Application Form

Introduction

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.

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).

Food
Behavioral Health

Reimbursement*

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

Will your organization be applying for this cost reimbursement?

No

Future Programming*

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

Yes

Project Name*

COVID Relief - Food and Behavioral Health - Pinellas County

EIN*

23-7208280

Mission Statement*

With compassion and respect, we change lives by providing food, shelter, and health care to our neighbors in need.

Total Operating Expenditure*

What are your total annual operating expenses?

$28,260,527.00

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.

$1,405,837.00

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

Priority Populations*

Please select the priority populations your programming will serve:
Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

Communities of color
Children and/or the elderly
People experiencing homelessness
Persons employed in high-risk pandemic response jobs
Residents with language barriers
Persons with disabilities
Low-income families

Guiding Principles*

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

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

SPFC focuses on equity in policies, practices and program design. We implemented a $15 minimum wage, and have increased salaries across the agency to ensure compensation equity. We have an employee-led Equity Committee, which recommends policy updates, communications practices and training to support equity. All Directors have completed racial equity training. We are working with Inclusivity, Inc. to implement additional training across the agency, as well as discovery sessions to further promote equity at all levels of the organization. Programs are staffed by individuals who represent the intersectional identities of the communities we serve and are involved in community-based workgroups that amplify the voices of communities most impacted by inequity. Feedback from these workgroups informs program practices. Our housing programs employ former program participants. We solicit feedback from men and women currently enrolled, regularly incorporating their ideas into programming.

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 existing programming that needs expansion or sustained to meet community needs.**

SPFC opened in 1970. Food programs began in the 1980s. The women's residence opened in 1989 and the men's residence in 1997. Over time, we have grown, built, and refurbished buildings, continually enhancing services to meet urgent community needs.

Service Area*

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

Mid-County (locations such as Clearwater, Largo, Safety Harbor)
South County (locations such as St. Petersburg, Lealman, Kenneth City)

Impact on Organization*

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

COVID exacerbated already urgent areas of community need regarding food insecurity and behavioral health. In 2019 between March and July, we served 29,000 individuals through our We Help Fresh Pantry. Between March and July 2020, we served over 86,000 people with 7 in 10 of the clients we've served reporting they were laid off, furloughed or lost wages because of COVID. 45% of the clients we're serving have never visited a food pantry before. As of July, 53% of the households visiting us are families with children as compared to 21% pre-COVID. Our food bank has distributed 8M pounds of food since March, nearly double the volume of food distributed between March and July last year. Between 70% and 90% of the food we distribute is fresh produce, fresh meat and fresh dairy, which is of critical importance in supporting families' overall health. CARES funding will help us keep pace with the staggering and growing need to feed more families than ever before.

In our transitional housing programs, which focus on addiction recovery support for homeless men and women, over 40% of residents lost their jobs as a result of COVID. It has been critical during this challenging time to strengthen services that support the behavioral health of our clients to keep them on the road to recovery. As such, we've been connecting residents to remote options for AA/NA, stress reduction education,

and classes that promote mental and physical health. We've increased client access to case managers with both onsite and remote support from staff. We've increased the frequency and accessibility of activities, like yoga, to sure-up mental and physical health. And we've set up remote work stations for clients who need to work from home to keep their jobs. This funding will help us provide ongoing, creative behavioral health supports in our residences, while also working to keep our clients and staff safe from COVID through the enforcement of rigorous protocols.

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.

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.

If you do not have an audit, please explain why.

SPFCAudit.pdf

Most Recently Filed IRS Form 990*

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

2018 Form 990.pdf

Board-Approved Budget*

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

SPFC_PCF CARES Org Budget.pdf

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.

Since March, we have received COVID-related support from a number of funders. We received funding from the Juvenile Welfare Board, Pinellas Community Foundation's Dreaming of Tampa Bay Fund and Foundation for a Healthy St. Petersburg to purchase bulk food for Pinellas County distribution. We have completed food purchases to expend all of these funds as of August and have requested a start date of September 1 for CARES funding. This will allow us to continue purchasing food, as donations are not keeping pace with demand. In addition to grants received specifically for food purchases, we also received COVID-related funding from partners like the United Way Suncoast, Duke Energy, Fifth Third Bank and Bank of America. These funds have also been expended as of August. We continue to pursue grants and funding for COVID-related costs, as we know our programs will operate at increased capacity for the foreseeable future due to the ongoing health and economic crisis that COVID is creating.

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.**

Our Jared S. Hechtkopf Community Food Bank is located in 33714. Each day our staff accept donations and food deliveries at the food bank, as well as drive throughout the region to pick up donations, so that they may distribute millions of pounds of food throughout the County, including to our We Help Fresh Pantry (located in 33701); 50% of We Help clients live in 33705, 33712 and 33701. Last year, We Help served clients from every Pinellas County zip code. We Help is open M - W from 8:30a.m.- 3:00p.m., and Thursdays from 8:30a.m.- 7:00p.m. We Help moved outdoors at the onset of COVID and currently operates as a drive-through/walk-up pantry. Because We Help is a permanent, fixed location, there is never any guess as to where we'll be or how long we'll be open. We expect to continue operating outdoors and at increased capacity until there is a solution to the virus and a reduction in food insecurity. We deliver food to a network of LPOs. These partners distribute food in 33701, 33702, 33704, 33705, 33708, 33709, 33710, 33711, 33712, 33713, 133714, 33755 33760, 33762, 33763, 33771, 33772, 33781, 33782.

Our men's and women's residences are located in 33701 and accept clients from throughout the County. Clients must be homeless and have been in recovery for at least 30 days to be accepted. Once admitted, they go through intake/orientation and are then assigned a case manager to support them in their ongoing recovery and journey toward permanent employment, housing and stable behavioral, mental and physical health. Currently, the residences are operating with rigorous COVID protocols in place, including masks required in all common areas, daily temperature checks and lower capacity to accommodate isolation protocols should a resident be diagnosed with COVID. As a result of these rigorous protocols, to-date only one

resident in each program has been diagnosed COVID positive. We expect to operate in this modified way until a vaccine is in wide circulation.

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 regularly post information on Facebook and Instagram about our client services to ensure our community has access to relevant and up-to-date information.. We regularly post reminders about We Help hours and also let the community know if we have to temporarily close We Help due to weather. We make sure our web-site is current with any new COVID-related information, including updated operating hours or COVID-related protocols. We post our main number on our website, and when clients call that number, the auto-attendant provides the latest information about operating hours and other relevant details, such as how to access our Client Advocate. We are working with Inclusivity. Inc. to increase the frequency and reach of communications in and throughout south St. Petersburg. Additionally, we send out a monthly newsletter with information about programs and results to make sure the broader community is aware of our services and impact. Finally, we offer nutrition information and cooking demos for food distributed in We Help on Facebook and YouTube, which our clients regularly access. In October, we will begin offering Zoom-based health education on topics ranging from heart health to stress reduction, all of which will be promoted through social media and made accessible at no cost to any participant who would like to join.

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.

Emergency Response Plan 10-19 Final.pdf
See attached.

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.**

If you would like to use unit of service costs, you MUST contact Pinellas Community Foundation FIRST to discuss this possibility.

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.

SPFC_PCF CARES Budget Summary.pdf

Budget Narrative*

Please download the budget narrative template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.**

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

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 NARRATIVE.

Please export as a PDF and upload it.

Pinellas CARES Budget Narrative.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.

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.

SPFC Partner Network - LPO List.pdf
See attached list.

Role in Programming*

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

Our Food Bank ensures our community is fed by distributing food through a network of over fifty partner agencies, including food pantries, community kitchens, and residential programs. Our Food Bank staff is on track to distribute over 15 million pounds of food to the community this year. Partner agencies pick up food from our food bank weekly at scheduled times, free of charge. We do not charge our partners any costs or fees for the food they receive. Partner agencies are non-profits, located strategically throughout the county, to ensure that those in need have access to nutritious foods. The partner agencies, many of which are small, established churches, have deep roots in the community and can reach our community's most vulnerable populations.

Food

This grant will require weekly reporting on the following measures:

- **Number of Pinellas County residents** accepting food by zip code of participant or distribution point (participant zip code is preferred)

Affirmation of Reporting*

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

Yes

Number of Pinellas County Residents Served During Grant Period - Food*

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

135000

September 2020 Projections - Food*

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

30000

October Projections - Food*

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

35000

November Projections - Food*

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

35000

December Projections - Food*

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

35000

Behavioral Health

This grant will require weekly 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.
- Percentage of clients with a reduction in symptoms of their presenting problem

Affirmation of Reporting*

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

Yes

Measurement*

Please specify how symptom reduction is going to be measured. If you use a validated measurement tool, such as Beck Depression Inventory (BDI) and the Perceived Stress Scale (PSS), please indicate which tool of measurement you are using.

All residents will meet with case management staff upon entry and complete an initial case management assessment to determine individual needs. The initial assessment will include the Perceived Stress Scale. The case manager will score the scale and work with the resident to develop an individualized plan that includes goals and milestones to build resiliency and learn techniques in stress mangement. Residents will have access to telehealth group sessions and individualized services as well.

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.

40

Estimated Symptom Reduction*

Please estimate % of clients that will see a reduction in symptoms of their presenting problem during the grant period.

85%

September Projections - Behavioral Health*

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

20

October Projections - Behavioral Health*

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

30

November Projections - Behavioral Health*

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

35

December Projections - Behavioral Health*

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

40

Funder Involvement

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

Allegany Franciscan Ministries
Foundation for a Healthy St. Petersburg
Funding from a Pinellas County Municipality
Juvenile Welfare Board of Pinellas County
Pinellas Community Foundation
Pinellas County Government
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:

Since March we have submitted and recieved grants to support food distribution and/or general operating support due to COVID-19 from The Foundation for a Healthy St. Petersburg, The Pinellas Community Foundation Dreaming of Tampa Bay Fund, Senior Citizen Services of Pinellas County, Juvenile Welfare Board of Pinellas County, United Way Suncoast, Community Foundation of Tampa Bay Needs List, Bank of America, Truist Bank, Hancock Whitney, Raymond James, Duke Energy, Fifth Third Bank, the Ray's Foundation, Francis and Gertrude Levett Foundation,Senior Citizens Services COVID Response, and the Pinellas County Social Action Fund.

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.

Jennifer Yeagley, Chief Executive Officer

File Attachment Summary

Applicant File Uploads

- SPFCAudit.pdf
- 2018 Form 990.pdf
- SPFC_PCF CARES Org Budget.pdf
- Emergency Response Plan 10-19 Final.pdf
- SPFC_PCF CARES Budget Summary.pdf
- Pinellas CARES Budget Narrative.pdf
- SPFC Partner Network - LPO List.pdf

St. Petersburg Free Clinic, Inc.
And Affiliate

Consolidated Financial Statements

September 30, 2019 and 2018

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT ..... 3 - 4

Consolidated Financial Statements for the Years Ended September 30, 2019 and 2018:

Consolidated Statements of Financial Position 5

Consolidated Statements of Activities ..... 6 - 7

Consolidated Statements of Functional Expenses ..... 8 - 11

Consolidated Statements of Cash Flows 12

Notes to Consolidated Financial Statements ..... 13 - 29

PDR
CPAs + ADVISORS

Oldsmar / Tampa / St. Petersburg

727-785-4447
813-498-1294
727-784-5491 Fax

www.pdr-cpa.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
St. Petersburg Free Clinic, Inc. and Affiliate
St. Petersburg, Florida

We have audited the accompanying consolidated financial statements of St. Petersburg Free Clinic, Inc. and Affiliate (the Free Clinic) (a nonprofit organization), which comprise the consolidated statements of financial position as of September 30, 2019 and 2018, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated 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 consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated financial statements.

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

CONTINUED

INDEPENDENT AUDITOR'S REPORT - CONTINUED

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the St. Petersburg Free Clinic, Inc. and Affiliate as of September 30, 2019 and 2018, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in **NOTE Q** to the consolidated financial statements, management discovered an error in previously issued financial statements and has restated the 2018 consolidated financial statements included herein. Our opinion is not modified with respect to that matter.

PDR CPAs + Advisors

Oldsmar, Florida
March 23, 2020

ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2019 AND 2018

ASSETS

	2019	2018
Cash and cash equivalents	$ 3,191,497	$ 2,397,671
Grants receivable	366,179	392,349
Bequests receivable	90,714	182,531
Promises to give, net	2,190,692	2,657,909
Inventory	355,220	136,180
Prepaid expenses and other assets	114,146	131,082
Investments	2,306,268	2,139,979
Beneficial interest in assets held by others	391,809	172,353
Property and equipment, net	9,726,662	9,705,002
Construction in progress	363,271	115,312
Total Assets	$19,096,458	$18,030,368

LIABILITIES AND NET ASSETS

Liabilities		
Accounts payable and other accrued expenses	$ 293,531	$ 125,603
Accrued payroll and benefits	253,529	201,853
Annuity obligations	89,820	80,263
Total liabilities	636,880	407,719
Net assets		
Without donor restrictions, as restated:		
Operating	34,828	40,661
Property and equipment	10,089,933	9,820,314
Board designated for endowment	1,922,823	1,786,234
Board designated for Men's Residence	715,487	715,487
Total net assets without donor restrictions	12,763,071	12,362,696
With donor restrictions	5,696,507	5,259,953
Total net assets	18,459,578	17,622,649
Total Liabilities and Net Assets	$19,096,458	$18,030,368

See notes to consolidated financial statements

ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2019
(WITH COMPARATIVE TOTALS FOR 2018)

	Without Donor Restrictions	With Donor Restrictions	Total	
			2019	2018
Public Support and Revenue				
Contributions	$ 2,226,093	$ -	$ 2,226,093	$ 1,620,788
Grants and restricted gifts	-	2,058,550	2,058,550	3,382,722
Capital campaign	-	-	-	13,465
Special events, net of $129,047 in direct expense	463,771	-	463,771	434,046
Bequests	737,631	90,714	828,345	306,160
In-kind revenue				
Services	294,703	-	294,703	306,110
Food	18,327,360	-	18,327,360	12,802,665
Investment income	128,233	-	128,233	175,042
Net assets released from restrictions	1,712,710	(1,712,710)	-	-
Total public support and revenue	23,890,501	436,554	24,327,055	19,040,998
Expenses				
Program services				
Health Center	1,380,319	-	1,380,319	1,313,817
Jared S. Hechtkopf Community Food Bank	15,598,832	-	15,598,832	11,555,531
We Help Services	3,835,781	-	3,835,781	2,362,715
Baldwin Women's Residence	800,966	-	800,966	719,257
Family Residence	422,349	-	422,349	368,861
Men's Residence	366,683	-	366,683	461,689
Total program services	22,404,930	-	22,404,930	16,781,870
Support services				
General and administrative	408,530	-	408,530	269,109
Fundraising	676,666	-	676,666	541,566
Total support services	1,085,196	-	1,085,196	810,675
Total expenses	23,490,126	-	23,490,126	17,592,545
Change in Net Assets from Operations	400,375	436,554	836,929	1,448,453
Other Changes				
Gain on disposal of property	-	-	-	664,455
	-	-	-	664,455
Change in Net Assets	400,375	436,554	836,929	2,112,908
Net Assets, Beginning of Year, Restated	12,362,696	5,259,953	17,622,649	15,509,741
Net Assets, End of Year	$ 12,763,071	$ 5,696,507	$ 18,459,578	$ 17,622,649

See notes to consolidated financial statements

ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2018

	Without Donor Restrictions	With Donor Restrictions	Total
Public Support and Revenue			
Contributions	$ 1,620,788	$ -	$ 1,620,788
Grants and contract revenue	-	3,382,722	3,382,722
Capital campaign	-	13,465	13,465
Special events, net of $85,297 in direct expense	434,046	-	434,046
Bequests	123,629	182,531	306,160
In-kind revenue:			
Services	306,110	-	306,110
Food	12,802,665	-	12,802,665
Investment income	175,042	-	175,042
Net assets released from restrictions	3,258,649	(3,258,649)	-
Total public support and revenue	18,720,929	320,069	19,040,998
Expenses			
Program services			
Health Center	1,313,817	-	1,313,817
Jared S. Hechtkopf Community Food Bank	11,555,531	-	11,555,531
We Help Services	2,362,715	-	2,362,715
Baldwin Women's Residence	719,257	-	719,257
Family Residence	368,861	-	368,861
Men's Residence	461,689	-	461,689
Total program services	16,781,870	-	16,781,870
Support services			
General and administrative	269,109	-	269,109
Fundraising	541,566	-	541,566
Total support services	810,675	-	810,675
Total expenses	17,592,545	-	17,592,545
Change in Net Assets from Operations	1,128,384	320,069	1,448,453
Other Changes			
Gain on disposal of property	664,455	-	664,455
	664,455	-	664,455
Change in Net Assets, Restated	1,792,839	320,069	2,112,908
Net Assets, Beginning of Year, Restated	10,569,857	4,939,884	15,509,741
Net Assets, End of Year, Restated	$ 12,362,696	$ 5,259,953	$ 17,622,649

See notes to consolidated financial statements

ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2019

	Program Services						
	Health Center	Jared S. Hechtkopf Community Food Bank	We Help Services	Baldwin Women's Residence	Family Residence	Men's Residence	Total Program Services
Salaries and related expenses							
Salaries	$ 603,904	$ 300,722	$ 196,364	$ 307,139	$ 140,518	$ 174,953	$ 1,723,600
Payroll taxes and employee benefits	85,921	34,188	30,878	47,525	26,563	32,820	257,895
Total salaries and related expenses	689,825	334,910	227,242	354,664	167,081	207,773	1,981,495
Other expenses							
Advertising	7,036	7,626	6,237	6,282	6,267	6,237	39,685
Bank charges	-	-	-	-	-	-	-
Computer expenses	65,005	24,133	26,057	38,818	24,887	27,434	206,334
Contract services	-	-	-	-	-	-	-
Direct assistance	43,232	65,269	345,819	9,851	(133)	12,217	476,255
Dues and subscriptions	5,565	178	1,352	78	83	78	7,334
Fees and licenses	7,638	823	771	3,496	153	1,334	14,215
Food	-	14,849,890	3,054,182	87,417	78,110	28,547	18,098,146
Insurance	21,740	12,738	15,961	30,943	11,253	3,881	96,516
Legal and professional	10,765	7,318	7,749	9,724	5,729	6,303	47,588
Maintenance and repairs	27,094	9,186	33,969	46,769	24,693	10,245	151,956
Occupancy	31,223	19,354	41,401	65,597	42,877	35,093	235,545
Other	-	-	-	-	-	-	-
Postage and printing	4,320	2,009	13,867	1,939	1,379	1,394	24,908
Supplies	366,790	17,631	22,184	30,245	19,154	13,701	469,705
Small equipment and furniture	7,236	7,721	3,138	9,214	2,347	492	30,148
Training	5,249	1,308	559	1,612	156	593	9,477
Transportation	1,220	56,441	2,128	4,542	4,590	5,228	74,149
Depreciation	86,381	182,297	33,165	99,775	33,723	6,133	441,474
Total other expenses	690,494	15,263,922	3,608,539	446,302	255,268	158,910	20,423,435
Total expenses	$ 1,380,319	$15,598,832	$ 3,835,781	$ 800,966	$ 422,349	$ 366,683	$22,404,930

