	

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	15261					
45805	REG	10.00	34.00	340.00	FTW	M-2	333.20	4.93	403B	6.80	Type	Regular					
					MED		340.00	21.07			Chk Date	7/10/2020					
					SS		340.00				Net	307.20					
					FL		333.20				Dir Dep	307.20					
Totals											34.00	340.00	Totals	6.80	26.00	Totals	

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	15602					
45805	REG	10.00	31.75	317.50	FTW	M-2	311.15	4.60	403B	6.35	Type	Regular					
					MED		317.50	19.69			Chk Date	7/24/2020					
					SS		317.50				Net	286.86					
					FL		311.15				Dir Dep	286.86					
Totals											31.75	317.50	Totals	6.35	24.29	Totals	

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	15930					
45805	REG	10.00	14.75	147.50	FTW	M-2	144.55	2.14	403B	2.95	Type	Regular					
					MED		147.50	9.14			Chk Date	8/7/2020					
					SS		147.50				Net	133.27					
					FL		144.55				Dir Dep	133.27					
Totals											14.75	147.50	Totals	2.95	11.28	Totals	



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	16250				
45805	REG	10.00	30.50	305.00	FTW	M-2	298.90	6.10	403B	6.10	Regular	8/21/2020				
					MED		305.00			4.42	Chk Date	275.56				
					SS		305.00			18.92	Net	275.56				
					FL		298.90				Dir Dep	275.56				
Totals											305.00	Totals	6.10	23.34	Totals	

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	16571				
45805	REG	10.00	8.00	80.00	FTW	M-2	78.40	1.60	403B	1.60	Regular	9/4/2020				
					MED		80.00			1.16	Chk Date	72.29				
					SS		80.00			4.95	Net	72.29				
					FL		78.40				Dir Dep	72.29				
Totals											80.00	Totals	1.60	6.11	Totals	

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	16891				
45805	REG	10.00	23.75	237.50	FTW	M-2	232.75	4.75	403B	4.75	Regular	9/18/2020				
					MED		237.50			3.44	Chk Date	214.58				
					SS		237.50			14.73	Net	214.58				
					FL		232.75				Dir Dep	214.58				
Totals											237.50	Totals	4.75	18.17	Totals	

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	17199				
45805	REG	10.00	37.50	375.00	FTW	M-2	367.50	7.50	403B	7.50	Regular	10/2/2020				
					MED		375.00			5.44	Chk Date	338.81				
					SS		375.00			23.25	Net	338.81				
					FL		367.50				Dir Dep	338.81				
Totals											375.00	Totals	7.50	28.69	Totals	

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	17510				
45805	REG	10.00	37.50	375.00	FTW	M-2	367.50	7.50	403B	7.50	Regular	10/16/2020				
					MED		375.00			5.44	Chk Date	338.81				
					SS		375.00			23.25	Net	338.81				
					FL		367.50				Dir Dep	338.81				
Totals											375.00	Totals	7.50	28.69	Totals	



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Payroll Register
PARC INC (47181)

Check Dates: 05/01/2020 to 10/30/2020
 Processes: 2020050101 - 2020103001
 Pay Periods: 04/09/2020 to 10/21/2020

Emp Id	Code	Rate	Hours	Amount	Code	Status	Taxable	Amount	Code	Amount	Vchr	17816		
45805	REG	10.00	26.25	262.50	FITW	M-2	257.25	5.25	403B	5.25	Type	Regular		
	403ER			2.63	MED		262.50	3.81		3.81	Chk Date	10/30/2020		
	B				SS		262.50	16.27		16.27	Net	237.17		
					FL		257.25				Dir Dep	237.17		
Totals											26.25	20.08	20.08	5.25

Totals for Expense: 5524-DRIVERS SALARIES

Employees	1	Code	Hours	Amount	Code	Taxable	Amount	Code	Amount	Chk/Vchr	14					
Female	0	REG	320.25	3,202.50	FITW	3,138.45	64.05	403B	64.05	Checks	0					
Male	1	403ER		6.38	MED	3,202.50	46.45		46.45	Vouchers	14					
					SS	3,202.50	198.55		198.55	Net	2,893.45					
					FL	3,138.45				Dir Dep	2,893.45					
Totals											320.25	3,202.50	245.00	245.00	64.05	0.00

Report Totals

Employees	1	Code	Hours	Amount	Code	Taxable	Amount	Code	Amount	Chk/Vchr	14					
Female	0	REG	320.25	3,202.50	FITW	3,138.45	64.05	403B	64.05	Checks	0					
Male	1	403ER		6.38	MED	3,202.50	46.45		46.45	Vouchers	14					
					SS	3,202.50	198.55		198.55	Net	2,893.45					
					FL	3,138.45				Dir Dep	2,893.45					
Totals											320.25	3,202.50	245.00	245.00	64.05	0.00



Paylocity Corporation
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Job Description



Employee Name: Maureen Mingst	Job Title: Virtual Arts Director
Department: ADT 8025-748	Date: April 8, 2020
Non-Exempt, Full-Time	
Position Summary:	
Job Duties:	
<ul style="list-style-type: none">• Create and teach online virtual arts instruction to persons with developmental disabilities who participate in the PARC Life Skills Development program in the areas of fine arts, music, theater, and dance movement.• Record, review, and upload virtual learning classes to designated website(s). Provide web-link for each class to the Director of Adult Community Programs.• Provide support and distribute supplies for each instructional class to the Adult Day Training Supervisors.• Other duties, as assigned by direct Supervisor.	
Required Knowledge, Skills and Abilities	
<ul style="list-style-type: none">• At a minimum, Bachelor's Degree with professional experience in multidisciplinary arts and/or extensive professional arts experience as an administrator, management and/or educator.• Excellent communication and presentation skills, both verbal and written• Ability to work an irregular schedule; ability to work during office hours, evenings and weekends as needed• Ability to provide own transportation• Possess computer skills, including with the use of all PARC standardized software, applications and hardware	
Preferred Qualifications:	
<ul style="list-style-type: none">• Artist in one or more art disciplines• Experience in working with individuals with developmental disabilities.	

Job Description



Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- While performing the duties of this job, the employee is regularly required to see, talk and hear. The employee frequently is required to sit and use hands along with fingers, to handle or feel. The employee is occasionally required to stand, walk, reach with hands and arms, climb or balance, and stoop, kneel, crouch or crawl.
- Lift a minimum of 50 pounds from the floor to a waist-high table when necessary.
- Be physically, visually and auditory aware of the cognitive, social and physical needs of clients.
- Communicate verbally and in writing in English to the degree that a client, parents and other staff members can understand and respond.

Work Environment

- The work environment characteristics described here are representative of those encountered while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
- While performing the duties of this job, the employee is occasionally exposed to moving mechanical parts and vehicles. The noise level in the work environment is usually moderate.
- This job description is intended to convey information essential to understanding the scope of the position and is not an exhaustive list of skills, efforts, duties, responsibilities or working conditions associated with it.

Reports To: Brian Rothey

Directly/Indirectly Supervises: 1

Approvals:

Employee

Supervisor/ Dept. Head

Human Resources

PARC INC
 3190 Tyrone Blvd N
 St Petersburg, FL 33710



Direct Deposit Advice

Check Date
 June 12, 2020

Voucher Number
 14664

Direct Deposits	Type	Account	Amount
Wells Fargo	C	[REDACTED]	1,681.62
Total Direct Deposits			1,681.62

47181 8025-748-5500 2788 14664 16778 47181
 Maureen Mingst
 Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	2,009.51	Check Date	June 12, 2020	Voucher Number	14664
Location	8025-748-5500	Fed Filing Status	M-0	Period Beginning	May 21, 2020	Net Pay	1,681.62
Hourly	\$23.98	State Filing Status		Period Ending	June 3, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	20.51	227.27
Holiday	25.00	8.00	200.00	967.36
PTO	25.00	16.00	400.00	2,575.52
Regular	23.98	24.00	575.52	16,851.72
Regular	25.00	35.00	875.00	
Sick				2,334.72
Gross Earnings		83.00	2,050.52	22,729.32

Deductions	Amount	YTD
403B	41.01	454.60
Deductions	41.01	454.60
Direct Deposits	Type Account	Amount
Wells Fargo	C [REDACTED]	1,681.62
Total Direct Deposits		1,681.62

Taxes	Amount	YTD
FITW	171.03	1,831.58
FL	0.00	0.00
MED	29.73	329.57
SS	127.13	1,409.22
Taxes	327.89	3,570.37

Time Off	Available	Plan Year To Use	Used
FLOATIN	0.00		24.00
PTO -	84.91		104.00
SICK	152.33		144.00

PARC INC
3190 Tyrone Blvd N
St Petersburg, FL 33710



Direct Deposit Advice

Check Date
June 26, 2020

Voucher Number
14998

Direct Deposits	Type	Account	Amount
DIRECT DEPOSIT VOUCHER	Wells Fargo C	[REDACTED]	1,276.26
Total Direct Deposits			1,276.26

47181 8025-748-5500 2788 14998 17150 47181
Maureen Mینگst
Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mینگst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	1,504.03	Check Date	June 26, 2020	Voucher Number	14998
Location	8025-748-5500	Fed Filing Status	M-0	Period Beginning	June 4, 2020	Net Pay	1,276.26
Hourly	\$23.98	State Filing Status		Period Ending	June 17, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	15.35	242.62
Holiday				967.36
PTO				2,575.52
Regular	23.98	64.00	1,534.72	18,386.44
Sick				2,334.72
Gross Earnings		64.00	1,534.72	24,264.04
Taxes			Amount	YTD
FITW			110.37	1,941.95
FL			0.00	0.00
MED			22.25	351.82
SS			95.15	1,504.37
Taxes			227.77	3,798.14

