

Application Form

Organization Information

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

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

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

Organization Name*

WestCare GulfCoast-Florida, Inc.

Proposal Name*

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

WCGC Small Capital Purchases

EIN*

593714627

Incorporation Year*

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

1974

Organizational Mission Statement*

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

WestCare empowers everyone with whom we come into contact to engage in a process of healing, growth and change benefiting themselves, their families, coworkers and communities.

Unique Entity ID (SAM)

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

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is

free and may take 3-4 days for approval): <https://sam.gov/content/home>

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

Character Limit: 12

HNG6XDT1MNL5

Annual Operating Budget Size*

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

\$13,379,960.00

Amount Requested*

The maximum grant amount is \$199,999.

\$98,363.00

Parent Non-Profit/Subsidiaries*

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

Example

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

No

Request Specifics

Organization Programmatic Background*

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

WestCare GulfCoast-Florida, Inc. (WC-GC) is a 501c3 community-based organization and subsidiary of the WestCare Foundation family operating in 16 States and 3 Territories. WC-GC has provided homeless services since 2001, including an emergency intervention shelter and inebriate receiving facility, transitional housing, supportive housing, wraparound services, rapid rehousing, case management, life skills, and substance use/co-occurring disorder treatment. Annually, WC-GC serves more than 1100 unique individuals who are homeless or are at risk of homelessness. WC-GC partners with several area providers, the Veterans Administration, Pinellas County, the City of St. Petersburg, area landlords, local businesses, and other community-based resources to help ensure client success. WC-GC consistently demonstrates its capacity to

achieve programmatic goals, manage public funds, and exceed reporting requirements of funders. WC-GC is CARF accredited and licensed by Florida Department of Children and Families.

Nationally, WestCare Foundation has been a leading provider of human services for more than four decades. These services are offered through three primary locations in St. Petersburg: A Turning Point, the emergency intervention shelter and inebriate receiving facility; Mustard Seed Inn, a 73-bed facility providing supportive housing to homeless individuals and Veterans who have begun recovery from alcohol, substance misuse and mental illness offering case management, career services and rapid rehousing services; and the Davis-Bradley Community Involvement Center (DBCIC). The proposed project described will benefit the DBCIC, it contains 64,000 sq ft. of dedicated space to operate social services on two (2) floors. The Center houses drug treatment and mental health services to over 380 individuals in the gender specific Level II and III EMERGE, WEMERGE and FOCUS short and long term residential re-entry programs funded by the Florida Department of Corrections.

Community Need*

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

The DBCIC is located in the Thirteenth St. Heights neighborhood, a Tampa-St. Petersburg-Clearwater and FL Metropolitan Statistical Area (TSPC-MSA) Qualified Opportunity Zone. According to the Pinellas County Economic Development (PCED), the entire tract is in the South St. Pete CRA and a reduced mobility fee zone. It is within a Florida designated Brownfield and Urban Jobs Tax Credit area; and a federal NMTC Higher Distress Hub Zone. Decades of decisions and circumstances have led to the current situation of persistent cross-generational poverty at 56%, high unemployment rate of 16.4%, with 44% Low-Income and Severely Cost Burdened residents.

Close to the beautiful beaches and other internationally well-known tourist attractions, Pinellas County's inner city neighborhoods are plagued by drugs, poverty, violence, disease, and crime, and has many factors that impact the potential for drug abuse problems. PCED reports 23.5% of 45-54-year-olds had used cocaine, crack, heroin, methamphetamine, or synthetic versions in this opportunity zone. WC-GC provides a wide spectrum of human services in both residential and outpatient environment that targets adults and youth in all areas of Pinellas County. The DBCIC offers treatment for men and women in two phases: the Intensive Treatment Component (ITC) and the Employment/Re-entry Component (ERC). Among WC-GC current adult clientele, 100% have a substance abuse (use and dependence) issue and 70% have a co-occurring substance abuse and mental health disorder. Approximately 30% are Veterans (from all wars including Afghanistan and Iraq with PTSD), approximately 45% are females, 65% are males, 50% were involved in the criminal justice system at some time in their history, 19% are ages 18-30, 50% are ages 31-50, 30% are ages 51-61, and 1% is over the age of 62. Approximately 37% of WC-GC's clientele is African American and 52% is Caucasian and another 10% are Hispanic.