See notes to consolidated financial statements

ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES - CONTINUED
FOR THE YEAR ENDED SEPTEMBER 30, 2019

	Support Services			
	General and Administrative	Fundraising	Total Support Services	Total Expenses
Salaries and related expenses				
Salaries	$ 157,322	$ 403,175	$ 560,497	$ 2,284,097
Payroll taxes and employee benefits	128,815	47,474	176,289	434,184
Total salaries and related expenses	286,137	450,649	736,786	2,718,281
Other expenses				
Advertising	785	13,449	14,234	53,919
Bank charges	819	12,241	13,060	13,060
Computer expenses	39,018	28,530	67,548	273,882
Contract services	-	21,400	21,400	21,400
Direct assistance	-	-	-	476,255
Dues and subscriptions	1,862	6,712	8,574	15,908
Fees and licenses	6,808	18,136	24,944	39,159
Food	-	-	-	18,098,146
Insurance	5,201	5,201	10,402	106,918
Legal and professional	5,020	8,063	13,083	60,671
Maintenance and repairs	11,292	6,197	17,489	169,445
Occupancy	10,282	10,213	20,495	256,040
Other	-	1,393	1,393	1,393
Postage and printing	5,689	40,546	46,235	71,143
Supplies	13,725	26,431	40,156	509,861
Small equipment and furniture	2,378	1,335	3,713	33,861
Training	2,831	11,058	13,889	23,366
Transportation	3,753	2,873	6,626	80,775
Depreciation	12,930	12,239	25,169	466,643
Total other expenses	122,393	226,017	348,410	20,771,845
Total expenses	$ 408,530	$ 676,666	$ 1,085,196	$23,490,126

See notes to consolidated financial statements

ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2018

	Program Services						
	Health Center	Jared S. Hechtkopf Community Food Bank	We Help Services	Baldwin Women's Residence	Family Residence	Men's Residence	Total Program Services
Salaries and related expenses							
Salaries	$ 592,491	$ 260,623	$ 148,432	$ 280,749	$ 132,207	$ 172,394	$ 1,586,896
Payroll taxes and employee benefits	83,209	27,753	26,435	41,582	25,879	36,080	240,938
Total salaries and related expenses	675,700	288,376	174,867	322,331	158,086	208,474	1,827,834
Other expenses							
Advertising	5,212	4,265	4,549	4,350	4,265	4,313	26,954
Bank charges	-	-	-	-	-	-	-
Computer expenses	62,582	20,818	26,993	28,144	17,682	16,474	172,693
Contract services	-	-	-	-	-	-	-
Direct assistance	47,954	23,989	304,743	17,234	9,667	11,506	415,093
Dues and subscriptions	6,893	141	269	70	70	70	7,513
Fees and licenses	17,826	2,523	2,140	1,859	542	682	25,572
Food	-	10,929,810	1,690,909	88,193	63,110	19,131	12,791,153
Insurance	20,228	11,901	14,431	28,912	9,704	5,598	90,774
Legal and professional	3,302	2,990	2,961	3,153	3,015	2,961	18,382
Maintenance and repairs	27,352	9,734	24,297	32,453	13,250	11,537	118,623
Occupancy	28,980	17,227	38,947	70,970	40,509	31,961	228,594
Bad debt	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-
Postage and printing	8,772	4,771	12,341	5,850	5,219	5,874	42,827
Supplies	331,275	30,088	9,647	10,433	3,903	65,391	450,737
Small equipment and furniture	3,937	9,606	34,048	2,720	750	51,662	102,723
Training	3,063	429	309	176	52	190	4,219
Transportation	2,144	50,873	4,050	2,365	3,461	4,629	67,522
Depreciation	68,597	147,990	17,214	100,044	35,576	21,236	390,657
Total other expenses	638,117	11,267,155	2,187,848	396,926	210,775	253,215	14,954,036
Total expenses	$ 1,313,817	$11,555,531	$ 2,362,715	$ 719,257	$ 368,861	$ 461,689	$16,781,870

See notes to consolidated financial statements

ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES - CONTINUED
FOR THE YEAR ENDED SEPTEMBER 30, 2018

	Support Services			
	General and Administrative	Fundraising	Total Support Services	Total Expenses
Salaries and related expenses				
Salaries	$ 106,594	$ 324,797	$ 431,391	$ 2,018,287
Payroll taxes and employee benefits	78,253	42,747	121,000	361,938
Total salaries and related expenses	184,847	367,544	552,391	2,380,225
Other expenses				
Advertising	-	4,592	4,592	31,546
Bank charges	425	18,624	19,049	19,049
Computer expenses	26,586	25,586	52,172	224,865
Contract services	-	1,725	1,725	1,725
Direct assistance	-	-	-	415,093
Dues and subscriptions	428	2,894	3,322	10,835
Fees and licenses	4,378	30,115	34,493	60,065
Food	-	-	-	12,791,153
Insurance	5,436	4,869	10,305	101,079
Legal and professional	2,607	1,585	4,192	22,574
Maintenance and repairs	12,563	5,175	17,738	136,361
Occupancy	11,562	12,652	24,214	252,808
Bad debt	-	15,000	15,000	15,000
Other	38	13,792	13,830	13,830
Postage and printing	4,589	13,643	18,232	61,059
Supplies	4,611	9,928	14,539	465,276
Small equipment and furniture	484	160	644	103,367
Training	4,909	7,632	12,541	16,760
Transportation	771	1,174	1,945	69,467
Depreciation	4,875	4,876	9,751	400,408
Total other expenses	84,262	174,022	258,284	15,212,320
Total expenses	$ 269,109	$ 541,566	$ 810,675	$17,592,545

See notes to consolidated financial statements

ST. PETERSBURG FREE CLINIC, INC.
AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018

	2019	2018
Cash Flows from Operating Activities:		
Change in net assets	$ 836,929	$ 2,112,908
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	466,643	400,408
Gain on disposal of property	-	(664,455)
Realized gains on investments	-	(32,512)
Unrealized gains on investments	(29,034)	(67,304)
Change in value of beneficial interest in assets held by others	(219,456)	365
(Increase) decrease in operating assets:		
Grants receivable	26,170	42,227
Bequests receivable	91,817	(136,531)
Unconditional promises to give, net	467,217	(284,473)
Inventory	(219,040)	2,245
Prepaid expenses and other assets	16,936	(1,067)
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	167,928	46,376
Accrued payroll and benefits	51,676	17,920
Annuity obligations	9,557	80,263
Net cash provided by operating activities	1,667,343	1,516,370
Cash Flows from Investing Activities:		
Purchases of property and equipment	(372,991)	(1,539,574)
Proceeds from sale of property and equipment	-	863,397
Purchases of construction in progress	(363,271)	(100,189)
Proceeds from sale of investments	94,547	107,467
Purchases of investments	(231,802)	(238,252)
Net cash used in investing activities	(873,517)	(907,151)
Net Increase in Cash and Cash Equivalents	793,826	609,219
Cash and Cash Equivalents at Beginning of Year	2,397,671	1,788,452
Cash and Cash Equivalents at End of Year	$ 3,191,497	$ 2,397,671
Supplemental Cash Flow Information:		
Contributed services	$ 294,703	$ 306,110
In-kind donations	$ 18,327,360	$12,802,665

See notes to consolidated financial statements

NOTE A - NATURE OF ORGANIZATION

The consolidated financial statements include the operations of St. Petersburg Free Clinic, Inc. and the Sister Margaret Freeman Foundation, Inc. (the Foundation) (collectively, the Free Clinic). With compassion and respect, St. Petersburg Free Clinic changes lives by providing food, shelter and health care to our neighbors in need. The Free Clinic is a multi-service, independent, not-for-profit human services agency providing community neighbors assistance with food, shelter, and health care. The Free Clinic has been caring for the underserved facing temporary emergency needs throughout Pinellas County since 1970. Primary beneficiaries of the Free Clinic's programs are families and individuals in Pinellas County - specifically a combination of low income and working-poor who fall through the cracks of existing systems and services. Its current programs include:

Free Clinic Health Center

Established in 1970, Free Clinic Health Center provides primary health care services for adults aged 18 - 64 without private insurance, Medicare or Medicaid, and who do not qualify for county-subsidized health care. Free Clinic Health Center offers basic health and wellness services by a full-time nurse practitioner, a full-time health educator, full-time nurse coordinator, plus volunteer physicians and nurses. Available services include blood pressure and blood sugar testing and diabetic screenings, over the counter medications, prescription drug assistance, physical therapy, health related support groups, and referral services. For the fiscal years ended 2019 and 2018, the Free Clinic Health Center provided over 5,900 and 9,300 points of services, respectively, and filled prescriptions valued at $1.2 million and $3.3 million, respectively.

Free Clinic Health Education Program

The Health Education Program encourages and supports patients on their path to living a healthier, fuller life through two key prevention programs: The Cardiovascular Program provides patients with the resources to improve and manage their heart health and the Diabetes Education Program provides education, support and provision of medication and supplies to diabetic patients.

Free Clinic Dental Clinic

Free Clinic Dental Clinic provides uninsured adults with dental hygiene, fillings, and extractions. Volunteer dentists, dental assistants, and dental hygienists provide care to patients through clinics that are hosted multiple times per month. The Free Clinic Dental Clinic assisted 780 and 668 patients with 1,425 and 1,074 procedures for the fiscal years 2019 and 2018, respectively.

Jared S. Hechtkopf Community Food Bank

Established in 1980 as the second food bank in Florida, Jared S. Hechtkopf Community Food Bank (Jared’s Food Bank) solicits food products from all segments of the food industry, as well as from groups and organizations through food drives and individual donations. Jared’s Food Bank distributes food free of charge to over 60 partner agencies throughout the community, including food pantries, shelters, community kitchens, missions, residential programs, and childcare centers. These include Free Clinic's We Help Services, Baldwin Women's Residence, Family Residence, and its Men’s Residence. Jared’s Food Bank collected and distributed approximately 11.3 million and 7.6 million pounds of food for fiscal years 2019 and 2018, respectively. Every month, over 50,000 of our neighbors in need receive food assistance through these efforts.

NOTE A - NATURE OF ORGANIZATION - CONTINUED

Free Clinic We Help Services

Established in 1975, Free Clinic We Help Services provides emergency food and financial assistance, personal hygiene items, assistance with obtaining proper identification, and referral information. The Free Clinic We Help Services provided approximately 201,600 and 141,400 services to approximately 71,300 and 56,600 clients for fiscal years 2019 and 2018, respectively.

Baldwin Women's Residence

Established in 1989, the Virginia and David Baldwin Women's Residence (Baldwin Women's Residence) provides a safe place to stay as well as support services to single, homeless women in recovery as they work toward their goal of self-sufficiency. Residents may stay from one to twelve months while working to save money, set goals, and build life skills. Baldwin Women's Residence provided shelter and support to 130 and 121 women for fiscal years 2019 and 2018, respectively.

Free Clinic Family Residence

In February 2013, the Free Clinic acquired property for the purpose of better serving homeless families. The Residence provided 100 and 92 families with transitional shelter for fiscal years 2019 and 2018, respectively. Homeless families are referred to the program by the Juvenile Welfare Board and Personal Enrichment for Mental Health Services (PEMHS). These families are provided intensive navigation services to overcome the barriers to obtain permanent housing. The goal of the Family Residence is to serve families by providing safe shelter, as well as a path to permanent housing.

Free Clinic Men's Residence

Established in 1997, Free Clinic Men's Residence provides safe, supportive, transitional shelter to single, homeless men in recovery. The capacity of Men's Residence is 28 residents. Residents work with staff to set goals, save money, and work toward independent living. The Free Clinic Men's Residence assisted 61 and 70 homeless men for fiscal years 2019 and 2018, respectively.

Affiliate

The Sister Margaret Freeman Foundation, Inc. (the Foundation), a not-for-profit foundation, was incorporated on May 20, 1996. The Free Clinic and the Foundation are related through an economic interest and a majority voting interest on the board of directors. The Foundation's activities for the fiscal years ended September 30, 2019 and 2018 are included in these consolidated financial statements. All significant intercompany balances and transactions are eliminated in consolidation.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying consolidated financial statements of the Free Clinic have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

The Free Clinic presents information regarding its financial position and activities according to two classes of net assets described as follows:

- Net assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Free Clinic. These net assets may be used at the discretion of the Free Clinic's management and the board of directors.

- Net assets with donor restrictions – Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Free Clinic or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

The preparation of consolidated financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates. Significant estimates include the collectability of receivables and unconditional promises to give, determination of the useful lives of the property and equipment, and allocation of functional expenses.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on deposit with financial institutions and from time to time money market fund accounts. The Free Clinic considers all highly liquid assets with an initial maturity of three months or less as cash.

Financial instruments which potentially subject the Free Clinic to concentrations of credit risk consist principally of cash held in financial institutions in excess of federally insured limits. From time to time throughout the years ended September 30, 2019 and 2018, the Free Clinic's cash balance may have exceeded the federally insured limit. However, the Free Clinic has not experienced and does not expect to incur any losses in such accounts.

Inventory

Inventory consists of donated and purchased food and supplies. Donated merchandise is recorded at its estimated fair value at date of receipt. Purchased merchandise is recorded at lower of cost or market, with the cost being determined by the first in, first-out method.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Promises to Give

Conditional promises to give are not recognized in the consolidated financial statements until the conditions are substantially met or explicitly waived by the donor. 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 more than one year are recorded at fair value, which is measured as the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. In the absence of donor stipulations to the contrary, promises with payments due in future periods are restricted to use after the due date.

The Free Clinic uses the allowance method to determine uncollectible promises to give. The allowance for potentially uncollectible accounts was $0 and $15,000 at September 30, 2019 and 2018, respectively.

Grants and Restricted Gifts

Grants and other contributions of cash and other assets are reported as increases in net assets 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 purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions. Contributions received with donor-imposed restrictions that are met in the same year in which the contributions are received are classified as increases in net assets with donor restrictions and then released to net assets without donor restrictions. All contributions are available for unrestricted use unless specifically restricted by the donor.

Donated Services

Donated services that require specialized skills are recorded at fair market value. Donated services are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. These services consisted of medical services donated and totaled approximately $295,000 and $306,000 for the years ended September 30, 2019 and 2018, respectively.

Property and Equipment

Property and equipment are stated at cost, if purchased or at estimated fair value at the date of receipt, if acquired by gift. Expenditures in excess of $2,500 with an estimated useful life in excess of one year are capitalized. Depreciation is calculated using the straight-line method over the useful lives of the respective assets ranging from 3 to 40 years. Gifts of long-lived assets are reported as unrestricted support.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investments

Investments in debt and equity securities and mutual funds are stated at fair market value in the statements of financial position. Investment income or loss (including gains or losses on investments, interest, and dividends) is included in the consolidated statements of activities as increases or decreases in net assets without donor restrictions unless the income or loss is restricted by donor or law.

Investment income and gains earned on the endowment fund are reported as increases in net assets with donor restrictions in the reporting period in which the income and gains are recognized and released from restriction when distributed for operating purposes.

Charitable Gift Annuities

The Free Clinic 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 1.94% to 2.03%. The liability is reduced as distributions are made to the beneficiaries.

Income Taxes

The Free Clinic is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Uncertain Tax Positions

The Free Clinic accounts for the effect of any uncertain tax positions based on a “more likely than not” threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a “cumulative probability assessment” that aggregates the estimated tax liability for all uncertain tax positions. The Free Clinic has identified its tax status as a tax-exempt entity as its only significant tax position; however, the Free Clinic has determined that such tax position does not result in an uncertainty requiring recognition. The Free Clinic is not currently under examination by any taxing jurisdiction. The Free Clinic’s federal returns are generally open for examination for three years following the date filed.

Measure of Operations

The statements of activities report all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Organization's ongoing services. Nonoperating activities, if any, are limited to other activities considered to be of a more unusual or nonrecurring nature.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Functional Allocation of Expenses

The costs of providing the programs and supporting services have been reported on a functional basis in the consolidated statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Program and supporting expenses, when specifically identifiable, are classified to the function which incurred the expense. Salaries and payroll taxes have been allocated using employee time sheets which documents the time spent within each program and category. Certain expenses are allocated to each function based on management's estimate.

Fair Value Measurements

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on a measurement date. There is a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. There are three levels of inputs that may be used to measure fair value:

Level 1: Quoted market prices in active markets for identical assets or liabilities.
Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data.
Level 3: Unobservable inputs that are not corroborated by market data

The inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, the financial instrument's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Reclassifications

Certain amounts in the prior year consolidated financial statements have been reclassified for comparative purposes to conform with the presentation in the current year consolidated financial statements. Net assets have not been impacted as a result of these reclassifications.

New Accounting Pronouncement

On August 18, 2016, the Financial Accounting Standards Board issued Accounting Standards Update 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources and the lack of consistency in the type of information provided about expenses and investment return. The Organization has adjusted the presentation of these statements accordingly.

NOTE C - AVAILABILITY AND LIQUIDITY

The Free Clinic 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 Free Clinic must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for expenditure within one year. As part of the Free Clinic'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 Free Clinic regularly monitors liquidity to meet its operating needs and other contractual commitments. The Free Clinic has various sources of liquidity at its disposal including cash and investments.

At September 30, 2019, the Free Clinic's financial assets available to meet general expenditures within one year were as follows:

Financial Assets:	
Cash and cash equivalents	$ 3,191,497
Grants receivable	366,179
Bequests receivable	90,714
Promises to give	2,190,692
Investments	2,306,268
Beneficial interest in assets held by others	391,809
Total financial assets	8,537,159
Less amounts unavailable for general expenditure within one year due to:	
Contractual or donor imposed restrictions:	
Internally controlled endowments	(850,000)
Externally controlled endowments	(391,809)
Contributions with donor restrictions	(2,469,437)
Promises to give with donor restrictions	(1,390,692)
Total contractual or donor-imposed restrictions	(5,101,938)
Board designations:	
Net assets designated for endowment	(1,922,823)
Net assets designated for Men's Residence	(715,487)
Total board designations	(2,638,310)
Financial assets available to meet general expenditures within one year	$ 796,911

NOTE D - INVESTMENTS

The Free Clinic's investments consist of the following at September 30, 2019 and 2018:

	2019		2018	
	Cost	Market	Cost	Market
Money market funds	$ 123,285	$ 123,285	$ 95,327	$ 95,327
Mutual funds	1,615,222	1,968,661	1,509,730	1,834,001
Certificate of deposit	214,322	214,322	210,651	210,651
	$ 1,952,829	$ 2,306,268	$ 1,815,708	$ 2,139,979

The following summarizes investment income reflected in the consolidated statements of activities:

	2019	2018
Interest and dividends	$ 99,199	$ 75,226
Realized gains	-	32,512
Unrealized gains	29,034	67,304
Total investment return	$ 128,233	$ 175,042

NOTE E - BEQUESTS RECEIVABLE

The Free Clinic recognizes a receivable and revenue for their interest in bequests based on the inventories of estate assets and conditions contained in the respective wills. Amounts expected to be received in future years are discounted to provide estimates in current year dollars. The Free Clinic records bequests receivable (when the court declares the related will valid) as donor restricted. As funds from an estate (other than those required to be held in perpetuity) are collected, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities as net assets released from restrictions. Bequests receivable at September 30, 2019 and 2018 are $90,714 and $182,531, respectively.