Deductions	Amount	YTD		
403B	30.69	485.29		
Deductions	30.69	485.29		
Direct Deposits	Type	Account	Amount	
Wells Fargo	C	[REDACTED]	1,276.26	
Total Direct Deposits			1,276.26	
Time Off	Available	Plan Year	To Use	Used
FLOATIN	0.00	24.00		
PTO -	89.34	104.00		
SICK	153.93	144.00		

PARC INC
 3190 Tyrone Blvd N
 St Petersburg, FL 33710



Direct Deposit Advice

Check Date
 July 10, 2020

Voucher Number
 15336

Direct Deposits	Type	Account	Amount
DIRECT DEPOSIT VOUCHER	Wells Fargo	C [REDACTED]	1,276.26
Total Direct Deposits			1,276.26

47181 802500-5500 2788, 15336 17529 - 47181
 Maureen Mingst
 Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	1,504.03	Check Date	July 10, 2020	Voucher Number	15336
Location	802500-5500	Fed Filing Status	M-0	Period Beginning	June 18, 2020	Net Pay	1,276.26
Hourly	\$23.98	State Filing Status		Period Ending	July 1, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	15.35	257.97
Holiday				967.36
PTO	23.98	24.00	575.52	3,151.04
Regular	23.98	40.00	959.20	19,345.64
Sick				2,334.72
Gross Earnings		64.00	1,534.72	25,798.76

Deductions	Amount	YTD	
403B	30.69	515.98	
Deductions	30.69	515.98	
Direct Deposits	Type	Account	Amount
Wells Fargo	C	[REDACTED]	1,276.26
Total Direct Deposits			1,276.26

Taxes	Amount	YTD
FITW	110.37	2,052.32
FL	0.00	0.00
MED	22.25	374.07
SS	95.15	1,599.52
Taxes	227.77	4,025.91

Time Off	Available Plan Year	
	To Use	Used
FLOATIN	0.00	24.00
PTO -	69.77	128.00
SICK	155.53	144.00

PARC INC
 3190 Tyrone Blvd N
 St Petersburg, FL 33710



Direct Deposit Advice

Check Date
 July 24, 2020

Voucher Number
 15677

DIRECT DEPOSIT VOUCHER	Direct Deposits Type	Account	Amount
	Wells Fargo C	[REDACTED]	1,276.26
	Total Direct Deposits		1,276.26

47181 802500-5500 2788 15677 17905 47181
 Maureen Mingst
 Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	1,504.03	Check Date	July 24, 2020	Voucher Number	15677
Location	802500-5500	Fed Filing Status	M-0	Period Beginning	July 2, 2020	Net Pay	1,276.26
Hourly	\$23.98	State Filing Status		Period Ending	July 15, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	15.35	273.32
Holiday				967.36
PTO	23.98	48.00	1,151.04	4,302.08
Regular	23.98	16.00	383.68	19,729.32
Sick				2,334.72
Gross Earnings		64.00	1,534.72	27,333.48

Deductions	Amount	YTD
403B	30.69	546.67
Deductions	30.69	546.67
Direct Deposits	Type Account	Amount
Wells Fargo	C [REDACTED]	1,276.26
Total Direct Deposits		1,276.26

Taxes	Amount	YTD
FITW	110.37	2,162.69
FL	0.00	0.00
MED	22.25	396.32
SS	95.15	1,694.67
Taxes	227.77	4,253.68

Time Off	Available	Plan Year To Use	Used
FLOATIN	0.00		24.00
PTO -	26.20		176.00
SICK	157.13		144.00

PARC INC
 3190 Tyrone Blvd N
 St Petersburg, FL 33710



Direct Deposit Advice

Check Date
 August 21, 2020

Voucher Number
 16322

Direct Deposits	Type	Account	Amount
DIRECT DEPOSIT VOUCHER	Wells Fargo C	[REDACTED]	1,276.25
Total Direct Deposits			1,276.25

47181 802500-5500 2788, 16322 18624 47181
 Maureen Mingst
 Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	1,504.03	Check Date	August 21, 2020	Voucher Number	16322
Location	802500-5500	Fed Filing Status	M-0	Period Beginning	July 30, 2020	Net Pay	1,276.25
Hourly	\$23.98	State Filing Status		Period Ending	August 12, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	15.35	304.02
Holiday				967.36
PTO				4,302.08
Regular	23.98	64.00	1,534.72	22,798.76
Sick				2,334.72
Gross Earnings		64.00	1,534.72	30,402.92

Deductions	Amount	YTD
403B	30.69	608.05
Deductions	30.69	608.05
Direct Deposits	Type Account	Amount
Wells Fargo	C [REDACTED]	1,276.25
Total Direct Deposits		1,276.25

Taxes	Amount	YTD
FITW	110.37	2,383.43
FL	0.00	0.00
MED	22.25	440.82
SS	95.16	1,884.99
Taxes	227.78	4,709.24

Time Off	Available Plan Year	
	To Use	Used
FLOATIN	0.00	24.00
PTO -	31.74	176.00
SICK	159.13	144.00

PARC INC
 3190 Tyrone Blvd N
 St Petersburg, FL 33710

SUNTRUST BK CENTRAL
 63-215/631



Check Date
 August 21, 2020

Check Number
 4914

Payroll Check

Pay this amount: One thousand two hundred seventy-six dollars and twenty-five cents ****

\$ ** 1,276.25

To the order of 47181 802500-5500 2788 4914 18623 47181
 Maureen Mingst

Non Negotiable - This is not a check - Non Negotiable

Authorized Signature

⑈0000004914⑈ ⑆063102152⑆ 1000170208564⑈

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	██████████	Fed Taxable Income	1,504.03	Check Date	August 21, 2020	Check Number	4914
Location	802500-5500	Fed Filing Status	M-0	Period Beginning	July 16, 2020	Net Pay	1,276.25
Hourly	\$23.98	State Filing Status		Period Ending	July 29, 2020	Check Amount	1,276.25

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	15.35	304.02
Holiday				967.36
PTO				4,302.08
Regular	23.98	64.00	1,534.72	22,798.76
Sick				2,334.72
Gross Earnings		64.00	1,534.72	30,402.92

Deductions	Amount	YTD
403B	30.69	608.05
Deductions	30.69	608.05

Direct Deposits	Type Account	Amount
No Direct Deposits		

Taxes	Amount	YTD
FITW	110.37	2,383.43
FL	0.00	0.00
MED	22.25	440.82
SS	95.16	1,884.99
Taxes	227.78	4,709.24

Time Off	Available	Plan Year
	To Use	Used
FLOATIN	0.00	24.00
PTO -	31.74	176.00
SICK	159.13	144.00

PARC INC
 3190 Tyrone Blvd N
 St Petersburg, FL 33710



Direct Deposit Advice

Check Date
 September 4, 2020

Voucher Number
 16643

Direct Deposits	Type	Account	Amount
Wells Fargo	C	[REDACTED]	1,295.11
Total Direct Deposits			1,295.11

47181 802500-5500 2788 16643 18982 47181
 Non Negotiable - This is not a check - Non Negotiable
 Maureen Mingst
 [REDACTED]

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	1,527.53	Check Date	September 4, 2020	Voucher Number	16643
Location	802500-5500	Fed Filing Status	M-0	Period Beginning	August 13, 2020	Net Pay	1,295.11
Hourly	\$23.98	State Filing Status		Period Ending	August 26, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	15.59	319.61
Holiday				967.36
PTO				4,302.08
Regular	23.98	65.00	1,558.70	24,357.46
Sick				2,334.72
Gross Earnings		65.00	1,558.70	31,961.62

Deductions	Amount	YTD
403B	31.17	639.22
Deductions	31.17	639.22
Direct Deposits	Type Account	Amount
Wells Fargo	C [REDACTED]	1,295.11
Total Direct Deposits		1,295.11

Taxes	Amount	YTD
FITW	113.19	2,496.62
FL	0.00	0.00
MED	22.60	463.42
SS	96.63	1,981.62
Taxes	232.42	4,941.66

Time Off	Available	Plan Year To Use	Used
FLOATIN	0.00	24.00	
PTO -	36.24	176.00	
SICK	160.76	144.00	

PARC INC
 3190 Tyrone Blvd N
 St Petersburg, FL 33710



Direct Deposit Advice

Check Date
 September 18, 2020

Voucher Number
 16957

Direct Deposits	Type	Account	Amount
DIRECT DEPOSIT VOUCHER	Wells Fargo C	[REDACTED]	1,323.37
Total Direct Deposits			1,323.37

47181 802500-5500 2788.16957 19324 47181
 Maureen Mingst
 Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	1,562.78	Check Date	September 18, 2020	Voucher Number	16957
Location	802500-5500	Fed Filing Status	M-0	Period Beginning	August 27, 2020	Net Pay	1,323.37
Hourly	\$23.98	State Filing Status		Period Ending	September 9, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	15.95	335.56
Holiday	23.98	8.00	191.84	1,159.20
PTO				4,302.08
Regular	23.98	58.50	1,402.83	25,760.29
Sick				2,334.72
Gross Earnings		66.50	1,594.67	33,556.29

Deductions	Amount	YTD
403B	31.89	671.11
Deductions	31.89	671.11
Direct Deposits	Type Account	Amount
Wells Fargo	C [REDACTED]	1,323.37
Total Direct Deposits		1,323.37

Taxes	Amount	YTD
FITW	117.42	2,614.04
FL	0.00	0.00
MED	23.12	486.54
SS	98.87	2,080.49
Taxes	239.41	5,181.07

Time Off	Available Plan Year	
	To Use	Used
FLOATIN	0.00	24.00
PTO -	40.85	176.00
SICK	162.42	144.00

PARC INC
 3190 Tyrone Blvd N
 St Petersburg, FL 33710



Direct Deposit Advice

Check Date
 October 2, 2020

Voucher Number
 17265

Direct Deposits	Type	Account	Amount
Wells Fargo	C	[REDACTED]	1,295.10
Total Direct Deposits			1,295.10

47181 802500-5500 2788, 17265 19661 47181
 Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	1,527.53	Check Date	October 2, 2020	Voucher Number	17265
Location	802500-5500	Fed Filing Status	M-0	Period Beginning	September 10, 2020	Net Pay	1,295.10
Hourly	\$23.98	State Filing Status		Period Ending	September 23, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	15.59	351.15
Holiday				1,159.20
PTO				4,302.08
Regular	23.98	65.00	1,558.70	27,318.99
Sick				2,334.72
Gross Earnings		65.00	1,558.70	35,114.99

Deductions	Amount	YTD
403B	31.17	702.28
Deductions	31.17	702.28
Direct Deposits	Type Account	Amount
Wells Fargo	C [REDACTED]	1,295.10
Total Direct Deposits		1,295.10

Taxes	Amount	YTD
FITW	113.19	2,727.23
FL	0.00	0.00
MED	22.60	509.14
SS	96.64	2,177.13
Taxes	232.43	5,413.50

Time Off	Available	Plan Year To Use	Used
FLOATIN	24.00		0.00
PTO -	45.35		0.00
SICK	164.04		0.00

PARC INC
 3190 Tyrone Blvd N
 St Petersburg, FL 33710



Direct Deposit Advice

Check Date
 October 16, 2020

Voucher Number
 17572

DIRECT DEPOSIT VOUCHER	Direct Deposits Type	Account	Amount
	Wells Fargo C	[REDACTED]	1,295.10
	Total Direct Deposits		1,295.10

47181 802500-5500 2788.17572 19997 47181
 Maureen Mingst
 Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	1,527.53	Check Date	October 16, 2020	Voucher Number	17572
Location	802500-5500	Fed Filing Status	M-0	Period Beginning	September 24, 2020	Net Pay	1,295.10
Hourly	\$23.98	State Filing Status		Period Ending	October 7, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ER M		0.00	15.59	366.74
Holiday				1,159.20
PTO				4,302.08
Regular	23.98	65.00	1,558.70	28,877.69
Sick				2,334.72
Gross Earnings		65.00	1,558.70	36,673.69

Taxes	Amount	YTD
FITW	113.19	2,840.42
FL	0.00	0.00
MED	22.60	531.74
SS	96.64	2,273.77
Taxes	232.43	5,645.93

Deductions	Amount	YTD
403B	31.17	733.45
Deductions	31.17	733.45

Direct Deposits	Type	Account	Amount
Wells Fargo	C	[REDACTED]	1,295.10
Total Direct Deposits			1,295.10

Time Off	Available Plan Year	
	To Use	Used
FLOATIN	24.00	0.00
PTO -	49.85	0.00
SICK	165.67	0.00

PARC INC
3190 Tyrone Blvd N
St Petersburg, FL 33710



Direct Deposit Advice

Check Date
October 30, 2020

Voucher Number
17877

DIRECT DEPOSIT VOUCHER	Direct Deposits Type	Account	Amount
	Wells Fargo C	[REDACTED]	1,295.10
	Total Direct Deposits		1,295.10

47181 802500-5500 2788 17877 20331 47181
Maureen Mingst
Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

PARC INC

Maureen Mingst

Earnings Statement

Employee ID	[REDACTED]	Fed Taxable Income	1,527.53	Check Date	October 30, 2020	Voucher Number	17877
Location	802500-5500	Fed Filing Status	M-0	Period Beginning	October 8, 2020	Net Pay	1,295.10
Hourly	\$23.98	State Filing Status		Period Ending	October 21, 2020		

Earnings	Rate	Hours	Amount	YTD
403B ERM		0.00	15.59	382.33
Holiday				1,159.20
PTO				4,302.08
Regular	23.98	65.00	1,558.70	30,436.39
Sick				2,334.72
Gross Earnings		65.00	1,558.70	38,232.39

Taxes	Amount	YTD
FITW	113.19	2,953.61
FL	0.00	0.00
MED	22.60	554.34
SS	96.64	2,370.41
Taxes	232.43	5,878.36

Deductions	Amount	YTD
403B	31.17	764.62
Deductions	31.17	764.62

Direct Deposits	Type	Account	Amount
Wells Fargo	C	[REDACTED]	1,295.10
Total Direct Deposits			1,295.10

Time Off	Available	Plan Year To Use	Used
FLOATIN	24.00		0.00
PTO -	54.35		0.00
SICK	167.29		0.00

CURIS System
 1713 Kennedy Point
 Suite 1001
 Oviedo, FL 32765
 1 800 928 8708



Invoice

Date	Invoice #
3/10/2020	526

Bill To
PARC 3190 Tyrone Blvd. N. St. Petersburg, FL, 33710

Ship To
PARC 3190 Tyrone Blvd. N. St. Petersburg, FL 33710

P.O. Number	Terms	Ship.	Via
phone	Net 15	3/11/2020	Fedex Ground

Qty	Item Code	Description	U/M	Price Each	Amount
2	COXCS	CUROXide case(4x1gal)		216.00	432.00
2	COXSCS	CUROXide Silver Case(4x1Gallon)		216.00	432.00
	Shipping Expense	Shipping via FedEx Ground Your tracking number: 777983979396		48.96	48.96
Parc, disinfectant solution 					
				Total	\$912.96

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

PARC
3190 Tyrone Boulevard North
P.O. Box 47799
St. Petersburg, Florida 33743-7799
(727) 345-9111

SUNTRUST BANK
63-215/631

10649

Nine hundred Twelve and 96/100 Dollars

PAY TO THE ORDER OF CURIS SYSTEM 03/26/2020 10649 \$912.96

THE ORDER OF CURIS SYSTEM
1715 KENNEDY POINT SUITE 1001
MIAMI, FL 33135

Shawn Higgins

AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑆010649⑆ ⑆063102152⑆

ENDORSE CHECK HERE
X
PAY TO THE ORDER OF
WELLS FARGO BANK, N.A.
063107513
FOR DEPOSIT ONLY
CURIS SYSTEM
7788780732
DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
DEPOSITORY BANK ENDORSEMENT

- Listed below are the security features provided on this document.
- Security Features:
 - Microprint
 - Color Background
 - Watermark
 - Security Features
 - Microprint
 - Color Background



Account Statement

Deposits/ Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	04/27	2,532.00		MAIL DEPOSIT				
	04/27	7,584.46		MAIL DEPOSIT				
	04/27	8,080.10		MAIL DEPOSIT				
	04/27	40,679.84		MAIL DEPOSIT				
	04/29	1,334.00		ELECTRONIC ACH CREDIT				
	04/29	10.70		FLORIDA PAYMENTS 189510980599741				
	04/30	7,793.28		ELECTRONIC ACH CREDIT				
				SUNTRUST MERCHNT 0276188142 276188142885				
				ELECTRONIC ACH CREDIT				
				EARLY LEARNING C PAYMENTS 590791038000				
Deposits/Credits: 86				Total Items Deposited: 69				

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	163	177.88	04/03	*10654	762.16	04/06	*10735	4,000.00	04/06
	*174	156.00	04/08	10655	617.00	04/03	10736	707.00	04/23
	*10331	4,335.00	04/22	*10657	24.91	04/08	10737	101.96	04/21
	*10422	810.00	04/06	*10660	338.28	04/07	10738	1,463.50	04/07
	*10501	563.97	04/02	10661	201.20	04/06	10739	1,558.84	04/10
	*10521	85.00	04/03	10662	45.00	04/06	10740	5,666.50	04/08
	*10551	83.00	04/17	10663	3.76	04/02	10741	28.37	04/08
	*10558	3,015.49	04/14	*10666	596.37	04/01	10742	608.00	04/08
	*10583	3,000.00	04/01	*10668	827.00	04/20	10743	2,932.04	04/08
	*10590	638.94	04/02	10669	3,985.57	04/01	10744	555.01	04/15
	*10594	100.00	04/13	*10671	2,167.45	04/06	10745	364.09	04/03
	10595	78.15	04/03	*10674	123.25	04/15	10746	53.18	04/10
	*10603	126.68	04/03	*10676	219.47	04/02	10747	11,492.32	04/09
	10604	1,000.00	04/13	*10680	8.50	04/20	10748	34,476.96	04/09
	*10607	2,044.00	04/02	*10683	137.50	04/22	10749	85.00	04/20
	*10609	179.25	04/01	*10688	4.00	04/13	10750	3,796.57	04/14
	*10611	189.28	04/02	*10690	126.83	04/15	10751	1,601.20	04/14
	10612	1,239.67	04/01	*10694	5.00	04/15	10752	348.01	04/15
	10613	517.50	04/01	*10698	64,068.00	04/30	10753	3,174.91	04/16
	10614	15,600.00	04/08	10699	44,530.64	04/08	10754	971.37	04/16
	*10617	165.00	04/03	10700	5,600.00	04/06	10755	1,499.96	04/16
	10618	1,030.03	04/06	10701	1,155.68	04/03	10756	285.09	04/16
	10619	390.51	04/01	10702	6,358.00	04/08	10757	218.46	04/16
	10620	6,155.68	04/01	*10705	1,403.37	04/07	10758	126.84	04/17
	10621	2,481.49	04/01	10706	12,000.00	04/10	10759	592.66	04/16
	10622	368.67	04/01	10707	114.00	04/08	10760	121.34	04/20
	10623	305.06	04/01	*10709	552.00	04/20	10761	529.71	04/14
	10624	1,445.89	04/02	10710	744.11	04/06	10762	232.16	04/15
	10625	6,206.38	04/02	10711	960.00	04/08	10763	180.00	04/15
	*10627	595.13	04/02	10712	218.51	04/07	10764	100.00	04/13
	10628	1,126.83	04/02	10713	100.00	04/08	*10766	96.84	04/15
	10629	710.09	04/06	10714	131.25	04/07	10767	400.00	04/20
	10630	13.50	04/06	10715	68.00	04/07	10768	1,621.08	04/16
	*10632	114.00	04/17	*10717	28.17	04/08	10769	1,584.06	04/15
	10633	4.39	04/03	10718	155.00	04/14	10770	314.00	04/13
	10634	114,358.82	04/03	10719	137.50	04/14	10771	107.50	04/14
	10635	1,425.00	04/17	10720	157.50	04/14	10772	2,731.84	04/14
	*10637	140.00	04/09	10721	800.00	04/20	10773	979.02	04/16
	10638	46.44	04/07	10722	700.00	04/28	10774	85.82	04/16
	10639	17,741.63	04/01	10723	100.00	04/17	10775	510.63	04/14
	10640	2.50	04/06	10724	16,625.99	04/09	10776	270.00	04/21
	*10642	39,642.74	04/01	*10726	3,040.00	04/08	10777	6,900.00	04/13
	*10644	264.88	04/01	10727	368.21	04/13	10778	266.04	04/13
	10645	8,000.00	04/02	10728	302.00	04/09	10779	151.00	04/14
	*10647	827.00	04/13	10729	1,128.27	04/08	10780	455.00	04/14
	10648	95.00	04/06	10730	1,355.04	04/07	10781	244.24	04/14
	10649	912.96	04/02	10731	3,520.00	04/14	10782	452.80	04/21
	*10651	2,497.86	04/06	10732	265.00	04/07	10783	100.00	04/21
	10652	223.54	04/02	10733	207.92	04/24	*10785	886.00	04/14