NOTE F - BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS

In 2012, the Free Clinic invested $52,600 within the Community Foundation of Tampa Bay. This amount is considered to be an asset of the Free Clinic and is presented as beneficial interest in assets held by others in the accompanying consolidated statements of financial position as of September 30, 2019 and 2018. As of September 30, 2019 and 2018, this investment was valued at $56,209 and $57,353, respectively. In addition, at September 30, 2019 and 2018, the Community Foundation of Tampa Bay (the Community Foundation) was holding a balance of approximately $46,600 and $48,000, respectively, representing contributions made directly to the Community Foundation for the benefit of the Free Clinic. Earnings on these funds are earmarked to be distributed on a periodic basis to the Free Clinic. The Community Foundation has been granted variance power over these funds which provide the Community Foundation the unilateral power to redirect the use of the funds to other beneficiaries if the Free Clinic were to discontinue operations. Because the Community Foundation has been granted variance power, funds contributed by donors to the Community Foundation on behalf of the Free Clinic are not considered to be an asset of the Free Clinic and have not been reported in the accompanying consolidated financial statements.

In 2012, the Sister Margaret Freeman Foundation invested $115,000 with the Pinellas Community Foundation in an endowment. The Pinellas County Community Foundation matched the $115,000 with 30% or $34,500. The endowment will pay 5% of its year-end value to the Free Clinic each year. The 30% match is not considered to be an asset of the Free Clinic and has not been reported in the consolidated financial statements. As of September 30, 2019 and 2018, this endowment, including the 30% match, was valued at approximately $154,300 and $154,600, respectively. The portion invested by the Sister Margaret Freeman Foundation is reflected as beneficial interest in assets held by others on the consolidated statements of financial position.

NOTE G - UNCONDITIONAL PROMISES TO GIVE

Unconditional promises to give at September 30, 2019 and 2018 are summarized as follows:

	2019	2018
Gross unconditional promises to give	$ 2,286,048	$ 2,808,322
Less unamortized discount	(95,356)	(135,413)
Less allowance for uncollectible amounts	-	(15,000)
Net unconditional promises to give	$ 2,190,692	$ 2,657,909
Amount due in:		
Less than one year	$ 944,048	$ 893,327
One to five years	1,342,000	1,914,995
	$ 2,286,048	$ 2,808,322

NOTE G - UNCONDITIONAL PROMISES TO GIVE - CONTINUED

Unconditional promises to give at September 30, 2019 include pledges from two donors totaling approximately $1.9 million or 84% of total unconditional promises to give. Amounts due from the same two donors totaled $2.7 million or 96% of total unconditional promises to give at September 30, 2018. Promises to give with due dates extending beyond one year are discounted to present value using Treasury bill rates with similar term investments. The applicable discount rates used ranged from 2.05% to 3.44%.

NOTE H - PROPERTY AND EQUIPMENT AND CONSTRUCTION IN PROGRESS

Property and equipment consists of the following at September 30:

	2019	2018
Land	$ 1,774,435	$ 1,774,435
Building and improvements	8,285,939	7,999,970
Furniture and equipment	878,652	841,480
Vehicles	549,861	384,699
	11,488,887	11,000,584
Less accumulated depreciation	(1,762,225)	(1,295,582)
	$ 9,726,662	$ 9,705,002

Construction in progress at September 30, 2019 and 2018 was $363,271 and $115,312, respectively, and represents amounts paid to date for the renovation and expansion of the Free Clinic's facilities for the We Help and Dental programs. Depreciation will commence when the renovations are completed and placed in service.

NOTE I - OPERATING LEASE

The Free Clinic has entered into operating leases, which cover parking, software, and office equipment. Total rental expense for these leases was approximately $17,000 and $33,000 for the years ended September 30, 2019 and 2018, respectively. The approximate future minimum lease payments required under these operating leases at September 30, 2019 are as follows:

Years Ending September 30,	Amount
2020	$ 12,000
2021	12,000
2022	12,000
2023	12,000
2024	12,000
Thereafter	15,000
	$ 75,000

NOTE J - CHARITABLE GIFT ANNUITIES

Under the charitable gift annuity agreements, the Free Clinic receives a stated amount and, in consideration of the amount transferred, agrees to pay the annuitants a specified annuity payment. Of the three agreements in effect, one agreement requires quarterly distributions at an annual distribution rate of 4.5%. The second and third agreements require annual distributions of 11.5% and 13.5%, respectively, and distributions are deferred until the year 2031. Distributions during each of the years ended September 30, 2019 and 2018 were approximately $4,800.

State law requires the Free Clinic 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. The Free Clinic voluntarily maintains assets that are in excess of the required reserves and surplus.

NOTE K - DONATED FOOD AND MEDICINE

During the years ended September 30, 2019 and 2018, the Free Clinic received approximately 11.3 million and 7.6 million pounds of donated food, respectively. The donated food is estimated to be valued at $1.62 a pound for fiscal year 2019 and $1.68 a pound for fiscal year 2018, which amounts to approximately $18,300,000 and $12,800,000, respectively. The donations and the inventory value of donated food are recorded when the Free Clinic has the unilateral power to redirect the use of the transferred assets to another beneficiary.

Additionally, the Free Clinic receives donated medicine throughout the year consisting primarily of sample items. Medicines are disbursed appropriately as needed. Due to the high volume of activity, and the difficulty in determining the fair value, revenue and expense are not recorded.

NOTE L - RETIREMENT PLAN

The Free Clinic has a 401(k) retirement plan which covers all employees over 21 years of age having one year of service, provided they have met the 1,000 hours of service requirement. Annual contributions are made at the discretion of the Board. The contribution for fiscal 2019 and 2018 was approximately $105,800 and $59,000, respectively.

NOTE M - FOUNDATION

The Sister Margaret Freeman Foundation, Inc.'s net assets as of September 30, 2019 and 2018 consisted of the following:

	2019	2018
Without donor restrictions, undesignated	$ 32,696	$ 23,900
Board designated for endowment purposes	1,922,823	1,786,234
With donor restrictions	115,000	115,000
	$ 2,070,519	$ 1,925,134

NOTE N - 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:		
Bequests receivable	$ 90,714	$ 182,531
Subject to use restrictions:		
Donated property	228,288	228,288
Grants and restricted gifts	2,748,613	1,973,625
Promises to give	1,390,692	1,657,909
	4,367,593	3,859,822
Net assets held in perpetuity:		
Tampa Bay Community Foundation	52,600	52,600
Pinellas County Community Foundation	115,000	115,000
Beth Houghton Leadership Endowment	20,600	-
Food Bank Endowment	200,000	-
Founders Endowment	50,000	50,000
Rothman Endowment Receivable	800,000	1,000,000
	1,238,200	1,217,600
	$ 5,696,507	$ 5,259,953

Net assets were released from restrictions as follows during the years ended September 30, 2019 and 2018, by incurring expenses satisfying the restricted purposes, or by occurrence of other events specified by donors:

	2019	2018
Bequests receivable	$ 182,531	$ 46,000
Grants and restricted gifts	1,159,569	1,340,414
Project pledges	370,610	1,688,541
Baldwin Women's Residence Campaign	-	183,694
	$ 1,712,710	$ 3,258,649

NOTE N - NET ASSETS WITH DONOR RESTRICTIONS - CONTINUED

In 2007, the Free Clinic received a $50,000 donation to establish an endowment fund. A stipulation of the donation was the Free Clinic match the contributed amount from unrestricted monies. The matching funds are included as part of board designated funds. Terms of the donation require the funds to be segregated from the Free Clinic's operating funds. Earnings will be released to the Free Clinic for general operations. This donor-restricted endowment is included in net assets held in perpetuity.

In 2012, the Free Clinic invested $52,600 with the Community Foundation of Tampa Bay. Only the earnings on these funds will be distributed on a periodic basis to the Free Clinic. Based on the terms of the investment, the invested amount will never be returned to the Free Clinic. The initial investment is reported as net assets with donor restrictions and the year-end value in excess of the initial investment is included in net assets without donor restrictions.

In 2012, the Sister Margaret Freeman Foundation invested $115,000 within the Pinellas County Community Foundation. As an incentive for this investment the Pinellas County Community Foundation provided a 30% match on the funds invested into the Sister Margaret Freeman Foundation's account. Only the earnings on these funds will be distributed on a periodic basis to the Sister Margaret Freeman Foundation. Based on the terms of the investment, the invested amount, as well as the match provided, will never be returned to the Sister Margaret Freeman Foundation. The initial investment is reported as net assets with donor restrictions and the year-end value in excess of the initial investment is reported in net assets without restrictions. The 30% match received is not reported in the Free Clinic's consolidated financial statements.

In 2016, the Free Clinic received a pledge from a donor which created a $1,000,000 endowment. This endowment receivable has been reported as net assets with donor restrictions. During fiscal 2019, $200,000 of this endowment pledge receivable was collected and used to fund the Food Bank Endowment leaving $800,000 remaining in the Rothman Endowment.

In 2019, the Beth Houghton Leadership Endowment was created and funded by several contributions in the total amount of $20,600.

NOTE O - ENDOWMENT FUND

The Free Clinic’s endowment consists of the donor-restricted funds in **NOTE N** and one board designated investment fund established for the purpose of providing a continuous source of income for the Free Clinic. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

NOTE O - ENDOWMENT FUND - CONTINUED

Endowment net asset composition by type of fund as of September 30, 2019 and 2018:

	Without Donor Restrictions	With Donor Restrictions	Total
Summary of Endowment Assets September 30, 2019:			
Donor-restricted endowment	$ -	$ 1,238,200	$ 1,238,200
Board-designated funds	1,922,823	-	1,922,823
	$ 1,922,823	$ 1,238,200	$ 3,161,023
Summary of Endowment Assets September 30, 2018:			
Donor-restricted endowment	$ -	$ 1,217,600	$ 1,217,600
Board-designated funds	1,786,234	-	1,786,234
	$ 1,786,234	$ 1,217,600	$ 3,003,834

Changes in endowment net assets for the years ended September 30, 2019 and 2018 consist of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Changes in Endowment Net Assets for the year ended September 30, 2019:			
Endowment net assets, beginning	$ 1,786,234	$ 1,217,600	$ 3,003,834
Investments return:			
Investment income	46,495	-	46,495
Net appreciation (realized and unrealized)	27,094	-	27,094
Total investment return	73,589	-	73,589
Contributions	100,000	20,600	120,600
Distributions	(37,000)	-	(37,000)
Total funds	$ 1,922,823	$ 1,238,200	$ 3,161,023

NOTE O - ENDOWMENT FUND - CONTINUED

	Without Donor Restrictions	With Donor Restrictions	Total
Changes in Endowment Net Assets for the year ended September 30, 2018:			
Endowment net assets, beginning	$ 1,701,656	$ 1,217,600	$ 2,919,256
Investments return:			
Investment income	43,504	-	43,504
Net appreciation (realized and unrealized)	95,589	-	95,589
Total investment return	139,093	-	139,093
Distributions	(54,515)	-	(54,515)
Total funds	$ 1,786,234	$ 1,217,600	$ 3,003,834

Return Objectives, Risk Parameters, and Strategies

The Free Clinic has adopted an investment and spending policy for endowment assets that attempts to preserve the real (inflation adjusted) value of endowment assets, increase the real value of the portfolio and facilitate a potential distribution to support some level of future operations. Endowment assets include those assets of donor-restricted funds that the Free Clinic must hold in perpetuity or for a donor-specified period(s). These objectives are met for funds held with the Community Foundation of Tampa Bay and Pinellas Community Foundation through the control of each of those Community Foundations (see **NOTES F AND N**). The Sister Margaret Freeman Foundation Board (the Foundation Board) serves as the Investment Committee for all other endowment funds. The terms of the operating policies of the endowment fund (the Fund) requires that the Fund will be managed by the Investment Committee. The Investment Committee is responsible to oversee the portfolio's investments and monitor the investments on an ongoing basis to ensure that long-term objectives are being met. The Investment Committee has agreed to a target asset allocation for the portfolio's assets and seeks advice from professional investment managers which hold the assets. The Fund is to invest funds in accordance with the standards set forth in the Foundation Board's investment policy.

Spending Policy

The Foundation Board is operating under an approved endowment policy that seeks to preserve the purchasing power of the Fund while providing income at the highest attainable level. The endowment fund may distribute income and dividends. Under Florida UPMIFA capital gains may also be distributed. Investment earnings and capital gains are accumulated in net assets without donor restrictions. There is to be no invasion of the original principal of the gift given to the Free Clinic unless the donor instructs otherwise.

NOTE P - FAIR VALUE OF FINANCIAL INSTRUMENTS

The Free Clinic's investments are reported at fair value in the accompanying consolidated statements of financial position. Following is a description of valuation methodologies used for investments measured at fair value.

Money Market - Valued at the net asset value of shares held by the Free Clinic at year-end.

Mutual funds - Valued at the net asset value of shares held by the Free Clinic at year-end based on quoted prices of the various funds in active markets.

Certificate of Deposit - Valued at face value plus accrued interest which approximates fair value.

Beneficial interest in assets held by others - The investments are managed by an unrelated third party and are valued based upon the third-party information without adjustment. The Free Clinic does not develop nor are they provided with the quantitative inputs used to develop the fair market values.

The fair values of assets measured on a recurring basis at September 30, 2019 are as follows:

		Fair Value Measurements at Reporting Date Using		
	Assets Measured at Fair Value at September 30, 2019	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	$ 123,285	$ 123,285	$ -	$ -
Mutual funds	1,968,661	1,968,661	-	-
Certificate of deposit	214,322	-	214,322	-
Beneficial interest in assets held by others	391,809	-	-	391,809
	$ 2,698,077	$ 2,091,946	$ 214,322	$ 391,809

NOTE P - FAIR VALUE OF FINANCIAL INSTRUMENTS - CONTINUED

The fair values of assets measured on a recurring basis at September 30, 2018 are as follows:

		Fair Value Measurements at Reporting Date Using		
	Assets Measured at Fair Value at September 30, 2018	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	$ 95,327	$ 95,327	$ -	$ -
Mutual funds	1,834,001	1,834,001	-	-
Certificate of deposit	210,651	-	210,651	-
Beneficial interest in assets held by others	172,353	-	-	172,353
	$ 2,312,332	$ 1,929,328	$ 210,651	$ 172,353

The following is a summary of changes in the fair value of the Free Clinic's Level 3 assets for the years ended September 30:

	2019	2018
Balance, October 1	$ 172,353	$ 172,718
Contributions	221,100	-
Grants	(2,652)	(2,990)
Investment income, net	1,008	2,625
Balance, September 30	$ 391,809	$ 172,353

NOTE Q - CORRECTION OF AN ERROR

During fiscal 2019, management determined there was an error in reporting accrued paid time off in prior fiscal years. The error resulted in the overstatement of accrued payroll and benefits and an understatement of net assets without donor restrictions of $79,257 at September 30, 2018. The change in net assets without donor restrictions was overstated by $17,990 for the fiscal year ended September 30, 2018. Beginning net assets without donor restrictions for fiscal year 2018 was understated by $97,247. Accrued payroll and benefits, salaries expense and net assets without donor restrictions have been adjusted in the accompanying consolidated financial statements to reflect the correction of this error.

NOTE R - SUBSEQUENT EVENTS

The Free Clinic has evaluated all subsequent events through March 23, 2020, the date the consolidated financial statements were available to be issued. The Free Clinic is not aware of any subsequent events which would require recognition or disclosure in the consolidated financial statements.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

C Name of organization: St. Petersburg Free Clinic, Inc.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 863 Third Ave. N. Room/suite

City or town, state or province, country, and ZIP or foreign postal code: St. Petersburg, FL 33701

D Employer identification number: **-***8280

E Telephone number: 727-821-1200 ex

G Gross receipts $ 24,104,111.

F Name and address of principal officer: Bill Van Law
same as C above

H(a) Is this a group return for subordinates? [ ] Yes [X] No

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

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

J Website: ▶ www.stpetersburgfreeclinic.org

H(c) Group exemption number ▶

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

L Year of formation: 1970 **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Provide temporary assistance for families and individuals in need of food, shelter, and health care.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	71
6	Total number of volunteers (estimate if necessary)	6	1200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	18,269,703.	23,467,291.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	696,103.	44,002.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	434,046.	463,771.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,399,852.	23,975,064.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	485,097.	576,255.
	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)	2,362,235.	2,718,281.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 680,434.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,797,091.	20,294,329.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,644,423.	23,588,865.
	19	Revenue less expenses. Subtract line 18 from line 12	1,755,429.	386,199.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,105,234.	17,025,939.
	21	Total liabilities (Part X, line 26)	486,976.	636,880.
	22	Net assets or fund balances. Subtract line 21 from line 20	15,618,258.	16,389,059.

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

▶ Bill Van Law, Chair
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Cynthia J. Zygadlo	Zygadlo			P00554679

Firm's name ▶ PDR CPAS + Advisors — Firm's EIN ▶ **-***7531

Firm's address ▶ 4023 Tampa Road, Suite 2000
Oldsmar, FL 34677 — Phone no. 727-785-4447

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
With compassion and respect, St. Petersburg Free Clinic changes lives by providing food, shelter and health care to our neighbors in need.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 15,598,832. including grants of $ 476,255.) (Revenue $)
Free Clinic Jared S. Hechtkopf Community Food Bank solicits food from all segments of the food industry, as well as from groups and individuals through food drives and individual donations. Jared's Food Bank distributes food free of charge to over 60 partner agencies throughout our community, including food pantries, shelters, community kitchens, missions, residential programs, and child care centers. Jared's Food Bank collected and distributed approximately 11.3 million pounds of food in this fiscal year. Every month, over 50,000 neighbors in need receive food assistance through these efforts.

4b (Code:) (Expenses $ 3,835,781. including grants of $) (Revenue $)
Free Clinic We Help Services provides emergency food and financial assistance, personal hygiene items, assistance with obtaining proper identification, and referral information. We Help Services provided approximately 201,600 services to over 71,000 clients this year.