CURIS System
 1713 Kennedy Point
 Suite 1001
 Oviedo, FL 32765
 1 800 928 8708



Invoice

Date	Invoice #
4/6/2020	662

Bill To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

Ship To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

P.O. Number	Terms	Ship Week Of	Via
Phone	Net 15	4/6/2020	Best Way

Qty	Item Code	Description	Price Each	Amount
6	COXCS	CUROXide case(4x1gal)	216.00	1,296.00
	Shipping Expense	Shipping via freight Bill of Lading Number : 133630046 Carrier Name: AAA COOPER PRO:16797056-5	115.85	115.85
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> APPROVED <small>By Mark Cavanaugh at 8:35 am, 4/7/20</small> </div>				
Subtotal				\$1,411.85
Sales Tax (0.0%)				\$0.00
Payments/Credits				\$0.00
Balance Due				\$1,411.85
* You will receive an UPDATED invoice with tracking information once order ships.*			Total	\$1,411.85

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER

PARC SUNTRUST BANK 10808
 Since 1933 53-2151631
 3190 Tyrone Boulevard North
 P.O. Box 47799
 St. Petersburg, Florida 33743-7799
 (727) 345-9111

One thousand Four Hundred eleven and 85/100 Dollars \$1,411.85

PAY TO THE ORDER OF: CURIS SYSTEM
 1713 KENNEDY POINT SUITE 1001
 OVIEDO, FL 32765

04/16/2020 10808

Ann Higgins
 AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑆010808⑆ ⑆063102152⑆

Listed below are the security features provided on this document when input and/or received digitally.

Security Features:

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- Watermark
- Artificial watermark on back, float in air angle to view
- Colored Background
- Void copy protection

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 WELLS FARGO BANK, N.A.
 06310/313
 FOR DEPOSIT ONLY
 CURIS SYSTEM

DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
 DEPOSITORY BANK ENDORSEMENT



Account
 Statement

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	10786	2,500.69	04/15	10812	69.63	04/21	10836	200.00	04/27
	10787	7,107.27	04/15	10813	3,240.28	04/24	10837	18,768.05	04/27
	10788	1,143.00	04/20	10814	68.40	04/27	10838	12,000.00	04/28
	10789	3,299.98	04/14	10815	549.00	04/22	10839	51.17	04/30
	10790	14.58	04/10	10816	286.31	04/21	10840	51.17	04/30
	10791	1,137.02	04/23	10817	924.47	04/24	10841	520.91	04/30
	10792	343.62	04/29	10818	108.30	04/22	10842	100.00	04/30
	10793	962.70	04/29	10819	565.50	04/23	10843	100.00	04/30
	10794	52.16	04/29	10820	630.57	04/29	*10847	2,407.59	04/28
*	10797	827.99	04/21	10821	2,431.39	04/23	10848	30.99	04/28
	10798	328.08	04/21	10822	363.17	04/23	*10850	58.56	04/29
	10799	269.10	04/21	10823	4,000.00	04/20	10851	37,713.86	04/28
	10800	310.32	04/23	10824	497.25	04/27	10852	1,040.00	04/28
	10801	53.21	04/23	10825	590.47	04/27	10853	63.31	04/29
	10802	63.98	04/22	10826	12.06	04/24	*10856	78.00	04/28
	10803	400.00	04/21	10827	1,929.50	04/21	10857	119.10	04/28
	10804	225.78	04/22	10828	6,560.81	04/27	10858	1,041.88	04/29
	10805	376.00	04/22	10829	22.36	04/20	10859	1,527.18	04/28
	10806	29.40	04/21	10830	4,512.01	04/24	10860	3,215.65	04/29
	10807	600.00	04/22	*10832	134.60	04/30	10861	4,406.00	04/27
	10808	1,411.85	04/30	10833	159,232.75	04/27	10862	219.47	04/28
	10809	2,454.90	04/21	10834	63,494.40	04/30	10863	396.67	04/24
*	10811	1,636.92	04/22	10835	1,037.00	04/29	10864	117.00	04/29

Checks: 216
 * Indicates break in check number sequence. Check may have been processed electronically and listed as an Electronic/ACH transaction.

Withdrawals/Debits	Date Paid	Amount	Serial #	Description
	04/01	43.43		ELECTRONIC ACH DEBIT
	04/02	13.43		AHCA WEB PYMT 103166192
	04/02	34.95		ELECTRONIC ACH DEBIT
	04/02	407,917.60		AHCA WEB PYMT 103381645
	04/03	99.00		ELECTRONIC ACH DEBIT
	04/03	19,694.65		WIRENET GATEWAY BILLING 111696546
	04/06	43.43		ZERO BALANCE DEBIT FROM ACCT 1000170208564
	04/06	49.57		ELECTRONIC ACH DEBIT
	04/06	294.61		SmartCar 100 SmartCar A6497600
	04/06	989.54		ELECTRONIC ACH DEBIT
	04/06	12,206.48		YNOVUS PAYMENT 2081163620
	04/06	2,679.69		ELECTRONIC ACH DEBIT
	04/07	13.43		AHCA WEB PYMT 103509181
	04/08	2.03		ELECTRONIC ACH DEBIT
	04/09	24.98		MULTI OF AMERICA PAYMENT #7622310#
	04/09	60.00		ELECTRONIC ACH DEBIT
	04/09	.27		MULTI OF AMERICA PAYMENT #7622318#
	04/09	187.12		ELECTRONIC ACH DEBIT
				MULTI OF AMERICA PAYMENT L1640965L
				ELECTRONIC ACH DEBIT
				MULTI OF AMERICA PAYMENT #7622308#
				ZERO BALANCE DEBIT FROM ACCT 1000170208564
				ELECTRONIC ACH DEBIT
				AHCA WEB PYMT 103777715
				ELECTRONIC ACH DEBIT
				SUNTRUST MERCHNT 0276188142 276188142885
				ELECTRONIC ACH DEBIT
				CLOVER APP MRKT CLOVER APP 899-9009883-000
				ELECTRONIC ACH DEBIT
				CLOVER APP MRKT CLOVER APP 899-9014997-000
				ELECTRONIC ACH DEBIT
				SUNTRUST MERCHNT 0276188142 276188142885
				ZERO BALANCE DEBIT FROM ACCT 1000170208564

CURIS System
 1713 Kennedy Point
 Suite 1001
 Oviedo, FL 32765
 1 800 928 8708

Invoice

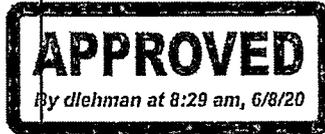
Date	Invoice #
6/1/2020	862

Bill To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

Ship To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

P.O. Number	Terms	Ship Week Of	Via
	Net 15	6/1/2020	Best Way

Qty	Item Code	Description	Price Each	Amount
4	COXCS	CUROXide case(4x1gal)	216.00	864.00
	Shipping Expense,	Shipping via pallet Carrier: AAA Cooper BOL:136064573 PRO:17885461-8	114.98	114.98
		Parc-wide use disinfectant		



No returns on equipment or disinfectant purchases. ALL SALES ARE FINAL	Payments/Credits	\$0.00
	Total	\$978.98

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER



3190 Tyrole Boulevard North
P.O. Box 47799
St. Petersburg, Florida 33743-7799
(727) 345-9111

SUNTRUST BANK
63-215/631

11125

***Twenty One Thousand Ninety Three and 98/100 Dollars

PAY TO THE ORDER OF: CURIS SYSTEM
1713 KENNEDY POINT, SUITE 1001
OWLEDO, FL 32765

06/04/2020 11125

\$21,093.98

M.W.C.
L. Higgins

AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED-DETAILS ON BACK

⑆011125⑆ ⑆06310215⑆

⑆ Listed below are the security features provided on this document which meet and exceed industry guidelines.

Security Features

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- Watermark
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- Results of check simulation
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- Additional watermark (on back) holds at an angle to view
- Void copy proof (on back)

⑆011125⑆ ⑆06310215⑆

0821 1009 6/15/2020 1:57:54 PM

Electronic check image PAY TO THE ORDER OF
 X CITIZENS BANK OF FLORIDA (FPL)
 063105544
 FOR DEPOSIT ONLY
 CURIS SYSTEM LLC
 082701

DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
 DEPOSITORY BANK ENDORSEMENT



Account Statement

Deposits/ Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	06/26	986.96		ELECTRONIC ACH CREDIT				
	06/29	729.00		FLORIDA ASSOCIAT ACH Payment 90PARC				
	06/30	223.13		ELECTRONIC ACH CREDIT				
	06/30	10,891.69		SMARTCAREQS LLC Tuition 1980				
	06/30	314.60		ELECTRONIC ACH CREDIT				
	06/30			SMARTCAREQS LLC Tuition 1980				
	06/30			ELECTRONIC ACH CREDIT				
	06/30			EARLY LEARNING C PAYMENTS 590791038000				
	06/30			ELECTRONIC ACH CREDIT				
	06/30			SMARTCAREQS LLC Tuition 1980				

Deposits/Credits: 139

Total Items Deposited: 103

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	10538	1,000.00	06/01	11073	300.00	06/04	11125	21,093.98	06/16
	*10631	4.50	06/02	11074	603.00	06/08	11126	503.26	06/11
	*10681	2.50	06/03	11075	621.25	06/02	*11128	161.00	06/09
	*10685	3.00	06/03	11076	207.92	06/10	11129	472.50	06/22
	*10914	789.99	06/02	11077	24.91	06/10	11130	622.63	06/09
	*10935	2,294.50	06/01	11078	617.07	06/02	11131	135.00	06/15
	*10947	306.00	06/09	11079	5,231.49	06/01	11132	455.00	06/09
	*10973	59.00	06/03	11080	25.59	06/02	11133	156.00	06/09
	*10982	94.02	06/02	11081	853.80	06/02	11134	81.00	06/08
	*10995	418.87	06/02	11082	3,832.40	06/03	11135	100.50	06/08
	*11002	500.00	06/03	11083	811.90	06/09	11136	158.40	06/10
	*11004	1,997.00	06/01	11084	1,053.10	06/03	11137	1,272.00	06/22
	*11012	67,879.95	06/02	11085	50.00	06/02	11138	101.96	06/09
	*11019	553.00	06/01	11086	100.00	06/04	11139	168.00	06/29
	*11023	1,250.00	06/18	11087	555.01	06/10	11140	943.20	06/09
	11024	400.00	06/02	11088	925.84	06/05	*11142	5,145.23	06/10
	*11026	2,319.88	06/02	11089	955.68	06/05	11143	1,006.07	06/08
	11027	130.45	06/02	11090	1,000.00	06/19	11144	3,825.12	06/10
	11028	2,588.50	06/01	11091	50.00	06/24	*11146	1,273.56	06/12
	*11030	67.50	06/01	11092	69.95	06/15	*11149	3.91	06/05
	11031	346.24	06/02	11093	77.22	06/12	11150	7.82	06/05
	11032	45.00	06/02	11094	1,242.00	06/09	11151	11,492.32	06/09
	11033	455.13	06/04	*11096	552.00	06/19	11152	34,476.96	06/09
	11034	626.71	06/04	11097	2,872.85	06/10	11153	450.00	06/30
	11035	1,943.89	06/04	11098	870.45	06/10	11154	5,445.26	06/17
	11036	497.25	06/01	11099	1,762.32	06/10	*11156	752.07	06/17
	*11047	3,600.00	06/09	11100	229.80	06/10	11157	343.62	06/16
	11048	2,636.90	06/05	11101	342.55	06/10	11158	962.70	06/16
	11049	1,700.00	06/03	11102	1,206.01	06/10	11159	347.33	06/16
	*11052	2,439.54	06/02	11103	37.53	06/09	11160	75.00	06/18
	11053	327.00	06/05	11104	22.10	06/08	11161	1,581.85	06/17
	11054	6,000.00	06/03	11105	480.00	06/08	11162	1,392.75	06/17
	11055	789.99	06/03	11106	51.30	06/09	11163	346.85	06/16
	11056	113.57	06/05	11107	324.22	06/10	11164	220.91	06/18
	11057	189.28	06/05	11108	325.94	06/10	11165	471.56	06/18
	11058	26.01	06/02	11109	1,077.28	06/09	11166	173.68	06/17
	11059	244.39	06/05	11110	4,769.36	06/09	11167	310.32	06/17
	11060	12,701.13	06/01	11111	524.00	06/09	11168	53.21	06/17
	11061	301.45	06/02	11112	550.13	06/09	11169	627.75	06/17
	11062	116,460.21	06/05	11113	70.32	06/08	11170	31.82	06/18
	11063	1,712.00	06/01	11114	11,048.75	06/09	11171	380.00	06/17
	11064	179.87	06/03	11115	1,707.00	06/08	*11173	175.00	06/16
	11065	94.85	06/04	11116	1,220.00	06/10	11174	2,896.25	06/16
	11066	800.00	06/02	11117	92.34	06/08	11175	58,138.42	06/17
	*11068	1,980.00	06/04	11118	400.00	06/09	11176	862.27	06/18
	11069	902.46	06/08	11119	827.48	06/15	11177	704.71	06/17
	11070	1,308.14	06/02	11120	797.71	06/18	11178	75.90	06/17
	11071	1,343.03	06/05	*11122	1,725.73	06/09	11179	236.25	06/17
	11072	2,406.25	06/05	*11124	314.00	06/09	11180	234.00	06/17

CURIS System
 1713 Kennedy Point
 Suite 1001
 Oviedo, FL 32765
 1 800 928 8708

Invoice

Date	Invoice #
6/11/2020	888

Bill To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

Ship To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

P.O. Number	Terms	Ship Week Of	Via
	Net 15	6/8/2020	Best Way

Qty	Item Code	Description	Price Each	Amount
8	COXCS	CUROXide case(4x1gal)	216.00	1,728.00
	Shipping Expense	Shipping via pallet Bill of Lading Number : 136619046 Carrier Name: CENTRAL TRANSPORT PRO: 149-1069960-3	103.70	103.70



No returns on equipment or disinfectant purchases.
 ALL SALES ARE FINAL

Total	\$1,831.70
Payments/Credits	\$0.00

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER



3190 Tyrone Boulevard North
P.O. Box 47799
St. Petersburg, Florida 33743-7799
(727) 345-9111

SUNTRUST BANK
63-215/631

11213

***One Thousand Eight Hundred Thirty One and 70/100 Dollars

PAY TO THE ORDER OF: CURIS SYSTEM
1713 KENNEDY POINT, SUITE 1001
OVIDO, FL 32765

06/18/2020 11213

\$1,831.70

AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

11213 06182020 11213

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1 0001 5004 06 23 16:02:59 0002 003103544 CJZB:OFL

0031.5004 6/22/2020 4:07:06 PM

ENDORSE HERE
 CREDITED TO THE ACCOUNT OF THE WITHIN NAMED PAYEE ABSENCE OF ENDORSEMENT GUARANTEED BY CITIZENS BANK OF FLORIDA
 063105544
 DO NOT WRITE / SIGN / STAMP BELOW THIS LINE
 DEPOSITOR BANK ENDORSEMENT



Account Statement

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	11181	1,038.41	06/30	11204	5,549.45	06/24	11230	50.00	06/23
	11182	369.75	06/18	11205	2,032.55	06/24	*11240	10,201.13	06/29
	11183	150.00	06/16	11206	50.00	06/24	*11243	804.00	06/29
	11184	979.00	06/15	11207	1,250.00	06/22	11244	30.99	06/30
*	11186	1,577.90	06/16	11208	155.00	06/24	*11248	48.16	06/30
	11187	1,503.84	06/18	11209	137.50	06/24	*11250	47,710.03	06/30
	11188	4,642.90	06/18	11210	157.50	06/24	11251	100.00	06/29
*	11190	2,946.41	06/17	*11212	700.00	06/29	11252	13,551.06	06/30
	11191	5,568.18	06/17	11213	1,831.70	06/24	11253	47,710.03	06/29
	11192	2,761.21	06/19	*11216	396.83	06/29	11254	225.78	06/30
*	11194	204.67	06/12	11217	2,588.50	06/22	*11257	1,098.00	06/30
	11195	500.00	06/16	11218	6,212.00	06/19	11258	175.00	06/30
*	11197	1,700.00	06/22	11219	120.00	06/29	11259	1,722.31	06/29
	11198	4,760.00	06/24	*11221	373.48	06/25	*11261	13.75	06/29
	11199	1,063.00	06/26	*11223	355.74	06/25	11262	613.65	06/29
	11200	52.16	06/24	11224	2,067.30	06/25	*11266	1,504.28	06/30
	11201	51.17	06/24	*11226	483.30	06/23	11267	240.80	06/30
	11202	51.17	06/24	11227	3,091.51	06/24	11268	300.00	06/30
	11203	520.91	06/24	*11229	1,070.90	06/22			

Checks: 203
 * Indicates break in check number sequence. Check may have been processed electronically and listed as an Electronic/ACH transaction.