4c (Code:) (Expenses $ 1,380,319. including grants of $) (Revenue $)
Free Clinic Health Center provides primary health care and dental services for adults aged 18-64 without private insurance, Medicare or Medicaid, and who do not qualify for county-subsidized health care. The Health Clinic offers basic and wellness services through staff and volunteer physicians and nurses. Available services include blood pressure and blood sugar testing and diabetic screenings, over the counter medications, prescription drug assistance, physical therapy, health related support groups, and referral services. The Health Clinic provided over 5,900 points of service and acquired prescriptions valued at $1.2 million. The Dental Clinic assisted 780 patients with 1,425 procedures.

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,689,998. including grants of $ 100,000.) (Revenue $)

4e Total program service expenses ▶ 22,504,930.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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 71			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation 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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

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.

[X] Own website [ ] Another's website [X] 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 ▶

Michael O. Bice - 727-821-1200
863 Third Avenue North, St. Petersburg, FL 33701

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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bill Van Law Chair	4.00	X		X				0.	0.	0.
(2) Janet Adams Vice Chair	2.00	X		X				0.	0.	0.
(3) Marylou Bourdow Secretary	4.00	X		X				0.	0.	0.
(4) Greg Holden Treasurer	2.00	X		X				0.	0.	0.
(5) Tim McMahon Director	1.00	X						0.	0.	0.
(6) Stacy Sher Conroy Director	1.00	X						0.	0.	0.
(7) Barbara Baccari Director	1.00	X						0.	0.	0.
(8) Kimberly Jackson Director	1.00	X						0.	0.	0.
(9) Matthew Frey Director	1.00	X						0.	0.	0.
(10) Michael Harting Director	1.00	X						0.	0.	0.
(11) Bert Martin Director	1.00	X						0.	0.	0.
(12) Tamara Meyer Director	1.00	X						0.	0.	0.
(13) Nadine Smith Director	1.00	X						0.	0.	0.
(14) Sarah Lind Ribeiro Director	1.00	X						0.	0.	0.
(15) William Sweeney Director	1.00	X						0.	0.	0.
(16) John Tucker Director	1.00	X						0.	0.	0.
(17) Beth Vivio Director	1.00	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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) Lisa Vickers Director	1.00	X						0.	0.	0.
(19) Jodi Perry Director	1.00	X						0.	0.	0.
(20) David Warner Director	1.00	X						0.	0.	0.
(21) Beth Houghton Executive Director	45.00			X				128,626.	0.	10,884.
1b Sub-total ▶								128,626.	0.	10,884.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								128,626.	0.	10,884.

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? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	37,000.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	23,430,291.				
	g Noncash contributions included in lines 1a-1f: $ 18,327,360.						
	h **Total.** Add lines 1a-1f ▶			23,467,291.			
Program Service Revenue		Business Code					
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			44,002.	44,002.		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a	592,818.				
	b Less: direct expenses	b	129,047.				
	c Net income or (loss) from fundraising events ▶			463,771.			463,771.
	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					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
	11 a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total revenue.** See instructions ▶			23,975,064.	44,002.	0.	463,771.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100,000.	100,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	476,255.	476,255.		
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	128,625.	46,305.	46,305.	36,015.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,155,472.	1,677,295.	111,017.	367,160.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	434,184.	257,895.	128,815.	47,474.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	60,671.	47,588.	5,020.	8,063.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	21,400.			21,400.
12 Advertising and promotion	53,919.	39,685.	785.	13,449.
13 Office expenses	100,046.	55,056.	3,109.	41,881.
14 Information technology	273,882.	206,334.	39,018.	28,530.
15 Royalties				
16 Occupancy	425,485.	387,501.	21,574.	16,410.
17 Travel	80,775.	74,149.	3,753.	2,873.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	466,643.	441,474.	12,930.	12,239.
23 Insurance	106,918.	96,516.	5,201.	5,201.
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 Donated food distribute	18,098,146.	18,098,146.		
b Program Supplies	509,861.	469,705.	13,725.	26,431.
c Fees & Licenses	39,088.	14,215.	6,737.	18,136.
d Training	23,366.	9,477.	2,831.	11,058.
e All other expenses	34,129.	7,334.	2,681.	24,114.
25 **Total functional expenses.** Add lines 1 through 24e	23,588,865.	22,504,930.	403,501.	680,434.
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	2,373,771.	1	3,158,801.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,050,258.	3	2,556,871.
	4	Accounts receivable, net	182,531.	4	90,714.
	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	136,180.	8	355,220.
	9	Prepaid expenses and deferred charges	131,082.	9	114,146.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 11,488,887.			
	b	Less: accumulated depreciation — 10b 1,762,225.	9,705,002.	10c	9,726,662.
	11	Investments - publicly traded securities	353,745.	11	383,445.
	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	172,665.	15	640,080.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	16,105,234.	16	17,025,939.
Liabilities	17	Accounts payable and accrued expenses	406,713.	17	547,060.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	80,263.	25	89,820.
	26	**Total liabilities.** Add lines 17 through 25	486,976.	26	636,880.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	10,473,305.	27	10,807,552.
	28	Temporarily restricted net assets	4,042,353.	28	4,458,308.
	29	Permanently restricted net assets	1,102,600.	29	1,123,199.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	15,618,258.	33	16,389,059.
	34	Total liabilities and net assets/fund balances	16,105,234.	34	17,025,939.

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	23,975,064.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,588,865.
3	Revenue less expenses. Subtract line 2 from line 1	3	386,199.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,618,258.
5	Net unrealized gains (losses) on investments	5	10,642.
6	Donated services and use of facilities	6	294,703.
7	Investment expenses	7	
8	Prior period adjustments	8	79,257.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,389,059.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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	3b		

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 St. Petersburg Free Clinic, Inc.

Employer identification number **-***8280

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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.")	9,319,120.	15,154,112.	12,681,413.	18,269,703.	23,467,291.	78,891,639.
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	9,319,120.	15,154,112.	12,681,413.	18,269,703.	23,467,291.	78,891,639.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						78,891,639.

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	9,319,120.	15,154,112.	12,681,413.	18,269,703.	23,467,291.	78,891,639.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,959.	28,431.	9,454.	31,648.	48,615.	128,107.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						79,019,746.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ..... 14 99.84 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... 15 99.87 %

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

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

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

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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	**Employer identification number**
St. Petersburg Free Clinic, Inc.	**-***8280

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: St. Petersburg Free Clinic, Inc.

Employer identification number: **-***8280

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	David Baldwin 125 56th Ave S #37 St. Petersburg, FL 33705	$ 1,241,650.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	Community Foundation of Tampa Bay 4300 W Cypress St Ste 700 Tampa, FL 33607	$ 585,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: St. Petersburg Free Clinic, Inc.

Employer identification number: **-***8280

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
		$	

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

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

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

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

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

Name of organization: St. Petersburg Free Clinic, Inc.

Employer identification number: **-***8280

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 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: St. Petersburg Free Clinic, Inc.

Employer identification number: **-***8280

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	1,102,600.	1,102,600.	1,102,600.	102,600.	102,600.
b Contributions	20,600.			1,000,000.	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,123,200.	1,102,600.	1,102,600.	1,102,600.	102,600.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)	X	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	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		1,774,435.		1,774,435.
b Buildings		8,285,939.	1,032,968.	7,252,971.
c Leasehold improvements				
d Equipment		669,705.	256,017.	413,688.
e Other		758,808.	473,240.	285,568.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				9,726,662.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Annuity obligations	89,820.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	89,820.

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 [X]

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	24,327,055.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	10,642.		
b	Donated services and use of facilities	2b	294,703.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	83,646.		
e	Add lines **2a** through **2d**			2e	388,991.
3	Subtract line **2e** from line **1**			3	23,938,064.
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	37,000.		
c	Add lines **4a** and **4b**			4c	37,000.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	23,975,064.

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	23,490,126.
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	1,261.		
e	Add lines **2a** through **2d**			2e	1,261.
3	Subtract line **2e** from line **1**			3	23,488,865.
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	100,000.		
c	Add lines **4a** and **4b**			4c	100,000.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	23,588,865.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

The Free Clinic accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. The Free Clinic has identified its tax status as a tax-exempt entity as its only significant tax position; however, the Free Clinic has determined that such tax position does not result in an uncertainty requiring recognition. The Free Clinic is not currently under

Part XIII Supplemental Information *(continued)*

examination by any taxing jurisdiction. The Free Clinic's federal returns are generally open for examination for three years following the date filed.

Part XI, Line 2d - Other Adjustments:

Revenues for consolidated entity, Sister Margaret Freeman Foundation

Investment return from Sister Margaret Freeman Foundation

Part XI, Line 4b - Other Adjustments:

Distribution received from Sister Margaret Freeman Foundation

Part XII, Line 2d - Other Adjustments:

Expenses for consolidated entity, Sister Margaret Freeman Foundation

Part XII, Line 4b - Other Adjustments:

Donation to Sister Margaret Freeman Foundation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: St. Petersburg Free Clinic, Inc.

Employer identification number: **-***8280

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

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 Hunger Free (event type)	(b) Event #2 Battle of the Minds (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	194,130.	398,688.		592,818.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	194,130.	398,688.		592,818.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		600.		600.
	6 Rent/facility costs				
	7 Food and beverages	2,535.	27,449.		29,984.
	8 Entertainment				
	9 Other direct expenses	20,519.	77,944.		98,463.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				129,047.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				463,771.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... 13a %

b An outside facility ..... 13b %

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: St. Petersburg Free Clinic, Inc.

Employer identification number: **-***8280

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

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

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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

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

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

832101 11-02-18

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Direct assistance to individuals in need of bus passes, IDs, utility bills, housing, and dentures.	71252	0.	476,255.	Fair market value	

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: St. Petersburg Free Clinic, Inc.

Employer identification number: **-***8280

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
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		18,306,000.	Estimated $1.62/LB
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

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

Schedule M (Form 990) 2018

832141 10-18-18

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 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: St. Petersburg Free Clinic, Inc.

Employer identification number: **-***8280

Form 990, Part VI, Section B, line 11b:

Executive Director reviews the Form 990 and provides the final draft of the exact IRS filing to each voting Board member for review and approval prior to filing the return.

Form 990, Part VI, Section B, Line 12c:

The Executive Director monitors for any conflict of interest among employees and board members, and involves the Chair or Board as necessary.

Form 990, Part VI, Section B, Line 15:

The Board's Executive Committee determines the Executive Director's salary based on their knowledge of salaries at comparable organizations.

Form 990, Part VI, Section C, Line 19:

Form 990 and audited financial statements are available at www.stpetersburgfreeclinic.org or upon request.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: St. Petersburg Free Clinic, Inc.

Employer identification number: **-***8280

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
Sister Margaret Freeman Foundation - 31-1470427, 863 3rd Ave N, St. Petersburg, FL 33701	Support St. Petersburg Free Clinic	Florida	501(c)(3)	11A - Type 1	N/A		X

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

Schedule R (Form 990) 2018

832161 10-02-18 LHA

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Sister Margaret Freeman Foundation	R	100,000.	Cash
(2) Sister Margaret Freeman Foundation	S	37,000.	Cash
(3)			
(4)			
(5)			
(6)			

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

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

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

832164 10-02-18

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. St. Petersburg Free Clinic, Inc.	**Enter filer's identifying number** Employer identification number (EIN) or **-***8280
	Number, street, and room or suite no. If a P.O. box, see instructions. 863 Third Ave. N.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. St. Petersburg, FL 33701	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ Michael O. Bice 863 Third Avenue North - St. Petersburg, FL 33701
  Telephone No. ▶ 727-821-1200 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until August 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning OCT 1, 2018, and ending SEP 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

823841 12-19-18

St Petersburg Free Clinic - FY20 and FY21 Annual Budgets

	Board Approved Annual Budget FY 2020 (Ending 9/30/20)	DRAFT Annual Budget FY 2021 (Beginning 10/1/2020)
Income		
Contributions	1,655,530.00	1,310,700.00
Restricted Gifts / Grants	1,966,000.00	1,750,500.00
Restricted Gifts/Grants - CARES	-	1,405,837.00
Client Contributions	161,300.00	100,300.00
Special Events Revenue	630,000.00	550,000.00
Bequests and Trusts	60,000.00	1,500,000.00
Inkind Services & Food	22,956,000.00	25,300,000.00
Total Income	27,428,830.00	31,917,337.00
Expense		
Direct Assistance		
Direct Assist - Dental	39,007.00	6,500.00
Direct Assist - Food	273,669.00	912,350.00
Direct Assist - Housing	4,981.00	2,500.00
Direct Assist - Transportat	9,101.00	6,800.00
Direct Assist - ID	15,012.00	10,000.00
Direct Assist - Water	65,342.00	100,000.00
Direct Assist - Utilities	36,000.00	36,000.00
Direct Assist - Diabetes	15,958.00	-
Direct Assist - Women's Residence	2,186.00	2,900.00
Direct Assist - Family Residence	4,080.00	3,000.00
Total Direct Assistance	465,336.00	1,080,050.00
Total Wages & Benefits	3,283,770.00	3,854,269.00
Operating Expense		
Printing, Postage & PR/Graphic Design	128,887.00	172,295.00
Bank Charges	14,000.00	29,000.00
Contract Services/Fundraising	17,400.00	-
Dues & Subscriptions	13,596.00	28,016.00
Software Licenses & Fees	54,954.00	50,075.00
IT Contracting & Supplies	258,638.00	269,081.00
Accounting, Auditing & HR Contracting	21,860.00	65,070.00
Program Supplies & Equipment	180,288.00	287,882.00
Staff Training & Travel	32,133.00	34,875.00
Total Operating Expense	721,756.00	936,294.00
Total Special Events Expense	120,000.00	40,500.00
Occupancy		
Insurance	139,846.00	145,658.00
Repairs & Maintenance	124,997.00	140,759.00
Cleaning Services	27,467.00	35,038.00
Small Equipment (Non-Capital)	53,274.00	36,850.00
Equipment Rental	12,718.00	13,326.00
Utilities - Water	65,413.00	83,845.00
Utilities - Electric	94,672.00	103,656.00
Utilities - Gas & Oil	2,189.00	2,853.00
Telephone/Internet/Cable	79,627.00	106,063.00
Vehicles - Fuel/Repairs/Maintenance	38,462.00	35,650.00
Total Occupancy	638,665.00	703,698.00
Total Inkind Services & Food	22,956,000.00	25,300,000.00
Total Capital Expenditures	75,000.00	-
Total Expense	28,260,527.00	31,914,811.00
Net Ordinary Income	(831,697.00)	2,526.00

St. Petersburg Free Clinic

Food - Shelter - Health Care

Emergency Response Plan
October 2019

Table of Contents

Introduction....3
Authority....4
Emergency Operation Center....4
Roles, Responsibilities, and Resources....4
Emergency Alerting Procedures....5
Disaster Preparedness....6
Pandemic Flu....6
Hazardous Materials....6
Evacuation and Closings....7
Fire Evacuation....8
Recovery of Operations....9

Appendix

I: Terms and Definitions....10
II: Emergency Checklist for Directors....11
III: Location of Exits, Utility Cut-Offs, First Aid Kits - Main Building....12-13
IV: Location of Exits, Utility Cut-Offs, First Aid Kits - Free Clinic Women's Residence....14-15
V: Location of Exits, Utility Cut-Offs, First Aid Kits - Free Clinic Men's Residence....16
VI: Location of Exits, Utility Cut-Offs, First Aid Kits - Free Clinic Family Residence....17
VII: Location of Exits, Utility Cut-Offs, First Aid Kits – Free Clinic Health Center....18
VIII: Emergency Tools and Supplies....19
IX: Other Resources....20
X: Missing Person Worksheet....21
XI: Bomb Threat Worksheet....22
XII: Evacuation Exercise Evaluation Form....23
XIII: Reminders about Hurricane or other disaster plans....24-25
XIV: American Red Cross Pandemic Flu Care Sheet....26
XV: Flood Zones....27
XVI: Pinellas County Shelter Sites....28-29

Introduction

The purpose of this Emergency Response Plan is to establish an organizational structure and procedures for response to major emergencies. This plan is designed to maximize human safety and preservation of property, minimize danger, restore normal operations of St. Petersburg Free Clinic, and assure responsive communication to all appropriate parties. When the City of St. Petersburg or other emergency resources respond, Free Clinic authorities will be subordinate to the City of St. Petersburg, county, state, or federal emergency response officials, and will provide technical and facility support.

Hurricane Season begins June 1st and lasts through November 30th. Although this is what most of us think of first when we hear the word disaster, we also need to be prepared for fires, tornadoes and other severe weather as well as emergency evacuations that might be ordered due to events such as chemical spills.

The following is general information and should be used as a minimum guide to follow in the development of plans specific to each program site.

A weather disaster or other crisis may move rapidly from "watch" to "warning" to actual impact. For this reason, staff should initiate preparedness activities at the earliest possible time.

St. Petersburg Free Clinic is not an emergency shelter. It is expected that our programs may be in demand during a hurricane warning period. However, the main work of St. Petersburg Free Clinic is anticipated to be after a storm when people are dealing with the consequences of the storm (or disaster). This may mean a need for food from lack of electricity, shelter from loss of homes, household goods and clothing from loss due to flooding, or financial assistance and referral information due to losses of various kinds. St. Petersburg Free Clinic will respond as needed to the extent we are capable of doing so, only limited by our own resources.

Our resources are for those in need and will be used as needed by our own programs and others who request help.

Authority

Emergency events do not always require the same level of response and are dictated by the severity of the event and its effect on the health and safety of individuals. Events will be evaluated by an Assessment Team in consultation with the Chief Executive Officer, as appropriate. Only the Chief Executive Officer or designee has the authority to declare an emergency and activate this Emergency Response Plan.

Emergency Operations Center

The coordination of emergency responses will be through the administrative office of St. Petersburg Free Clinic. The Chief Executive Officer, Director of Communications and Executive Assistant to the Chief Executive Officer will coordinate the Emergency Operation Center. In the event the facility is damaged, staff will be notified of the location of the temporary emergency operation center.

Roles, Responsibilities and Resources

Assessment Team:

These individuals are typically the first to respond to an incident. They will assess the severity and level of the emergency and communicate immediately with the Chief Executive Officer and others as appropriate.

Public Information and Communications

It is essential to present accurate information to the news media concerning an emergency situation involving our facility. In the event of an emergency involving St. Petersburg Free Clinic, the Chief Executive Officer or designees are the only authorized individuals who may speak with the media on behalf of the agency. Any requests for information from the media will be directed to the Director of Communications. The Communications Officer will provide public relations and crisis communications counsel to executive decision making. The Communications Officer will be responsible for telephone and voicemail service, email and network services during an emergency.

Recovery Operations

When emergency conditions have been stabilized and control has been returned to St. Petersburg Free Clinic by external emergency responders, recovery operations will be initiated. Appropriate announcements of the resumption of services will be issued by the Communications Officer. If any facilities have been affected, an inspection will be conducted by the Inspection Team, in consultation with the Chief Executive Officer. Repairs, where necessary, will begin as soon as legally permitted but not before the Inspection Team agrees that such repairs will not interfere with the gathering of pertinent information.