Withdrawals/Debits	Date Paid	Amount	Serial #	Description
	06/01	13.43		ELECTRONIC/ACH DEBIT [REDACTED]
	06/01	49.57		ACH WEB PAYS [REDACTED]
	06/01	206.21		ELECTRONIC/ACH DEBIT [REDACTED]
	06/01	989.54		MULTI OF AMERICA PAYMENT #7655693# [REDACTED]
	06/01	11,715.76		ELECTRONIC/ACH DEBIT [REDACTED]
	06/01	24,483.12		MULTI OF AMERICA PAYMENT #7655698# [REDACTED]
	06/01			ELECTRONIC/ACH DEBIT [REDACTED]
	06/01			MULTI OF AMERICA PAYMENT #1650242 [REDACTED]
	06/01			ELECTRONIC/ACH DEBIT [REDACTED]
	06/01			MULTI OF AMERICA PAYMENT #7655671# [REDACTED]
	06/01			ELECTRONIC/ACH DEBIT [REDACTED]
	06/02	34.95		SYNOVIS PAYMENT 258-2581-20 [REDACTED]
	06/02	28.97		ELECTRONIC/ACH DEBIT [REDACTED]
	06/02			WUTHER CAMERWAY BILLING 112369461 [REDACTED]
	06/02			ELECTRONIC/ACH DEBIT [REDACTED]
	06/03	3,000.00		MULTI OF AMERICA PAYMENT #7655699# [REDACTED]
	06/03	2.78		ONLINE BANKING TRANSFER TO 0175-1000170209281 [REDACTED]
	06/03			ELECTRONIC/ACH DEBIT [REDACTED]
	06/04	13.43		SUNTRUST MERCHANT 0276188142-276188142885 [REDACTED]
	06/04	.55		ELECTRONIC/ACH DEBIT [REDACTED]
	06/04			ACH WEB PAYS [REDACTED]
	06/04			ELECTRONIC/ACH DEBIT [REDACTED]
	06/05	291.70		SUNTRUST MERCHANT 0276188142-276188142885 [REDACTED]
	06/08	.85		ERO BALANCE DEBIT FROM A/C 1000170209364 [REDACTED]
	06/08			ELECTRONIC/ACH DEBIT [REDACTED]
	06/09	13.43		SUNTRUST MERCHANT 0276188142-276188142885 [REDACTED]
	06/09			ELECTRONIC/ACH DEBIT [REDACTED]
	06/09	13.43		ACH WEB PAYS [REDACTED]
	06/09			ELECTRONIC/ACH DEBIT [REDACTED]
	06/09	24.98		ACH WEB PAYS [REDACTED]
	06/09			ELECTRONIC/ACH DEBIT [REDACTED]
	06/09	60.00		CLOVER APP MERCHANT CLOVER APP 899-9009383-000 [REDACTED]
	06/09			ELECTRONIC/ACH DEBIT [REDACTED]
	06/10	13.43		CLOVER APP MERCHANT CLOVER APP 899-9014997-000 [REDACTED]
	06/10			ELECTRONIC/ACH DEBIT [REDACTED]
	06/10			ACH WEB PAYS [REDACTED]

CURIS System, LLC
 1713 Kennedy Point
 Suite 1001
 Oviedo, FL 32765
 (800) 928.8708

Invoice

Date	Invoice #
7/15/2020	958

Bill To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

Ship To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

P.O. Number	Terms	Ship Week Of	Via
	Net 15	7/13/2020	Best Way

Qty	Item Code	Description	Price Each	Amount
6	COXCS	CUROXide case(4x1 gal)	216.00	1,296.00
	Invoice Shipping	Shipping via pallet SAIA PRO NUMBER 770985057803	171.57	171.57
		CUROXide disinfectant for Parc wide use		

APPROVED
 By dlehman at 1:20 pm, 7/22/20

*Please note: Using any solution other than that sold by CURIS System in the CURIS Fogger voids warranty and will damage unit. **Please contact CURIS System for more information regarding CSDM and the CURIS Decon App No returns on equipment or disinfectant purchases. ALL SALES ARE FINAL	Total	\$1,467.57
	Payments/Credits	\$0.00
	Balance Due	\$1,467.57

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A COLORED BACKGROUND AND MICROPRINTING IN THE BORDER



SUNTRUST BANK
63-215/631

11445 *WIK*

3190 Tyrone Boulevard North
P.O. Box 47799
St. Petersburg, Florida 33743-7799
(727) 345-9111

****One Thousand Four Hundred Sixty Seven and 57/100 Dollars

PAY TO 07/23/2020 11445 \$1,467.57
THE
ORDER OF: CURIS SYSTEM
1713 KENNEDY POINT, SUITE 1001
OVIDO, FL 32765

Shawn Higgins

AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑆011445⑆ ⑆063102152⑆

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1 0001 1001 08 03 12:33:26: 0065 0631021524 C.T.Z.B.I.O.F.L
0213 1001 8/3/2020 2:21:30 PM

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X
CREDITED TO THE ACCOUNT OF THE
WITHIN NAMED PAYEE. ABSENCE OF
ENDORSEMENT GUARANTEES
DOWN PAYMENT. SIGNATURE BELOW THIS LINE
DOES NOT CONSTITUTE AN ENDORSEMENT.
0631021524



Account Statement

Deposits/ Credits	Date	Amount	Serial #	Description	Date	Amount	Serial #	Description
	08/21	.14		ELECTRONIC ACH CREDIT				
	08/21	319.60		REAL MERCHANT BANK 1010077465292				
	08/21	812.16		ELECTRONIC ACH CREDIT				
	08/21	126,870.61		SMART CAREOS LLC TUNING 1980				
	08/26	87.78		ELECTRONIC ACH CREDIT				
	08/26	314.73		FLORIDA ASSOCIAT ACH Payment 90PARC				
	08/26	461.80		ELECTRONIC ACH CREDIT				
	08/26	6,534.52		VENUE WELFARE PAYABLES PARC				
	08/26	65.00		ELECTRONIC ACH CREDIT				
	08/27	97.52		STATE OF FLORIDA PAYMENTS 189510980084978				
	08/28	43.99		ELECTRONIC ACH CREDIT				
	08/31	88.61		REAL MERCHANT ST 1802050910RS				
	08/31	2,423.19		ELECTRONIC ACH CREDIT				
				SMART CAREOS LLC TUNING 1980				
				ELECTRONIC ACH CREDIT				
				STATE OF FLORIDA PAYMENTS 189510980084575				
				ELECTRONIC ACH CREDIT				
				SMART CAREOS LLC TUNING 1980				
				ELECTRONIC ACH CREDIT				
				STATE OF FLORIDA HIGHEMPMT 017547200				
				ELECTRONIC ACH CREDIT				
				FLORIDA ASSOCIAT ACH Payment 90PARC				
				ELECTRONIC ACH CREDIT				
				W SUNGCAST FL PAYMENTS PINE2183				
				ELECTRONIC ACH CREDIT				
				W SUNGCAST FL PAYMENTS PINE2183				

Deposits/Credits: 101

Total Items Deposited: 107

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	10316	2.50	08/04	11490	549.00	08/06	11523	336.41	08/12
	*10679	20.00	08/12	11491	351.50	08/17	11524	269.88	08/12
	*11095	8.50	08/18	11492	2,075.16	08/05	11525	314.13	08/13
	*11377	75.00	08/03	11493	603.20	08/05	11526	777.99	08/12
	*11395	60.00	08/04	11494	700.00	08/12	11527	518.71	08/11
	*11406	279.00	08/05	11495	60.00	08/13	11528	640.00	08/11
	*11437	1,132.02	08/03	11496	3,272.50	08/11	11529	1,832.90	08/12
	*11440	121,053.93	08/03	11497	85.95	08/10	11530	300.00	08/07
	*11445	1,467.57	08/04	11498	15,108.90	08/04	11531	347.12	08/12
	11446	7,700.40	08/03	11499	615.80	08/03	11532	17.44	08/12
	11447	822.19	08/03	11500	223.56	08/04	11533	1,250.00	08/10
	*11455	448.33	08/13	11501	505.52	08/05	11534	150.12	08/12
	11456	672.60	08/13	11502	241.77	08/04	11535	1,600.00	08/10
	*11459	284.00	08/10	11503	45.00	08/05	11536	1,759.86	08/11
	*11465	2.00	08/14	11504	119.10	08/03	11537	1,148.00	08/11
	*11472	1,904.40	08/05	11505	40.00	08/04	11538	946.00	08/11
	11473	1,700.00	08/04	11506	381.95	08/12	*11540	1,819.73	08/11
	11474	789.99	08/06	11507	903.00	08/10	11541	981.10	08/12
	11475	115.98	08/11	11508	903.00	08/10	*11543	1,928.26	08/11
	11476	189.28	08/11	11509	5,108.52	08/05	11544	238.50	08/10
	11477	1,247.68	08/11	11510	843.60	08/05	11545	870.00	08/19
	11478	552.00	08/06	11511	2,288.81	08/04	11546	207.92	08/17
	11479	100.00	08/05	11512	56.50	08/04	11547	455.00	08/11
	11480	663.22	08/04	11513	555.01	08/19	11548	99.36	08/10
	11481	263.75	08/05	11514	4,502.63	08/03	11549	382.50	08/11
	11482	2,022.87	08/05	11515	244.47	08/06	11550	1,398.00	08/11
	11483	7,448.49	08/05	11516	1,135.68	08/10	11551	101.96	08/11
	11484	934.77	08/05	11517	150.00	08/28	11552	205.34	08/21
	11485	983.09	08/05	11518	21.84	08/10	11553	711.40	08/11
	11486	1,826.75	08/05	11519	25.92	08/24	11554	1,428.00	08/21
	11487	180.54	08/05	11520	2,943.34	08/12	11555	933.00	08/21
	11488	13,848.51	08/06	11521	937.16	08/12	11556	186.00	08/18
	11489	103.56	08/06	11522	1,810.13	08/12	11557	7,573.74	08/12



Invoice

Date	Invoice #
8/17/2020	1044

Bill To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

Ship To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

P.O. Number	Terms	Ship Week Of	Via
	Net 15	8/17/2020	Best Way

Qty	Item Code	Description	Price Each	Amount
12	COXCS	CUROXide case(4x1gal)	216.00	2,592.00
	Invoice Shipping	Shipping BOL:140055617 AAA Cooper PRO:17885484-4 Parc-wide use <div style="border: 2px solid black; padding: 5px; text-align: center;"> APPROVED <i>By diehman at 2:50 pm, 8/19/20</i> </div>	116.86	116.86

*Using any solution other than that sold by CURIS System in the CURIS Fogger voids warranty and will damage unit. **Please contact CURIS System for more information regarding CSDM and the CURIS Decon App No returns on equipment or disinfectant purchases. ALL SALES ARE FINAL	<table border="1"> <tr> <td>Total</td> <td>\$2,708.86</td> </tr> <tr> <td>Payments/Credits</td> <td>\$0.00</td> </tr> <tr> <td>Balance Due</td> <td>\$2,708.86</td> </tr> </table>	Total	\$2,708.86	Payments/Credits	\$0.00	Balance Due	\$2,708.86
Total	\$2,708.86						
Payments/Credits	\$0.00						
Balance Due	\$2,708.86						



Account
 Statement

Checks	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid	Check Number	Amount	Date Paid
	11558	853.38	08/11	11590	75.00	08/18	11621	525.39	08/26
	11559	2,941.63	08/13	11591	1,166.55	08/18	11622	291.44	08/25
	11560	14.52	08/19	11592	1,130.47	08/20	11623	198.34	08/25
	11561	49.95	08/14	11593	1,399.77	08/17	11624	718.64	08/25
	11562	63.70	08/13	11594	2,588.50	08/17	11625	511.50	08/27
	11563	436.38	08/11	11595	5,339.00	08/14	11626	5,855.97	08/26
	11564	192.32	08/07	11596	342.30	08/18	*11628	225.78	08/25
	11565	125.28	08/14	11597	341.00	08/24	*11631	703.00	08/25
	11566	300.00	08/12	11598	2,868.75	08/25	11632	542.00	08/24
	11567	106.08	08/18	11599	94.75	08/18	11633	1,278.35	08/24
	11568	11,611.36	08/17	*11601	713.52	08/18	11634	2,708.86	08/25
	11569	34,834.08	08/17	11602	930.45	08/24	11635	1,501.43	08/24
	11570	297.50	08/26	11603	157.85	08/18	11636	73,647.04	08/25
	11571	343.62	08/20	11604	379.66	08/20	11637	374.65	08/25
	11572	962.70	08/20	11605	369.75	08/20	*11639	679.28	08/25
	11573	351.29	08/20	11606	180.00	08/24	11640	338.28	08/26
	11574	23.30	08/20	11607	165.00	08/19	*11642	6.00	08/24
	11575	2,741.26	08/18	11608	688.57	08/25	*11644	1,799.14	08/27
	11576	305.97	08/20	11609	81.22	08/25	11645	466.00	08/27
	11577	30.99	08/20	11610	2,356.70	08/18	11646	684.91	08/27
	11578	26.15	08/26	11611	3,181.00	08/21	11647	1,504.28	08/25
	*11580	1,812.00	08/28	11612	3,004.57	08/18	11648	8,860.52	08/26
	11581	318.49	08/18	11613	4,694.60	08/19	11649	500.00	08/20
	11582	53.10	08/18	11614	3,923.34	08/19	11650	1,671.17	08/25
	11583	537.48	08/21	11615	71.28	08/18	11651	53.25	08/25
	11584	800.00	08/25	11616	150.00	08/25	*11653	26.93	08/31
	11585	1,765.37	08/18	11617	839.52	08/25	11654	1,437.23	08/27
	11586	486.25	08/21	11618	52.16	08/27	*11661	17,534.33	08/31
	11587	190.00	08/28	11619	51.17	08/27	*11664	108.00	08/31
	11588	352.19	08/19	11620	51.17	08/27	*11683	96.50	08/31
	11589	34.29	08/25						

Checks: 190

* Indicates break in check number sequence. Check may have been processed electronically and listed as an Electronic/ACH transaction.

Withdrawals/Debits	Date Paid	Amount	Serial #	Description
	08/03	43.43		ELECTRONIC ACH DEBIT
	08/04	34.95		ALCA WRE FUND #27011167
	08/04	27,877.37		ELECTRONIC ACH DEBIT
	08/05	99.00		NETNET GATEWAY BILLING 113169069
	08/05	554.42		ELECTRONIC ACH DEBIT
	08/06	2.65		SYNGVLS PAYMENT 258-3590-20
	08/06	402,715.45		ELECTRONIC ACH DEBIT
	08/07	.55		Smartcare015 Smartcare01 SI C4Y8ZV8D3R6
	08/10	49.57		ELECTRONIC ACH DEBIT
	08/10	206.21		957 BB Merchant SI P4F3L3E1171
	08/10	968.65		ELECTRONIC ACH DEBIT
	08/10	12,872.07		ELECTRONIC ACH DEBIT
	08/10	39.90		SUNTRUST MERCHANT 276188142 276188142885
				ELECTRONIC ACH DEBIT
				MUTEL OF AMERICA PAYMENT #7698124#
				ELECTRONIC ACH DEBIT
				MUTEL OF AMERICA PAYMENT #7698128#
				ELECTRONIC ACH DEBIT
				MUTEL OF AMERICA PAYMENT 116617811
				ELECTRONIC ACH DEBIT
				MUTEL OF AMERICA PAYMENT #7698119#
				ELECTRONIC ACH DEBIT
				SUNTRUST MERCHANT 276188140 276188140889



Invoice

Date	Invoice #
10/6/2020	1127

Bill To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

Ship To
PARC Discovery Learning Center, Bldg. #1 3100 75th Street North St. Petersburg, FL 33710

P.O. Number	Terms	Ship Week Of	Via
	Net 30	10/5/2020	Best Way

Qty	Item Code	Description	Price Each	Amount
4	COXCS	CUROXide case(4x1gal)	216.00	864.00
	Invoice Shipping	Shipping via UPS Tracking#: 1ZE1X6970307141771	78.46	78.46

APPROVED

By BJ Palencia-Tobar at 10:22 am, 10/20/20

GL Code: 6510
Dept Code: 7051

<p>*Using any solution other than that sold by CURIS System in the CURIS Fogger voids warranty and will damage unit.</p> <p>**Please contact CURIS System for more information regarding CSDM and the CURIS Decon App</p> <p>No returns on equipment or disinfectant purchases.</p> <p style="text-align: center;">ALL SALES ARE FINAL</p>	Total	\$942.46
	Payments/Credits	\$0.00
	Balance Due	\$942.46

Date	Description	Serial #	Debit	Credit	Available Balance
11/09/2020	Electronic/ach Debit Suntrust Merchnt 0276188142 276188142885 1593177343 *6899		-\$0.17		\$466,449.55
11/09/2020	Electronic/ach Debit Suntrust Merchnt 0276188142 276188142885 1593177343 *6899		-\$6.83		\$466,449.72
11/09/2020	Check 00000012151 12151	12151	-\$480.67		\$466,456.55
11/09/2020	Electronic/ach Debit Ahca Web Pmnt 167300502 5960018740 *6899		-\$43.43		\$466,037.22
11/09/2020	Check 00000012126 12126	12126	-\$24.91		\$466,980.65
11/09/2020	Check 00000012170 12170	12170	-\$83.70		\$467,005.56
11/09/2020	Check 00000012112 12112	12112	-\$942.46		\$467,089.26
11/09/2020	Online Check Deposit *6899			\$25,000.00	\$468,031.72
11/09/2020	Online Check Deposit *6899			\$4,505.41	\$443,031.72
11/09/2020	Online Check Deposit *6899			\$175.00	\$438,526.31
11/09/2020	Electronic/ach Credit Suntrust Merchnt 0276188142 1593177343 *6899			\$297.45	\$438,351.31
11/06/2020	Check 00000012184 12184	12184	-\$187.92		\$438,053.86
11/06/2020	Check 00000012124 12124	12124	-\$187.00		\$438,241.78
11/06/2020	Check 00000012103 12103	12103	-\$3,375.00		\$438,428.78
11/06/2020	Electronic/ach Debit Ahca Web Pmnt 166881292 5960018740 *6899		-\$13.43		\$441,803.78

**Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application**

**DO NOT ADD ANY LINE ITEMS TO THIS BUDGET SUMMARY. IF YOU ARE UNSURE
OF WHERE A COST BELONGS, PLEASE CONTACT PCF STAFF.**

Organization Name: PARC, Inc,

Project Name: COVID-19 Support

FROM (date): November 1, 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>)	\$2,225,124	\$6,235
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	\$38,405	\$0
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	\$165,357	\$0
Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>)	\$196,987	\$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>)	\$15,573	\$0
Design, Printing, Marketing & Postage (<i>for direct program related services only</i>)	\$5,508	\$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>)	\$	\$151,000
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	\$0	\$0
TOTAL	2646954	157234.8

**Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application**

**DO NOT ADD ANY LINE ITEMS TO THIS BUDGET SUMMARY. IF YOU ARE UNSURE
OF WHERE A COST BELONGS, PLEASE CONTACT PCF STAFF.**

Organization Name: PARC, Inc, - REIMBURSEMENT

Project Name: COVID-19 Support-Life Skills Development-3

FROM (date): March 17, 2020 TO (date): October 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>)	\$2,225,124	\$36,004
Equipment (<i>computers, furniture, etc., less than \$3,000 per item</i>)	\$38,405	\$0
Supplies (<i>office materials, program related purchases, program necessities to deliver services, etc.</i>)	\$165,357	\$10,254
Occupancy (<i>property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses</i>)	\$196,987	\$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>)	\$15,573	\$0
Design, Printing, Marketing & Postage (<i>for direct program related services only</i>)	\$5,508	\$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>)	\$	\$3,925
Purchased Services (<i>consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements</i>)	\$0	\$0
TOTAL	2646954	50182.97

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Application
BUDGET NARRATIVE FORM

BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5klksaQkCg>

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: PARC, Inc.