Situational Counseling

Recognizing that traumatic events often produce short and long-term psychological concerns, short term/situational counseling will be available to staff, volunteers and program residents who desire such intervention to the extent possible under the prevailing circumstances.

Emergency Alerting Procedures

Notification for small, area-specific incidents:

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

Notification of Serious or Facility-wide Emergency Situation:

Facility-wide emergency situations include incidents such as violence, fire or an explosion, which require that all of the facility be notified.

For the main building, the primary means of notification is by telephone; lift the handset and touch the PAGE button to send a page through the speakers of all the telephones on the system. This is a one-way communication allowing only the pager to be heard. The message should state the type of emergency, the location of the emergency, and a request either to (1) calmly evacuate the building through the nearest safe exit (staff are responsible for assisting visitors to safety, without jeopardizing their own well-being), or (2) calmly move to a designated safe area inside the building (lockdown).

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has adopted the use of the following codes to alert staff of specific emergencies. Our organization has also adopted their use.

CODE RED: fire CODE BLACK: bomb threat
CODE GRAY: out of control (hostile) intruder

Bomb Threats (see Appendix IX)

If you receive a telephone call from an individual reporting a bomb threat, please be familiar with the questions you might ask (see Appendix IX). Also, the sheet of questions will be posted near the main phone intake positions.

Immediately following the completion of the call, notify 911 then the Executive Director. The Executive Director or designee will activate the Emergency Response Plan, which includes evacuating the building.

Power Outages

Assist visitors as necessary. Use flashlights where available. DO NOT use candles or other types of flame or heat-producing devices for illumination.

Disaster Preparedness

Disaster preparedness supplies should be inventoried semi-annually at the beginning (6/1) and end (11/30) of hurricane season. Items should be replaced and updated as necessary. See Appendix VI for suggested supplies.

Each spring and again at warning level of a storm, Program Directors should check the outside grounds of their programs for maintenance needs such as trees that need trimming, items that need to be stored away, garbage that needs to be hauled away, and other items that need to be secured safely.

Program Directors will schedule a time during a program staff meeting to review procedures for each individual program. This will be done at least once a year.

Each Program Director will supplement their usual referral information with written and available information concerning contacts for disaster references, such as Red Cross numbers, listing of shelters, hospital numbers, police and fire department numbers.

Each Program Director will have a list of volunteers who may be available (depending on their own situations) to come in to help following a storm when an extra demand on services might exist.

Pandemic Flu

Pandemic flu occurs in 3 week waves. Staff members should stay home if they feel the least bit ill. The goal is to contain and quarantine the virus. Staff and volunteers in Free Clinic Health Center should wear tight fitting air masks for their own protection. Following proper health & hygiene procedures, such as washing hands frequently, not sharing food or drink, and avoiding contact with your own and other individuals' body fluids and mucous membranes will offer the best degree of protection. See also Appendix XII.

Hazardous Materials

Hazardous materials are commonly found in cupboards, cleaning sheds and garages. Some are familiar to us and may become deadly in combination with other chemicals.

Product label translation (source: environmentalchemistry.com):

Poison: can injure or kill if absorbed through the skin, ingested or inhaled.

Toxic: can cause injury or death if swallowed, inhaled, or absorbed through the skin.

Irritant: causes soreness or swelling of skin, eyes, mucous membranes, or respiratory system.

Flammable: easily catches fire and tends to burn rapidly.

Flammable Liquid: has a flash point below 140°F (100°F for US DOT purposes).

Combustible Liquid: has a flash point from 140°F (100°F for US DOT purposes) to 200°F

Corrosive: a chemical or its vapors that can cause a material or living tissue to be destroyed.

In the event of a spill, block access to the spill to keep others away. Do not touch the substance and take care not to inhale any fumes.

Evacuation and Closings

1. None of the buildings used for St. Petersburg Free Clinic programs are within flood evacuation zones. Therefore, it is not expected that programs in our buildings will cease due to evacuation orders.

2. Safety of employees, clients, and volunteers are the top priority. Discretion will be used in closing programs as to severity of conditions, anticipated conditions, and timing of severe conditions. The Executive Director will make the decision with Directors of programs. In his/her absence or lack of ability to communicate, the Director of each program will make that decision for each individual program. In the case of program closures, employees of that program may be asked to assist elsewhere within the organization. Pay for extended closures of the organization will be at the discretion of the Board of Directors.

3. Employees are asked to consider their own safety in regard to their homes, families, travel conditions and their ability to be helpful to the public on the job. Employees are asked to communicate with their directors if they are not reporting to work and their director has not informed them that the program will be closed.

4. The Men's Residence, Women's Residence and Family Residence are not official hurricane shelter sites. Program Directors will decide whether to close the shelters and provide transportation to a designated secure site. Generally, because our residences are not in evacuation zones, our residents will shelter in place.

5. A phone tree will be used when necessary to provide information to all employees. It is the responsibility of each employee to see that administration has the most current telephone information.

6. Questions from the press will be handled by the Communications Officer or Chief Executive Officer.

7. In the event staff, volunteers and visitors evacuate the main building due to an emergency, everyone will meet at the corner of Dr. M.L. King Street and 3rd Avenue North. Directors must account for their staff and volunteers, and the Chief Executive Officer or designee must account for the Directors. Visitors will be accounted for by appropriate staff. In the event anyone is missing, the Missing Person Worksheet (Appendix VIII) will be completed and given to the Executive Assistant to the Chief Executive Officer. The designated gathering location for the Women's Residence is in front of the empty lot next door to 812 4th Avenue North. The designated gathering location for The Men's Residence is in back of the building, outside the gate, in the alley. The designated gathering location for the Family Residence is going to be on the corner of 4th street and 11th avenue south, on the south east corner in the empty lot across from the shelter.

Fire Evacuation

If the fire is small and able to be contained, use fire extinguishers. If the fire is large and cannot be controlled, dial 911. The procedure for evacuation in case of fire is similar to general evacuation but with special considerations.

Page all phones to alert coworkers (CODE RED) of evacuation. Press the PAGE button to send a page through the speakers of all the telephones on the system. This is a one-way communication allowing only the pager to be heard. The message should state the location of the fire and a request to calmly evacuate the building through the nearest safe exit (staff are responsible for assisting visitors to safety, without jeopardizing their own well-being).

Dial 911.
Lead staff, volunteers and clients safely out of the building.
Close doors after going through them to slow the fire.
Use stairs when evacuating. DO NOT use the elevator.
Stay low to the ground and cover mouth if possible.
Move quickly to the assembly point and check in with the team leader.

If trapped in the building: Use a wet cloth to seal the bottom of the door against smoke. Stay low and cover your mouth and nose with a wet cloth. Attempt to signal for help by waving an object in the window. DO NOT break the window—fire and smoke will enter from the outside.

When the building is evacuated, everyone will meet at the corner of Dr. Martin Luther King Jr. Street North and 3rd Avenue North. Directors must account for their staff and volunteers, and the Executive Director or designee must account for the Directors. Visitors will be accounted for by appropriate staff. In the event anyone is missing, the Missing Person Worksheet (Appendix VIII) will be completed and given to the Administrative Assistant to the Executive Director.

In case of fire or smoke, remember RACE

Rescue patients, clients, visitors

Activate alarms

Contain smoke or fire (close all doors and windows)

Extinguish the fire only if safe to do so

Recovery of Operations

Documentation of emergency activities is of critical importance following the emergency situation. All records and forms used during the incident to document activities must be retained for future reference. All forms and records must be submitted to the Executive Assistant to the Chief Executive Officer. These will be used for several purposes, such as incident investigation, insurance claims, and potential legal actions.

In general, local governmental authorities will conduct investigations related to fires and explosions. For large incidents, especially those involving loss of life, local, state and federal authorities will generally be involved in conducting the investigation.

Damage Assessment

Following the incident, an assessment of damage that has occurred to properties and equipment must be conducted. The major goal of this assessment will be to determine the extent of the damage to facilities, safety hazards resulting from the incident, and repairs that must be initiated to minimize further damage and restore the facility for operational use.

Incident Debriefing

The purpose of incident debriefing is to inform personnel about any hazards that may still remain on the facility property following the incident and to identify unsafe conditions that may still exist. Some employees may be impacted by the events surrounding the incident, especially those involving injuries or loss of life. It may be necessary to provide critical-incident stress debriefing sessions following such incidents. The Chief Executive Officer will make arrangements for counseling services as needed following an emergency situation.

Critique

The critique of the incident is a review of what actions took place during the incident, both good and bad. A critique is not designed to place blame, but rather to allow for the flow of ideas and recommendations to improve the emergency action plan and the facility policies and procedures.

It is expected programs will resume operating as soon as possible after an emergency. The Chief Executive Officer and Program Directors will conduct damage assessments, debrief the incident and critique the incident in order to facilitate the resumption of operations.

Appendix I
Terms and Definitions

Coastal Flood Warning: A warning that significant wind-forced flooding is imminent along low-lying coastal areas.

Coastal Flood Watch: An alert that wind-forced flooding is expected along low-lying coastal areas.

Emergency Operations Center (EOC): The county or municipal facility that provides coordination and control of all emergency response and recovery activities.

Evacuation Order: The most important instruction you will receive from local government officials, relayed over local radio and television stations. Once issued, an evacuation order is mandatory under law in the state of Florida.

Federal _Emergency Management Agency (FEMA): The agency that assists local governments and citizens in recovering from a disaster, only upon the direction of the President of the United States.

Flood Warning: Heavy rains are expected to cause flooding (minor, moderate or major).

Hurricane Warning: Hurricane conditions are expected in the specified area of the warning, usually within 24 hours. Complete all storm preparations as soon as possible.

Hurricane Watch: Hurricane conditions are possible in the specified area of the watch, usually within 36 hours. During a hurricane watch, be prepared to take immediate action to protect your family and property in case a hurricane warning is issued.

National Oceanic Atmospheric Administration (NOAA): NOAA provides continuous broadcast of weather conditions in the Tampa Bay Area on a frequency of 162.550 MHz.

Tropical Storm Warning: Tropical storm conditions, with winds ranging from 39-73 mph, are expected in specific coastal areas within 24 hours.

Tropical Storm Watch: Tropical storm conditions pose a threat to coastal areas, generally within 36 hours.

Appendix II
Emergency Checklist for Directors

_____Have an up-to-date list of my staff members along with their addresses, phone numbers, cell phone numbers at both my office and my home.

_____Have met and discussed with my staff the procedures for emergencies. We have discussed improvements to our plan and answered questions of all staff members.

_____My group understands the notification process.

_____My group understands where to go to be in the safest part of our building.

_____My first-aid kit is current. (see list)

_____I have sufficient water.

_____I have sanitation supplies on hand. (see list)

_____I have tools and supplies on hand. (see list)

_____I have surveyed the outside area of my program and am alert to problems that could arise around us. (for example where wires may be downed or trees might fall)

_____I know how I will secure equipment or supplies within my program to effectively protect them.

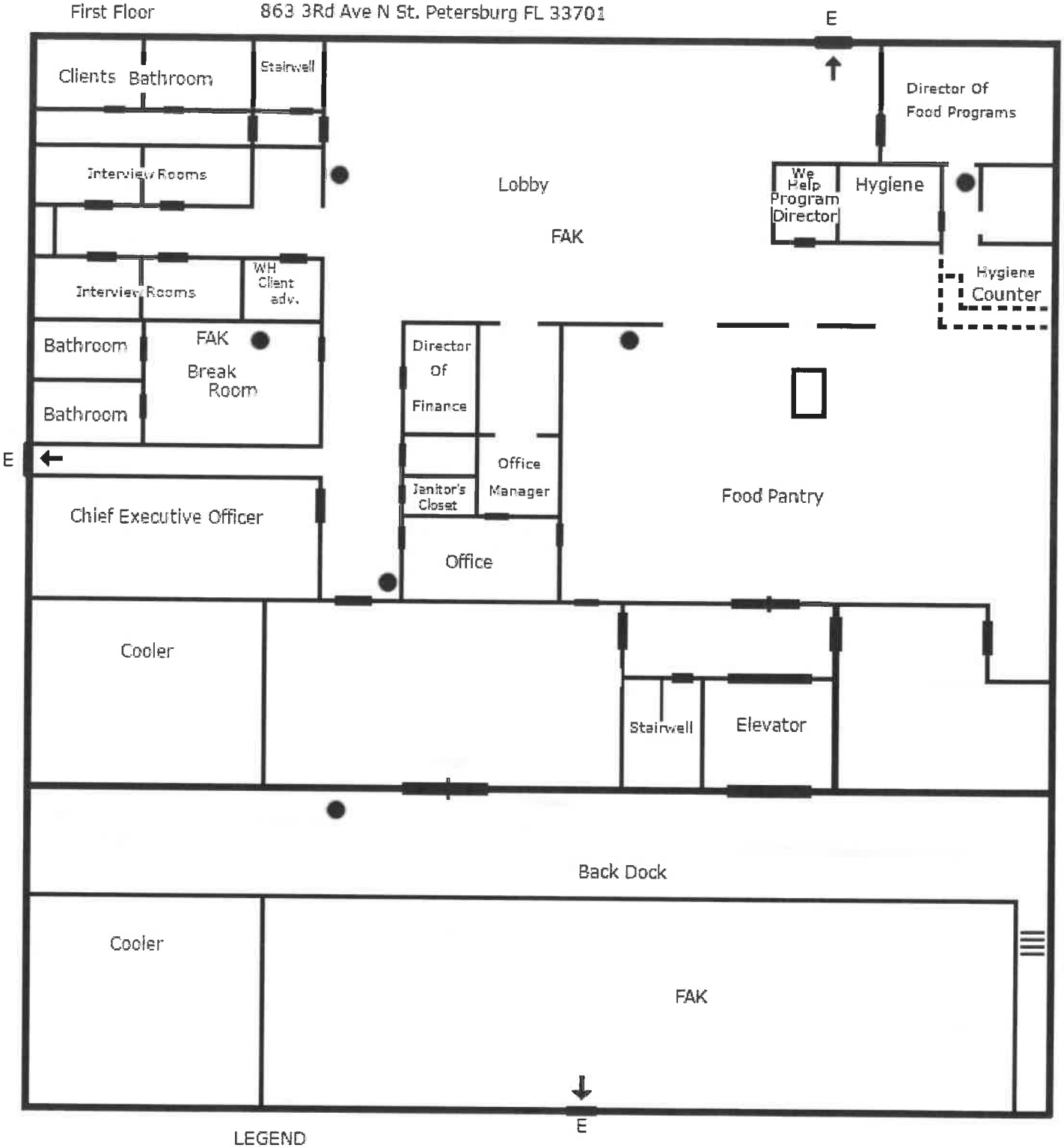
_____I have a plan for protection of records crucial to my program.

_____I have a backup of computer records stored in an off-site location.

_____A person has been designated (that may be yourself or another) to see that electric items have been disconnected and that property (such as computers, equipment, etc.) is protected.

_____Energy needs have been considered as applies to particular programs--- such as cell phones have been charged, trucks have been fueled, petty cash is available

First Floor 863 3Rd Ave N St. Petersburg FL 33701



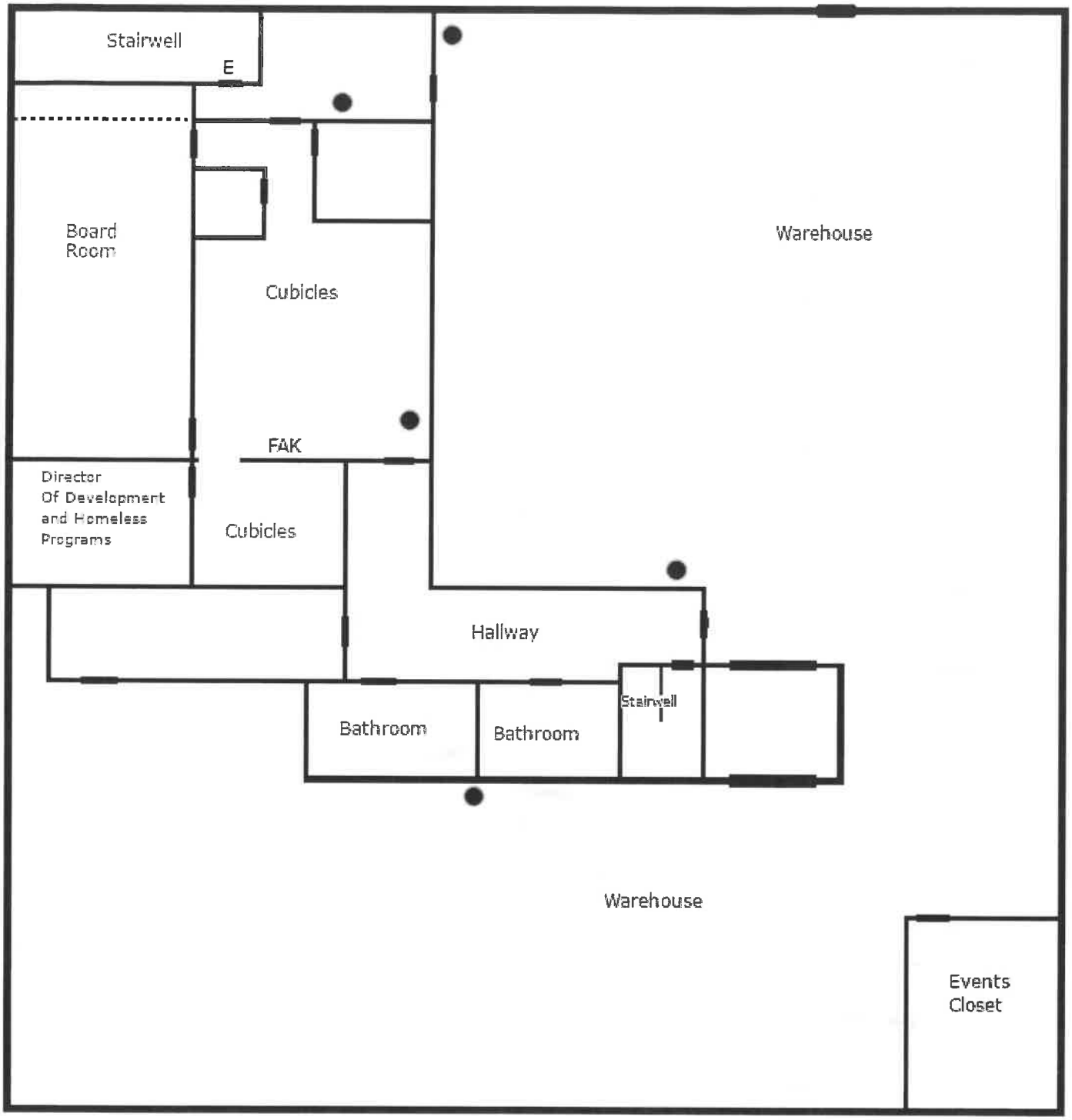
LEGEND

E=Exit W= Water Main Valve ● = Fire Extinguisher

FAK = First Aid Kit

863 3Rd Ave N St. Petersburg FL 33701

Second Floor

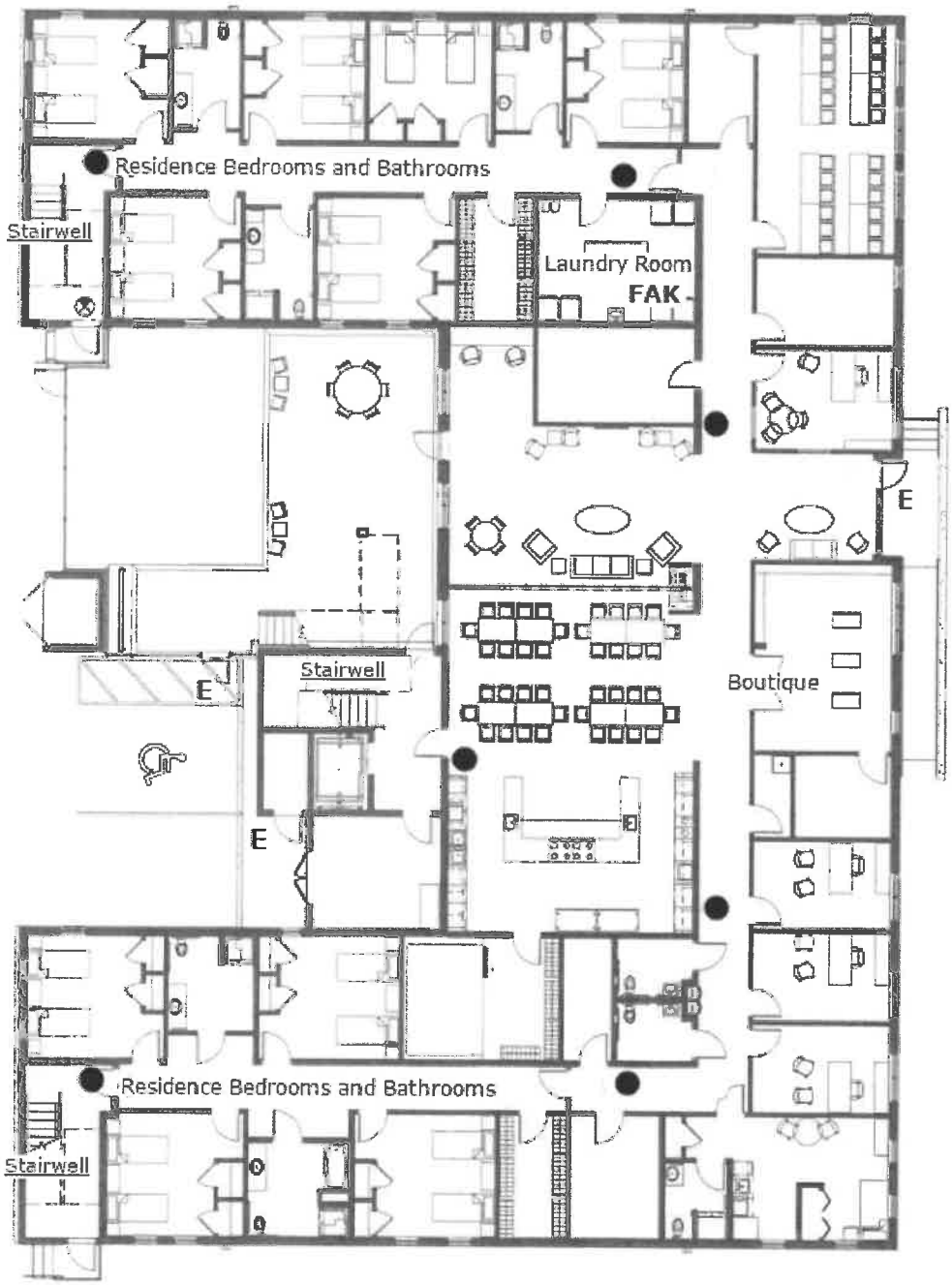


LEGEND

FAK= First Aid Kit ● = Fire Extinguisher E=Exit

Baldwin Women's Residence - 814 4th Ave N. St. Petersburg FL 3370

First Floor

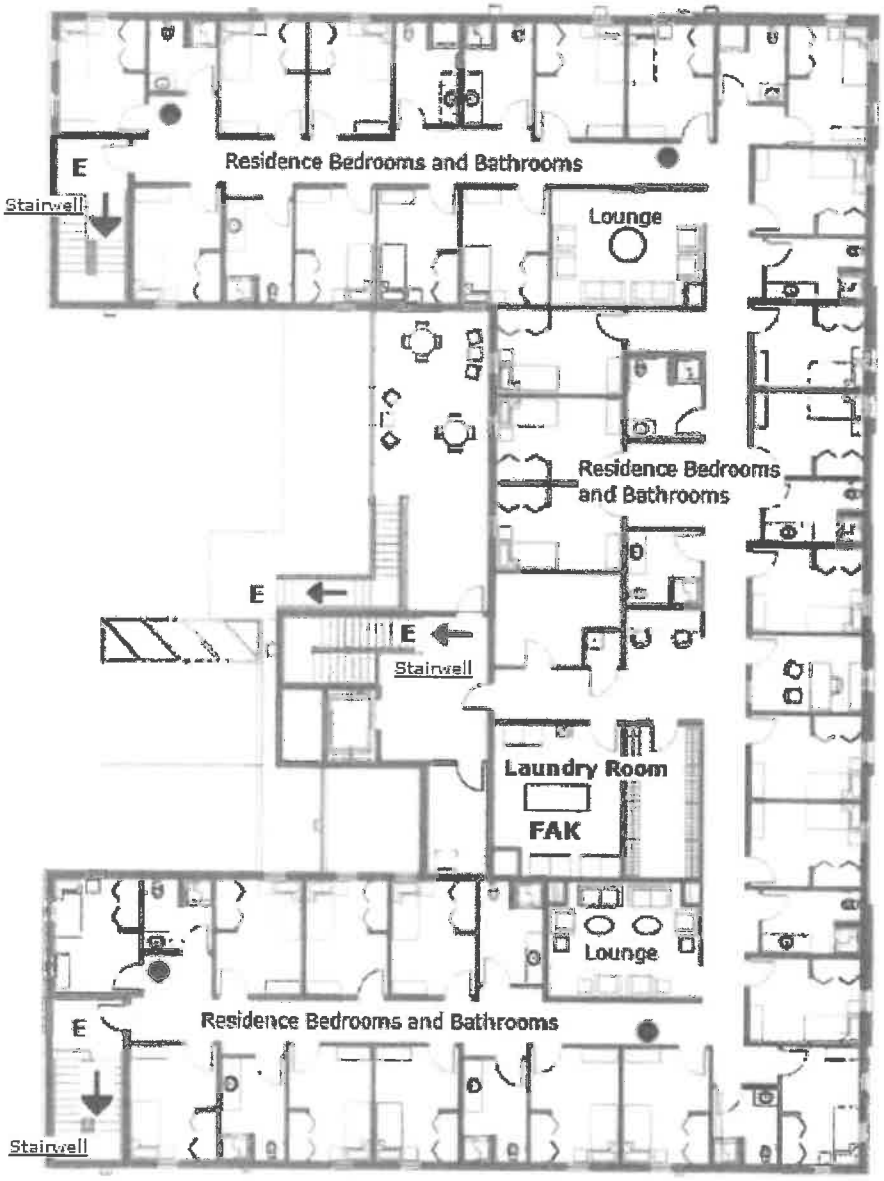


Legend

E = Exit
FAK = First Aid Kit
● = Fire Extinguisher

Baldwin Women's Residence - 814 4th Ave N. Petersburg FL 3370

Second Floor



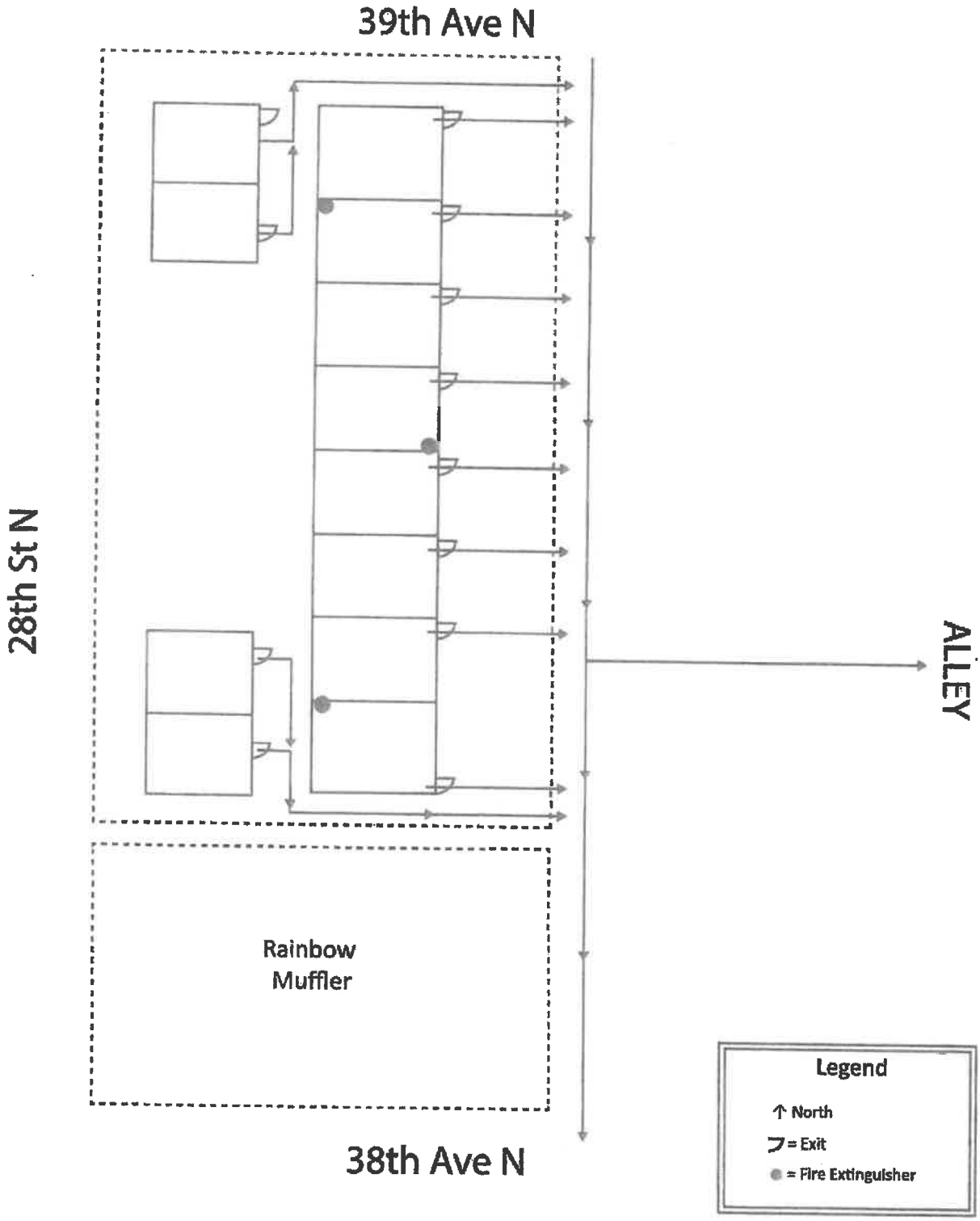
Legend

● = Fire Extinguisher

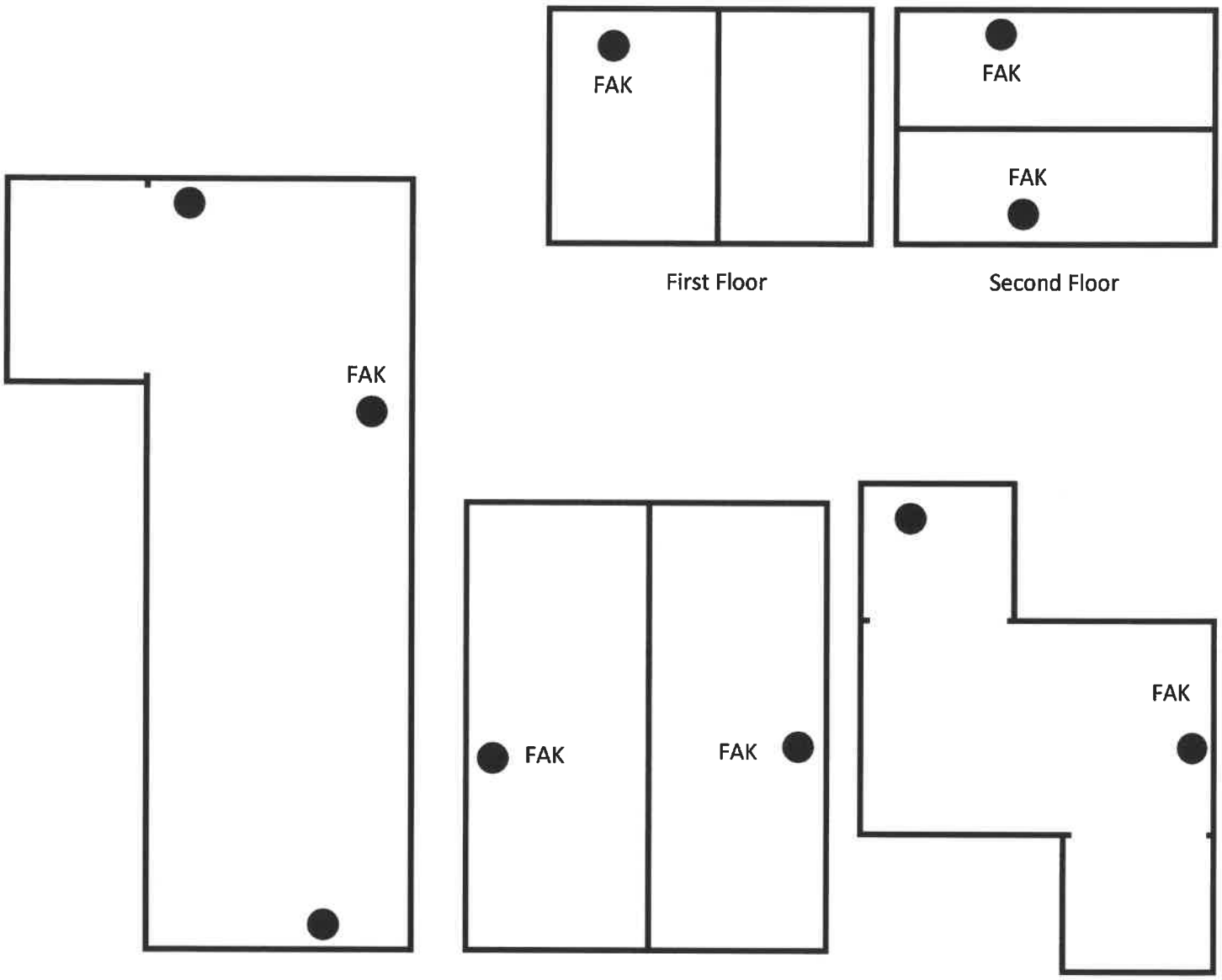
FAK = First Aid Kit

E = Exit

Men's Residence Evacuation Plan



Appendix VI
Location of Exits, Utility Cut-Offs, First Aid Kits
431 11th Avenue South - Free Clinic Family Residence

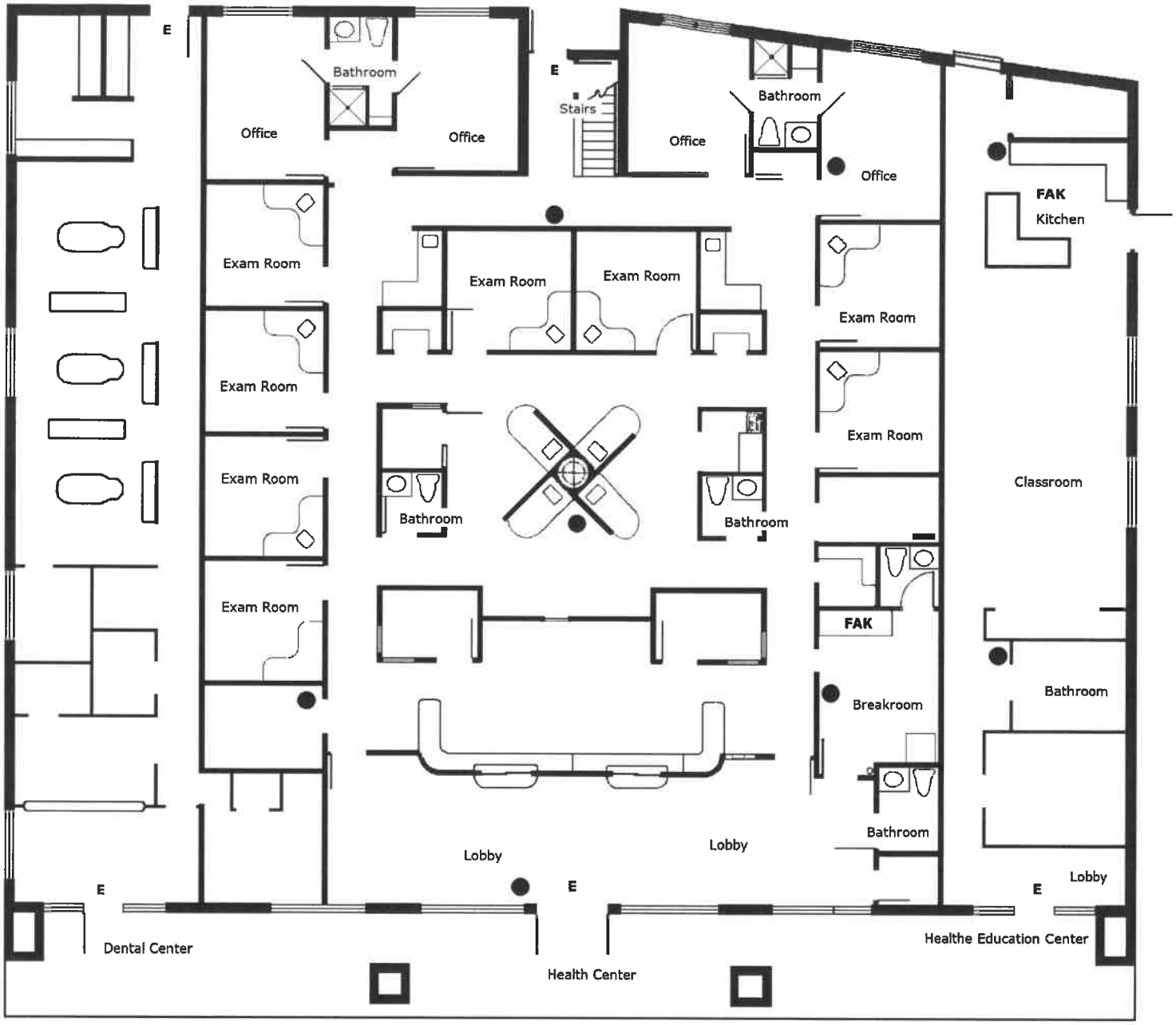


Legend

●=Fire Extinguisher

FAK= First Aid Kit

Health Center 5501 4Th St. N



Legend E =Exit FAK =First Aid Kit ● = Fire Extinguisher

Appendix VIII
Tools & Supplies

First Aid
Make certain the regular first aid kit is completely stocked. Add items such as sunscreen, aspirin or Tylenol, anti-diarrhea medication and antacid.