Project Name: Life Skills Development 3 (ADT) Programs- COVID-19

FROM (month/year): November/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).

Because of COVID-19, a Virtual Art Director position was created to teach online virtual arts instruction to our participants, fine arts, music, theater, and dance movement classes are offered every day.
65 hours every two weeks x \$23.98 an hour x 4 pay periods (November and December) = \$6,234.80

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.

NA

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.

NA

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.

NA

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.

NA

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.

NA

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.

\$151,000 – Compass Construction, Inc. - Expansion of our PARC Center Industries facility to meet the CDC's recommended COVID-19 guidelines for social distancing of 6ft and allow for more individuals to return to PARC's Life Skills Development 3 program (ADT). There has been a waiting list for individuals who want to return to PARC, until we could expand the workshop. In order to follow CDC's guidelines, the production space had to be reconfigured and a storage facility will be erected to store items from the production facility, so more room is available. Currently we have 45 participants, with this expansion, we are able to increase the number of participants served by 20 and still maintain the required social distancing.

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.

NA

Pinellas Community Foundation
 Pinellas CARES Nonprofit Partnership Fund Application
BUDGET NARRATIVE FORM
REIMBURSEMENT

BRIEF INSTRUCTIONAL VIDEO – CLICK LINK - <https://youtu.be/s5klxsaQkCg>

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: PARC, Inc.

Project Name: COVID-19 Support / Life Skills Development-3

FROM (month/year): March 17, 2020

TO (month/year): October 31, 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).

Prior to COVID-19, we had an Art Director on campus for our Inspired Artist Studios program. Due to COVID-19 we could no longer have participants on campus, PARC created a Virtual Art Director position who is responsible for all classes and instruction to our participants, via Zoom classes.

Dates Worked	Salary	Taxes	Benefits	Time Allocation
6/12/2020	\$2,050.52	327.89		100%
6/26/2020	\$1,534.72	227.77		100%
7/10/2020	\$1,534.72	227.77		100%
7/24/2010	\$1,534.72	227.77		100%
8/7/2020	\$1,534.72	227.78		100%
8/21/2020	\$1,534.72	227.78		100%
9/4/2020	\$1,558.70	232.42		100%
9/18/2020	\$1,594.67	239.41		100%
10/2/2020	\$1,558.70	232.43		100%
10/16/2020	\$1,558.70	232.43		100%
10/30/2020	\$1,558.70	232.43		100%
Total	\$17,553.59	\$2,635.88		

Transportation Driver Aids – Due to COVID-19, we had to reduce the number of individuals in our vans, which increased our routes, so we had to hire 6 Driver Aids to help with COVID-19 screening and physical distancing on the vans. Time allocation for each driver aid is 4.5 hours per day, depending on the number of individuals being transported, the time needed could be less.

PARC - Transportation Driver Aides

Date	David Rought	Harold Mason	Laketta Womack	Gary Coney	William Young	William Cordero
6/12/2020	43.50	18.50	17.00	23.00	15.75	20.75
6/26/2020	45.00	45.00	27.75	37.75	28.25	27.00
7/10/2020	45.00	44.00	4.50	36.50	30.75	34.00
7/24/2020	45.00	38.25		38.25	30.00	31.75
8/7/2020	45.00	39.75		32.00	29.25	14.75
8/21/2020	45.00	34.50		28.50	33.00	30.50
9/4/2020	35.00	10.00		5.50	8.00	8.00
9/18/2020	45.00	21.50		24.75	25.75	23.75
10/2/2020	45.00	38.75		41.75	42.50	37.50
10/16/2020	45.00	34.50		45.50	34.00	37.50
10/30/2020	45.00	34.00		41.25	29.75	26.25
TOTALS	483.50	358.75	49.25	354.75	307.00	291.75

Hours per employee not to exceed 45 hours a pay period

hours worked x \$10 an hour

1845.00 =

\$18,450.00 Reimbursement request

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.

NA

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.

COVID-19 created the need to sanitize and disinfect all our buildings and residential homes on a daily basis to keep our staff and participants safe and healthy. PARC maintains 113,000 sq ft of building space that spans over 9 different locations. With the help of grants, we were able to purchase bio-decontamination machines and use them daily in all our locations.

We purchased the cleaning solution from CURIS, it costs \$216 per 1 gallon of solution (plus shipping).

Total spent on the cleaning solution is \$10,254.38. Without this solution, we would not have been able to fully sanitize our facilities and keep our programs open.

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.

NA

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.

NA

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.

NA

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.

Because of COVID we had to PARC had to redesign our PARC Center Industries (PCI) production facility, Electrical lines needed to be updated and some of the asphalt on the side of the building walkway had to be removed and paved, as this presented a great safety concerns for individuals who are non-ambulatory or semi ambulatory.

Longo Electric & Fire to rewire the production facility - \$450

ABCO Aluminum to remove asphalt and replace with concrete to make it safe for our non-ambulatory or semi-ambulatory participants - \$3,500

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.

NA



November 2, 2020

Mr. David Lehman
Vice President - Facilities
PARC
3190 Tyrone Boulevard
St. Petersburg, FL 33710

Project: Metal Storage Building - PARC
Subject: Budget Proposal

Dear Mr. Lehman,

Compass Construction, Inc.'s Budget to provide General Contracting Services for the Metal Storage Building located in the parking lot north of Building 5 LLL is:

Budget to Provide General Contracting Services \$ 151,000.00

Items included on our scope of work:

- 1) Demolish & Dispose of the Existing Storage Buildings
- 2) Soil Treatment
- 3) Concrete Foundations & Slab on Grade
- 4) One (1) Galvanized Hollow Metal Door, Frame & Door Hardware
- 5) One (1) 8'-0" x 8'-0" Overhead Rolling Door
- 6) One (1) 32'-0" x 50'-0" Premanufactured Metal Building w/Soffit Ventilation
- 7) 200A Electrical Service
- 8) Light Fixtures/Controls
- 9) Circuits for Ten (10) Receptacle Devices

Items not included in our scope of work:

- 1) Permit Fees
- 2) Temporary Electric Consumption Costs
- 3) Temporary Water Consumption Costs
- 4) Any Impact Fees
- 5) Design Consultant's Fees
- 6) Any Mechanical or Electrical Connection Fees
- 7) Any Work Outside of the Building including Patching of the Parking Lot
- 8) Any Interior Shelving
- 9) Permanent Signage including Exterior Signage
- 10) Any Graphics
- 11) Furniture, Fixtures & Equipment (FFE)
- 12) Any Plumbing or HVAC Systems
- 13) Fire Sprinkler Systems
- 14) Fire Alarm Systems
- 15) Telephone & Intercom Equipment
- 16) Access Control Systems

- 17) Security Cameras & Monitors
- 18) Data, Phone or Security Wiring
- 19) Lightning Protection
- 20) Prevailing Wages
- 21) Certified Payrolls
- 22) Builder's Risk Insurance & Deductibles
- 23) Performance and Payment Bond

Thank you for allowing Compass Construction, Inc. the opportunity to offer a Budget Proposal to provide General Contracting Services for this fine project. If you have any questions concerning the contents of our Budget Proposal please do not hesitate to contact me at 727-422-3398.

Sincerely,
Compass Construction, Inc.

Brian McAlpin

Brian McAlpin
Operations Manger

November 12, 2020

Dear Michelle,

This is a budget proposal to provide you with a budget for the complete demolition for the existing storage building and replacement of the Metal Storage building located at 3100 75th Street North in St. Petersburg:

Complete cost of project: \$165,000

Scope of work:

- Demolition and removal of existing storage building
- Concrete Foundation
- One Premanufactured Metal Building 32'x50'
- One metal door, frame and door hardware
- One overhead rolling door
- Electrical service
- Lighting for entire building, circuits for 12 receptacles.
- Permit Fees

Please let me know if you have any questions regarding this proposal.

Don Russell General Contractor, LLC
CGC043428
10205 Oak Run Drive
Bradenton, Fl 34211



Leonard Contractors
301 W. Platt St. #241
Tampa, FL 33606
Licence CGC1527727

This proposal is for the PARC Metal Building Project located at 3100 75th St. N

Scope of work -

1. Demo existing building.
2. Concrete foundation and SOG
3. Door, frame and hardware
4. Overhead rolling door
5. Electric Service
6. Light Fixtures and receptacles
7. Permits & Fees

Project Total \$160,500.00

Thank you for the opportunity to provide you with this proposal

Chris Leonard
Leonard Contractors Inc.