Water
Store water in plastic containers, pitchers, soft drink bottles, and other containers that can be sealed. Water is needed for drinking, food preparation and sanitation. It is recommended that one gallon of water per person per day be available. Have one week's supply on hand.

Food and Food Supplies
Store at least a 3-day supply for each person. Foods should not require refrigeration and little or no preparation. Suggested items include ready to eat canned meats, fruits and vegetables, peanut butter and jelly, canned soup, milk and juice. Snack foods and dry goods such as cereal, crackers, granola bars, cookies, instant coffee and tea.

Make sure that paper cups, plates and plastic utensils are available. Also have a non-electric can opener, sterno and matches are included in emergency supplies.

Sanitation Supplies
Extra toilet paper
Paper plates, paper towels
Insect repellent
Soap and liquid detergent
Chlorine bleach
Disinfectant
Garbage bags and ties
Plastic buckets with tight lids
Feminine hygiene supplies

Tools and Supplies
Annual emergency preparedness guide with instructions, maps and emergency telephone numbers
An updated list of telephone numbers for Free Clinic supervisors
Battery operated radio and extra batteries
Flashlights and extra batteries
Pliers, hammer & nails, wrench, saw
Garbage Cans
Masking or duct tape
Matches and candles
Plastic sheeting or visqueen
Rope
Shovels and heavy gloves
Blankets

Appendix IX
Other Resources

211 & United Way will set up a large scale Volunteer Reception Center

www.co.pinellas.fl.us/BCC/hurrprep.htm
www.pinellascounty.org/emergency
http://pubgis.co.pinellas.fl.us
Tampa Bay Chapter of the American Red Cross: www.redcrosstbc.org
American Red Cross: www.redcross.org
Federal Emergency Management Agency: www.fema.gov
The Weather Channel: www.weather.com/safeside
http://www.jwbpinellas.org/home_disasterplan.htm

Pinellas County Emergency Management: 727-464-3800
To find your evacuation level: 727-453-3150
To receive text emergency information on your cell phone: 888-689-8905
To register for special needs transportation: 727-464-3800

_IRS: www.irs.gov or 877-829-5500 to get replacement copies of Form 1023 and 501c Determination Letter
U.S. Department of Homeland Security: www.ready.gov
United States Small Business Administration Disaster Recovery Information: www.sba.gov/disaster_recov/index.html

http://www.pinellashomeless.org/ez375/index.php?/ph/disaster_plan

Poison Control Number: 800-222-1222
To check your flood zone go to: http://gis.pinellascounty.org/knowyourzone/Default.aspx

Appendix X
Missing Person Worksheet

Missing Person:_____

Employee ☐

Volunteer ☐

Visitor ☐

Last Seen:

Building or Location:_____

Time:_____ By Whom:_____

Activities being taken to locate person:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Appendix XI
Bomb Threat Checklist

Exact time of call: _____

Exact words of caller: _____

_____

_____

_____

Questions to ask:

1. When is bomb going to explode? _____
2. Where is the bomb? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

Caller's Voice (circle as many as appropriate)

Calm	Disguised	Nasal	Angry	Broken
Stutter	Slow	Sincere	Lisp	Rapid
Giggling	Deep	Crying	Squeaky	Excited
Stressed	Accent	Loud	Slurred	Normal

If voice is familiar, whom did it sound like? _____

Were there any background noises? _____

Remarks: _____

_____

_____

_____

_____

Person receiving call: _____

Telephone number call received at: _____ Date: _____

Appendix XII
Emergency Action Plan
Evacuation Exercise Evaluation Form

Facility: _____

Date of drill: _____/_____/_____

Time of drill: _____

Type of drill conducted:

Fire
Severe Weather
Medical Emergency
Chemical Release
Bomb Threat
Power Failure

Length of time required to complete all exercise activities:_____

List any problems encountered during the drill:_____

List any recommendations for improvement to the plan:_____

Signature of exercise evaluator_____

Send copy of completed form to Communications Office

St. Petersburg Free Clinic
Disaster Preparedness
Notes from Mike to staff and volunteers
August 30, 2019

Reminders about Hurricane or other Disaster plans:

The St. Petersburg Free Clinic Administration Building, We Help Services, Jared S. Hechtkopf Community Food Bank, Virginia & David Baldwin Women's Residence, and Men's Residence are not within evacuation zones. Therefore, it is not expected these programs will cease due to evacuation orders. However, any program may be closed due to dangers for employees, volunteers and clients traveling to and from these locations or due to damage/power outages from a disaster. The Health Center and Family Residence will adhere to any mandated evacuation order.

Your safety and that of clients is our top concern. Discretion will be used in closing programs and will be based upon the severity of the conditions or anticipated conditions and the timing of that information. Because the direction and severity of a storm are often not fully known in advance, the decision to be opened or closed will usually be made only shortly before a storm hits our area. The Chief Executive Officer, with the Directors of each program, will make that determination and notify staff and as many volunteers as possible. *If you are a volunteer and have questions as to whether your program is open, call Jennifer Silva at 821-1200 ext. 114 (office) 727-254-9101 or your program director.*

Each of you must consider the safety of yourselves, your family, your home, and travel conditions. Please notify the director of your program if you will not be present.

Clients in the Virginia & David Baldwin Women's Residence and the Men's Residence are to remain at their residence unless an evacuation order has been announced by the City of St. Petersburg. At that time, clients need to decide for themselves whether to seek shelter in a designated hurricane shelter or stay at their own risk in the St. Petersburg Free Clinic residential location. The residents will be informed that the choice is theirs to make. If the resident chooses to evacuate without a mandated evacuation announcement by the City of St. Petersburg, they are choosing to exit the program and will not be allowed to return. Clients in the Family Residence need to decide for themselves whether to seek shelter in a designated hurricane shelter or stay at their own risk in the St. Petersburg Free Clinic Family Residence, whether there is a mandated evacuation order or not. The residents will be informed that the choice is theirs to make.

In the case of a severe storm, it is in the aftermath of the storm that we imagine our services and your assistance will be most needed. We will make every effort to respond as well as we can and to work with other organizations to address the needs.

Each program should check to see that there is an assembled "hurricane kit" including water, first aid, tools, and sanitation supplies. Each program will review its own plans.

What you can do now: Please be sure your Program Director has your most up-to-date address and phone numbers and that you have the number of the Director. A copy of the company phone tree is attached. Make your own safety arrangements and consider your own role in your program's preparedness.

In the case of a hurricane that leaves much of our area damaged, it is expected many will look to us for services. We will reopen our own services as quickly as possible depending on damage, electricity, and staffing. It is vital that to the degree possible you remain in communication with us.

Wishing you a safe and "prepared" hurricane season may the winds blow favorably for all.

Appendix XII

PAN FLU TEAM

American Red Cross

FLORIDA DEPARTMENT OF HEALTH

Home Care for Pandemic Flu

What is Pandemic Flu?

A "pandemic" is a disease that spreads all over the world and affects a large number of people. If you are caring for a loved one during a pandemic, it's important to take steps to protect yourself and others. Always follow the most current advice of the U.S. Department of Health and Human Services and your local health department.

Prevent the Spread of Pandemic Flu

These healthy habits will help keep you and others from getting and passing on the virus.

- Clean your hands often with soap and water or alcohol-based hand sanitizer.
- Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward. Put used tissues in a wastebasket.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.

Also, a person with signs of the flu should:

- Stay home from work, school and errands and avoid contact with others.
- Consider wearing a surgical mask when around others. There may be benefits.

When a Household Member Is Sick

The flu virus is spread when contaminated droplets exit the mouth and nose of an infected person and the virus comes in contact with others. So, follow these tips to protect yourself and others in your home:

- Keep everyone's personal items separate. All household members should avoid sharing computers, pens, papers, clothes, towels, sheets, blankets, food or eating utensils.
- Disinfect door knobs, switches, handles, toys and other surfaces that are commonly touched around the home or workplace.

> Disinfectant:
> 1 gallon water
> ¼ cup bleach
>
> Mix up a fresh batch every time you use it.

- It is okay to wash everyone's dishes and clothes together. Use detergent and very hot water. Wash your hands after handling dirty laundry.
- Wear disposable gloves when in contact with or cleaning up body fluids.
- One person should be the caregiver. He or she may benefit by wearing a mask when giving care.

Practice Hand Hygiene

Caregivers should always wash their hands before providing care. Afterward, wash again and apply alcohol-based hand sanitizer as well. Follow these steps for proper hand hygiene:

1. Wet hands with warm, running water and apply liquid soap.
2. Rub hands vigorously for at least 15 seconds, covering all surfaces and fingers.
3. Scrub nails by rubbing them against the palms of your hands.
4. Rinse your hands with water.
5. Dry your hands thoroughly with a paper towel and use it to turn off the faucet. A shared towel will spread germs.

Recognize Pandemic Flu Symptoms

Watch for these symptoms:

- Fever
- Cough
- Runny nose
- Muscle pain

Call your health-care professional at the first sign of the flu. Many symptoms can be treated by the health-care professional over the telephone.

Care for a Loved One with the Flu

A person recovering from flu should have:

- Rest and plenty of liquids
- No alcohol or tobacco
- Medications to relieve flu symptoms

In some cases, a health-care professional may prescribe antiviral drugs to treat the flu. Antibiotics (like penicillin) don't cure it.

American Red Cross

Home Care for PandemicFlu

Monitor Pandemic Flu Symptoms

Keep a care log. Write down the date, time, fever, symptoms, medicines given and dosage. Make a new entry at least every 4 hours or when the symptoms change. Call your healthcare professional again if your loved one has:

- A high fever
  - Children and Adults: Greater than 105°F (40.5°C)
  - Babies 3- to 24-months-old: 103°F (39.4°C) or higher.
  - Babies up to 3 months: Rectal temperature of 100.4°F (38°C) or higher.
- Shaking chills
- Coughing that produces thick mucus
- Dehydration (feeling of dry mouth or excessive thirst)
- Worsening of an existing serious medical condition (for example: heart or lung disease, diabetes, HIV, cancer)

If you cannot reach your health-care professional,call 9-1-1 or local emergency number for any of the signs below:

- Irritability and/or confusion
- Difficult breathing or chest pain with each breath
- Bluish skin
- Stiff neck
- Inability to move an arm or leg
- First-time seizure

Prevent Dehydration

Dehydration occurs when the body loses too much water and it's not replaced quickly enough. It can baerious. Begin giving soothing drinks at the first signs of the flu and follow these tips:

- In addition to plenty of liquids, give ice and light, easily digested foods, such as soup and broth.
- If your loved one has diarrhea or vomiting, give fluids that contain electrolytes. These are available at your pharmacy or grocery store. Or you can make your own rehydration electrolyte drink for someone over the age of 12.

Electrolyte Drink:
1 quart water
½ tsp. baking soda
½ tsp. table salt
3 to 4 tbsp. sugar
¼ tsp. salt substitute
Mix well and flavor with lemon juice or sugar-free Kool-Aid

- If drinking liquids makes nausea worse, give one sip at a time until your loved one can drink again.

Reduce Fever

To help reduce a fever, do the following:

- Give plenty of fluids.
- Give fever-reducing medication, such as acetaminophen, aspirin or ibuprofen, as directed on the container's label.
  Do not give aspirin to anyone younger than 20.
- Keep a record of your loved one's temperature in your care log.
- To relieve discomfort, give a sponge bath with lukewarm water.

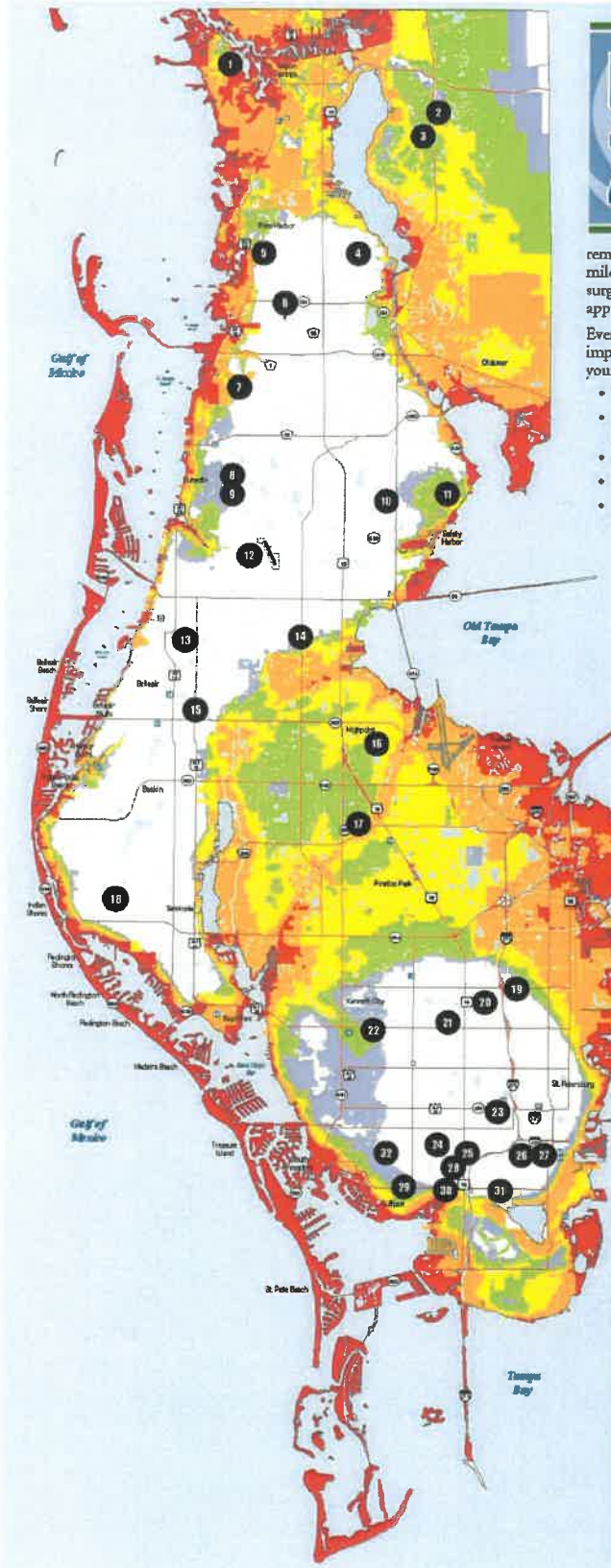
After you have called your doctor or emergency number for a fever, continue to follow the home treatment recommendations above. If there is a delay in getting help, ask a health-care professional if you should start an additional dose of an alternate fever-reducing medication (acetaminophen, ibuprophen or aspirin) between the doses described on the label. Always continue to give plenty of fluids.

Prepare for a Flu Pandemic

Make a plan now for a flu pandemic. Figure out what you will do if members of your household have to stay home from work or school or stay separated from others for a period of time. Keep extra supplies of food, water, medications and your disaster supply kit on hand.

Pandemic Flu Caregiving Supplies:

- Thermometer
- Soap
- Box of disposable gloves
- Acetaminophen
- Ibuprophen
- Bleach
- Alcohol-based hand sanitizer
- Paper towels
- Tissues
- Surgical masks (one for each person)
- Sugar, baking soda, salt, salt substitute



KNOW your ZONE

The deadliest hazards in a hurricane are not the high winds, heavy rains or possible tornadoes. The deadliest hazard is the storm surge – a dome of water pushed ashore by the storm's high winds. In a worst case scenario, this can mean water of 29 feet above the normal water level, causing tremendous damage and claiming a large number of victims.

While those residents who can see the gulf or the bay have a visual reminder of how vulnerable they are to the water, residents who live miles from these bodies of water can still be vulnerable to storm surge. That's why it's critical to identify your evacuation level and act appropriately should an order go into effect.

Even if you have lived in Pinellas County for a long time, it's more important than ever to check your home's evacuation level. To find your level:

- Visit www.pinellascounty.org/emergency
- Call (727) 453-3150 and enter your 10-digit home phone number (does not work for cell phone numbers)
- Look on your Pinellas County Utilities water bill
- Look on your Truth in Millage (TRIM) notice
- Call (727) 464-3800 and speak with Emergency Management staff

www.pinellascounty.org/emergency
SCAN WITH SMARTPHONE APP

Pinellas County

EVACUATION GUIDELINES
(mobile homes MUST always evacuate)

EVACUATION ZONES	Potential Surge Heights (in feet)	
A	4' to 8'	Evacuate red areas and all mobile homes
B	8' to 14'	Evacuate red and orange areas and all mobile homes
C	14' to 19'	Evacuate red, orange and yellow areas and all mobile homes
D	19' to 26'	Evacuate red, orange, yellow and green areas and all mobile homes
E	26' to 29'	Evacuate red, orange, yellow, green and purple areas and all mobile homes

Areas shown in white are non-evacuation zones.

PINELLAS COUNTY EVACUATION ZONE MAP AND SHELTER LIST

Not every shelter will open for every evacuation. Please check www.pinellascounty.org/emergency or call the Citizens Information Center at (727) 464-4333 or TDD (727) 464-3075.

NORTH COUNTY

1	Tarpon Springs Middle School 501 N. Florida Ave. • Tarpon Springs	General
2	Brooker Creek Elementary School 3130 Forelock Road • Tarpon Springs	General
3	East Lake High School 1300 Silver Eagle Drive • Tarpon Springs	General
4	Carwise Middle School 3301 Bentley Drive • Palm Harbor	General
5	Palm Harbor University High School 1900 Omaha St. • Palm Harbor	General
6	Palm Harbor Middle School 1800 Tampa Road • Palm Harbor	General
7	Dunedin Community Center 1920 Pinehurst Road • Dunedin	General
8	Dunedin Highland Middle School 70 Patricia Ave. • Dunedin	Special Needs, Pet-Friendly
9	Dunedin Elementary School 900 Union St. • Dunedin	General
10	McMullen-Booth Elementary School 3025 Union St. • Clearwater	General
11	Safety Harbor Middle School 901 First Ave. N. • Safety Harbor	General
12	Clearwater Fundamental Middle School 1660 Palmetto St. • Clearwater	General
13	Ross Norton Recreation Center 1426 S. MLK Jr. Ave. • Clearwater	General
14	Oak Grove Middle School 1370 S. Belcher Road • Clearwater	Special Needs, Pet-Friendly
15	Largo High School 410 Missouri Ave. • Largo	General

SOUTH COUNTY

16	High Point Elementary School 5921 150th Ave. N. • Clearwater	General
17	Pinellas Park High School 6305 118th Ave. N. • Pinellas Park	General
18	Bauder Elementary School 12755 86th Ave. N. • Seminole	General
19	John Sexton Elementary School 1997 54th Ave. N. • St. Petersburg	General
20	Lealman Intermediate 4900 28th St. N. • St. Petersburg	General
21	New Heights Elementary School 3901 37th St. N. • St. Petersburg	General
22	Northside Baptist Church 6000 38th Ave. N. • St. Petersburg	General
23	St. Petersburg High School 2501 Fifth Ave. N. • St. Petersburg	General
24	Fairmount Park Elementary School 575 41st St. S. • St. Petersburg	General
25	Gibbs High School 850 34th St. S. • St. Petersburg	General
26	John Hopkins Middle School 701 16th St. S. • St. Petersburg	Special Needs
27	Campbell Park Elementary School 1051 Seventh Ave. S. • St. Petersburg	General
28	Jamerson Elementary School 1200 37th St. S. • St. Petersburg	General
29	Gulfport Elementary School 2014 52nd St. S. • Gulfport	General
30	Thurgood Marshall Middle School 3901 22nd Ave. S. • St. Petersburg	General, Pet-Friendly
31	James Sanderlin Elementary School 2350 22nd Ave. S. • St. Petersburg	General
32	Boca Ciega High School 924 58th St. S. • Gulfport	General

General Shelters · Special Needs Shelters · Pet-Friendly Shelters *Must register pets in advance*

FLOOD ZONES AND EVACUATION ZONES DIFFER

Flood zones and evacuation zones are different. They measure different conditions that may not occur at the same time.

Flood zones are areas mapped by FEMA for use in the National Flood Insurance Program. Each flood zone designation, represented by a letter or letters, tells homeowners exactly what the risk is for flooding at their property over a period of years, regardless of the cause. By law, all homes in high-risk zones carrying a mortgage must be covered by flood insurance.

Evacuation zones, on the other hand, are based on hurricane storm surge zones determined by the National Hurricane Center using ground elevation and the area's vulnerability to storm surge from a hurricane. The evacuation zones are marked from A through E, plus non-evacuation zones.

The flood zones and evacuation zones are determined by different methods and have different purposes. A home may be located in a non-evacuation zone, yet still be located in a flood zone because of a nearby stream or pond.

Residents must check both zones.

An important thing to remember is that flood losses are not covered by homeowners insurance policies. The National Flood Insurance Program makes federally backed flood insurance available to residents and business owners. Any flooding damage covered under the policy – whether or not a federal disaster declaration is made – will be reimbursed per the policy limits, which can include structural damage or the loss of contents.

For more information on flood zones, visit the National Flood Insurance Program at www.floodsmart.gov or call (888) CALL-FLOOD (225-5356).

For more information on evacuation levels, check the map in this guide or visit www.pinellascounty.org/emergency.

MANDATORY AND RECOMMENDED EVACUATIONS

Should a hurricane threaten the Tampa Bay area, an evacuation order may be issued. What exactly does that mean?

An evacuation order is given to get people away from the deadliest part of a hurricane – storm surge. Evacuation levels are based on elevation above ground that could be inundated by the surge driven ashore during a storm. There is one notable exception to this: all mobile homes, regardless of their elevation, must be evacuated. They are vulnerable to the high winds of a hurricane and flying debris.

There are two types of evacuations that can be ordered. The first is a **recommended evacuation**. In the event of the approach of a tropical storm or a hurricane crossing the state and exiting over Pinellas, the potential for storm surge may not be as great. In these cases, emergency managers may recommend that residents in mobile homes and historically flood-prone areas that frequently flood consider evacuating to higher ground and/or sturdier structures than they have available at home. This is done for the safety of those in areas known to be vulnerable.

The second type is a **mandatory evacuation**. Mandatory evacuations are issued when the probability of storm surge is high, and loss of life could occur if residents don't leave. These evacuations will be ordered up to a certain letter zone and will always include mobile homes. It is incredibly important that if your home is in an evacuation level, you know your level, plan for a 'stay' and 'go' option and, if your level is ordered to go, move quickly but safely outside of the evacuation area.

It is illegal to stay in a home under a mandatory evacuation order. Under Florida Statute 252.38, the local authority has the ability to take necessary steps to provide for the health and safety of people and property. Chapter 252.50 sets refusal to follow an evacuation order as a second-degree misdemeanor.

Does this mean the police will drag you out of your property? No. They will be too busy helping those who will be following the evacuation order, although they will likely ask for next of kin or an emergency contact. However, this does provide law enforcement the basis to remove anyone who is impeding the flow of an evacuation.

Remember, emergency managers are counting on you to be prepared and do the right thing to keep yourself and your family out of dangerous situations. Please know your evacuation zone and have a plan for where you will go should something happen this hurricane season.

We're on Twitter:
www.twitter.com/pinellasEM

Follow us on Facebook:
www.facebook.com/pinellascountynews

See our hurricane videos on YouTube:
www.youtube.com/pcctv1

Pinellas Community Foundation
Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: _____St. Petersburg Free Clinic_____
Project Name: ___COVID Response: Food & Behavioral Health_
FROM (date): ___9/1/2020____ TO (date): __12/31/2020_____

Budget Category/Line Item	Organizational Budget - Total	Pinellas CARES Grant
Personnel *(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)*	1,226,571	395,343
Equipment *(computers, furniture, etc., less than $3,000 per item)*		
Supplies *(office materials, program related purchases, program necessities to deliver services, etc.)*	840,245	726,350
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)	234,566	106,089
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)		
Training *(staff development, conferences, long distance travel)*	11,625	5,000
Design, Printing, Marketing & Postage (for direct program related services only)	57,432	7,500
Capital *(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)*	-	-
Purchased Services *(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)*	147,080	37,752
De Minimis Cost (Administration Fee, Indirect Cost, etc.)	251,752	127,803
TOTAL	2,769,271	1,405,837

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM

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.

Organization Name: St. Petersburg Free Clinic
Project Name: COVID Response: Food & Behavioral Health
FROM *(month/year):* 9/1/2020 TO *(month/year):* 12/31/2020

Personnel *(salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)*

This line item includes the base salaries and hazard pay, benefits and taxes for personnel serving in our programs that address food/nutrition insecurity and behavioral health.

All positions described below provide frontline support, working directly with clients and volunteers. Because of the increased risk these staff members experience through their direct service, hazard pay is included on top of each of their base salaries for SPFC's entire fiscal year FY21 and, as such, is included in the budget for this proposal.

Food Programs:

Drivers (4 personnel): pick up food donations from partners throughout the Tampa Bay region, and in some cases beyond, and deliver these donations daily to the SPFC We Help Fresh Pantry as well as additional partner pantries throughout Pinellas County.

Warehouse Assistants (5 personnel): manage warehouse logistics, ensuring the warehouse is organized to optimize the intake and exit of nearly 2M pounds of food per month. Support the distribution of food from the food bank warehouse and from the We Help Fresh Pantry to the drive-through walk-up food distribution line.

We Help Fresh Pantry Coordinator (1 person): manages the on-the-ground logistics of food distribution out of the We Help Fresh Pantry, which is serving an average of 400 households per day and provided food to over 27,000 individuals in July alone.

We Help Assistant (1 person): provides administrative support to the program, including daily client sign-in and regular reporting; works on the distribution line as needed.

We Help Client Advocate (1 person): works on the We Help client distribution line and identifies clients who need support in accessing additional services; provides trauma-informed service navigation and connections to resources for clients.

Director of We Help (1 person): manages all program logistics, ensures necessary and effective volunteer support (We Help engages more than a dozen volunteers daily in food distribution), troubleshoots challenges, works in partnership with other programs and collaborators to expand services, including the implementation and management of the We Help Fresh Pantry Plus which involves SPFC's health center in delivering additional health components and resources to clients once per month.

Director of Food Bank (1 person): manages all food bank logistics and personnel and ensures all food necessary to meet client need is sourced, organized and distributed. Acquires, manages and grows partnerships with food distributors and partners. Works as a frontline driver on a weekly basis to support increased distribution.

Behavioral Health Programs – Transitional Housing for Addiction Recovery Support:

Case Managers (6): these staff members work with clients in our men's residence and women's residence to support them in their mental and physical health, recovery, obtainment and maintenance of employment and obtainment of permanent housing. In addition to serving as the primary advocate for clients in our recovery support programs, they work with clients to connect to additional services, ensure their accountability with AA/NA groups, provide tools and resources for health and wellness, provide overarching support to ensure improved and continued behavioral and mental health and help them manage their transition out of our housing. We employ Case Managers who are former clients of the program and have furthered their education, maintained their recovery and continue to serve as a positive example for clients currently enrolled.

Intake Coordinator (Women's Residence) (1 person): the intake coordinator ensures incoming residents have all of the information necessary to effectively transition into our supported, structured housing environment. This person also coordinates and implements in-house activities for clients, including yoga sessions, crafts and other multi-disciplinary activities to support behavioral health and continued recovery.

Resident Manager (1 person): this person ensures that clients have everything they need to assure their health and comfort while in our housing programs. They also support relationship development and maintenance between clients, which contributes significantly to success in our program, ensure clients remain accountable for their tasks in house management (a structure which is also critical to recovery) and meet all necessary rules and regulations to stay involved.

Housing Manager (1 person): this staff members works with residents who are preparing to transition out of our housing programs into their own safe, stable, affordable homes. She assists in budgeting and identification of needs for housing (including geographic location and access to transportation), as well as works closely with a series of landlords throughout the county to help clients effectively navigate into a new rental. For many of our clients, their transition from our housing into a rental unit is the first time they will rent on their own and live in their own safe, stable space.

Weekend & Overnight Monitors (3 personnel): these staff members ensure our housing common areas are clean, help clients with their joint chores, including laundry, and ensure that overnight and on weekends, clients maintain structure and abide by rules for visitors, curfews and other regulations that ensure their ongoing behavioral health and commitment to recovery.

Women's Residence Cook (1 person): the women's residence Cook prepares two meals per day for clients in our women's residence, ensuring meals are nutritious and comply with any dietary needs. The Cook is a former client of the program who continues to maintain her recovery and serve as a positive example for the women enrolled.

Transitional Housing Director (1 person): supervises all transitional housing staff, ensuring all case management goals are met, clients are safe and cared for, facilities are clean and in good working order, as well as ensures clients are working toward improved behavioral and mental health and are on a productive road to ongoing recovery, employment and permanent housing.

Equipment (computers, phone, furniture, etc., less than $3,000 per item)

n/a

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)

This line captures the opportunity for SPFC to purchase bulk food at significantly reduced rates directly from distributors to supplement where our donations do not allow us to meet the incredible increase in demand for food.

Our annual budget for food purchases for FY 20, ending on 9/30, was set pre-COVID. We budgeted $273,699. As we near the end of this fiscal year, as a result of COVID, we are on track to spend $500,000 in food by 9/30, and food/nutrition insecurity is worsening. In fiscal year 2021, we expect to spend $912,350 in food costs with $686,350 projected to be spent between 9/1 and 12/31 (the proposed grant period). We are planning to significantly ramp up food expenditures during the proposed grant period because of the loss of the USDA food box donation program, which will come to a close on 8/31 and has been providing us 300,000 pounds of food per month to distribute to clients. In addition to the loss of this donation source, our numbers in the We Help Services (our food pantry) and the Jared S. Hechtkopf Community Food Bank, through which we distribute food to Pinellas County partner pantries, continue to sharply rise. We served 27,000 individuals in We Help alone in July, our highest monthly number since the start of COVID. We also expect that this fall, during the funding period, the need for food will be exacerbated by an end to the moratorium on evictions, which will force families to make choices between whether to keep a roof over their heads or food on the table. As a result, we anticipate needing to expend significant cost on food in the first quarter of our fiscal year, coinciding with the grant period, to meet the rising demand we are committed to meeting before 12/31. Our request of the CARES foundation is to fund approximately $682,350 in food purchases, as well as an additional $44,000 in other program supplies, including diapers and other hygiene items for families.

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)

Occupancy costs include only occupancy-related costs for the food and behavioral health programs described herein: building and vehicle insurance; food distribution truck maintenance, repair and fuel (we maintain a fleet of seven trucks and one van used for food distribution), utilities, water and internet costs. We own all of our facilities outright and do not pay rent or mortgages.

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)

Training includes ongoing training for Case Managers in mental/behavioral health practitioner best practices to ensure we are effectively supporting clients in navigating not just their recovery, but also their ongoing health, wellness, employment and move toward permanent housing in the context of the challenging environment that COVID has presented. No travel is budgeted.

Design, Printing, Marketing & Postage (for direct program related services only)

The line items support graphic design and printing for materials for the programs described herein, including the creation of flyers about the We Help Fresh Pantry and other client engagement pieces, as well as the postage supporting dissemination of items related to these programs.

Capital (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)

n/a

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

This line includes the cost of our information technology contractor who manages all of our IT infrastructure and equipment (only the portion of the time he spends on the programs proposed herein is included in the budget); auditing expense as allocated to these programs; HR contract support as allocated to these programs; and the allocable cost of technology licenses and subscriptions to these programs only for the duration of the proposed grant period.

De Minimis Cost (Administrative Fee, Indirect Cost, etc.). This costs usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-established percentage rate from a Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have an established percentage rate for De Minimis Cost, please use 10% as the established percentage rate.

This line includes 10% of indirect costs and admin personnel not directly related to the project but who provide critical support to the programs proposed herein, including the Chief Operations Officer, Director of Finance, CEO and Office Manager. We do not have a pre-established percentage rate and are including these costs at 10% of the proposed personnel budget.

St Petersburg Free Clinic Partner Network

Agency	Address	City	Zip	Contact	Phone
ASAP/Epic/Empath	3050 1st Ave S	St Petersburg	33712	Dave Konnerth	727-328-5501
Bay Vista Church Of Christ	5460 7th St S	St Petersburg	33705	Tracey Robinson	727-896-5710
Beaming Hope Church	1100 110th Ave N.	Largo	33778	Lieska Mitsch	713-317-7047
Bethel AME Church (Closed due to Covid)	912 3rd Ave N	St. Petersburg	33705	Willie Felton	727-822-2089
Bethlehem SDA Church (Closed due to Covid)	1018 N Missouri Ave	Clearwater	33755	Mary Adams	865-804-7954
Clearview UMC	4515 38th Ave N	St Petersburg	33713	Kim Meara	727-430-3815
Coral Heights Outreach	3718 139th Ave N	Largo	33771	Zully Millan	832-540-5496
Countryside Christian Center (Helping Hands)	2565 Blackburn St	Clearwater	33763	Henry Moses	941-301-5096
Ebenezer New Testament Church of God	3931 Central Ave.	St. Petersburg	33713	Lisa Foster	727-321-8989
Elim SDA Community Church (Closed due to Covid)	4824 2nd Ave S.	St. Petersburg	33705	Linda Mells	727-386-1549
Feeding God's People	10944 70th Ave N	Seminole	33772	Suni Spano	727-459-6022
First Baptist Church	1900 Gandy Blvd N	St. Petersburg	33702	Belinda Cotter	813-505-2033
First United Methodist Church	9025 49th St N	Pinellas Park	33782	Sally Robbins	727-348-4191
Florida Dream Center	14605 49th ST	Clearwater	33762	Melody Bacon	727-333-1744
In His Power Ministry (Closed due to Covid)	1118 18th Ave S	St. Petersburg	33705	Angelique Hillare	727-324-8705
McCabe UMC (Closed due to Covid)	2800 26th Ave S	St. Petersburg	33712	Jerome Harris	727-518-4836
Mercy Keepers	2021 9th Ave S	St. Petersburg	33712	Mildred Boykins	727-823-8795
Mt Olive (Closed due to Covid)	600 Jones St	Clearwater	33755	Terri Packer	727-443-2142
My Place in Recovery	1655 16th St S	St. Petersburg	33705	Glenn	727-244-0427
New Covenant Baptist Church	2611 5th Ave. S.	St. Petersburg	33712	Cynthia Glynn	904-554-4017
Northside Baptist	6000 38th Ave N.	St. Petersburg	33710	Kipp Johnson	727-323-0069
Northwest Presbyterian Church	6330 54th Ave N	St. Petersburg	33709	Kris Parks	727-544-4551
Norwood Baptist Church	1818 29th Ave N	St Petersburg	33709	Too Silakhom	727-678-8092
Oak Ridge Wesleyan Church	11000 110th Ave N	Largo	33778	Mike Caudill	727-455-2882
Operation Attack	1310 22nd Ave S	St. Petersburg	33705	Peggy Junkin	727-822-1187
Pasadena Presbyterian	100 Pasadena Ave	St. Petersburg	33710	Barb Hendry	727-204-5216
Pinellas Community Church	5501 31st St. S	St. Petersburg	33710	Bryan Sampson	985-445-9331
Pinellas Hope	5726 126th Ave	Clearwater	33760	Javier Perez	727-599-3986
Prayer Tower Church of God in Christ	1137 37th St. S	St. Petersburg	33711	Andresa Welch	727-565-5719
Rescue Angels / Lords House Church	731 Queen St S	St. Petersburg	33712	Eddie Jean Roberts	727-482-8232
Sacred Heart / St. Vincent dePaul	7809 46th Way N	Pinellas Park	33781	Kathy Martini	727-798-5230

Salvation Army	1400 4th St S	St. Petersburg	33701	Hollyl Harmon	727-550-8080
Southside Tabernacle Baptist Church	3647 18th Ave S	St. Petersburg	34711	Olinda Smith	727-409-3194
St Giles Episcopal Church (Closed due to Covid)	8271 52nd St N	Pinellas Park	33781	Dennis Stein	727-432-0028
St James UMC	845 87th Ave N	St. Petersburg	33702	Jacob Park	727-576-3919
St. Luke's UMC	4444 5th Ave N	St. Petersburg	33713	Laura Ward	727-251-8411
St. Petersburg SDA Church (Closed due to Covid)	1001 56th St N	St. Petersburg	33710	Elizabeth Garrido	727-488-5544
Starling School	615 28th St. S	St. Petersburg	33712	Janice Starling	727-510-3766
Suncoast Haven of Rest	1763 9th Ave N.	St. Petersburg	33713	Russel Herring	727-545-8282
The Kind Mouse	1801 16th St N	St. Petersburg	33704	Gina Wilkins	727-575-7834
The Rock Community	4224 28th St N.	St. Petersburg	33714	Kimberlee Burgess	727-521-6306
Tree of Life	4682 40th Ave N	St. Petersburg	33714	Jaime Ash	231-577-8420
Trinity Lutheran Church (Closed due to Covid)	401 5th St N.	St. Petersburg	33701	Lynne Tallon	727-822-3307
Wesley United Methodist Church	301 37th Ave N	St. Petersburg	33704	John Ekers	727-896-4797