Negative Economic Impact on Organization*

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

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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

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

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

WCGC Budget to Actuals FY21-FY22.pdf

WC-GC experienced significant negative economic impact from the pandemic. In FY21 (July 2020 - June 2021), WC-GC experienced a \$494K budget deficit with residential treatment (Davis-Bradley), emergency shelter (A Turning Point), transitional and rapid rehousing (Mustard Seed Inn), youth drug prevention, and outpatient drug treatment programs all experiencing a deficit. Although WC-GC was able to restructure programs and renegotiate contracts in FY22 (July 2021 - June 2022), WC-GC ended the two-year period with a \$350K deficit. WC-GC used PPP funds to assist with payroll, but this did not address all program costs or service reductions. New contracts with FL Dept. of Corrections, Central Florida Behavioral Health Network, and SAMHSA for residential treatment, prevention, recovery support, and medication assisted treatment (MAT) were the primary sources of funding that offset program costs.

FL Sixth Judicial Circuit Court (Pinellas and Pasco) suspended Drug Court services for several months which subsequently reduced referrals to residential and outpatient treatment. This, in turn, affected the number of new individuals receiving medication assisted treatment (MAT) while pandemic stress slowed the rate of client graduation – both reducing revenue and increasing costs. The combined budget deficit for residential treatment, outpatient, and MAT services was \$1,026,831 during FY21. WC-GC's Residential and Outpatient programs are critical sources of unrestricted revenue and this deficit directly impacted WC-GC's ability to purchase equipment or start capital projects. WC-GC's homeless service programs, Mustard Seed Inn and A Turning Point, saw greater than expected losses. Eviction moratoriums and critical shortages of low-income housing resulted in longer stays in transitional housing and slower rehousing; coupled with widespread reductions in entry-level service worker positions, more residents were unable to pay rent/program fees or secure move-in deposits – all of which were subsidized by WC-GC. A Turning Point, the only inebriate-receiving shelter in the County reduced capacity from 65 beds to 30 beds due to social distancing. Local Street Outreach Teams reduced services (and referrals) and many individuals avoided shelters out of fear of contracting the virus. Although social distancing restrictions have eased and capacity has increased to approximately 45 beds, staffing costs have increased more than 25%, inflation has put significant pressure on soft costs, and local and regional funding shifts away from shelter care to other homeless services have prevented A Turning Point from returning to pre-pandemic service levels.

Proposal Description*

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

Please describe your purchase proposal and address the following:

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

Trailer for Camp

5-10 years

Six (6) annual family visits to Camp Mariposa and a field trip once a month for underserved youth from Pinellas Co. Positive social/family support is related to long-term abstinence and recovery. The trailer used to transport all camp supplies but is being held together by rust.

Sixteen (16) Armchairs for Employment Group Room

5 years

Safe and comfortable chairs help patients decrease recovery time while assisting the organization get higher ROI and reinforcing a commitment to high standards.

Folding Tables and Chairs for DB Dining Rooms

5 years

Six (6) 8ft and (6) 6ft tables and sixty (60) folding chairs. The DBCIC dining program plays an important role in patient recovery, providing excellent nutrition to those recovering indicates to potential patients and families that this is a high-quality rehab center.

Security cameras/System for programs

5 years

Seventy-two (72) security cameras, complete with installation are a cost-effective way to deter, document, and reduce crime, keep clients safe, decrease safety risks in the outside areas and document all business activity in the facility.

Two (2) Floor Buffing/Stripping machines

5-10 years

Keeping floors clean and dried helps prevent the spread of contaminants that can be life threatening. Keeping communal spaces clean helps improve employee performance and productivity by reducing absences related to allergies and illness.

Food Trays for Client Meals

5 years

Two-hundred (200) 10x14 compartment food trays assist staff with food prep, on-time service and keeping the facility patients happy and healthy.

Six (5) Mop Buckets

5 year

35qt Down Press Mop Buckets enhance occupant well-being and help save water to ensure employees and clients safety and sustainability – a frontline necessity for floor care maintenance.

Outdoor Grills

5-10 years

Five (5) Large 30" Outdoor Charcoal Grills are used during Power Outages, for cooking classes, to build comradery for clients, also used for celebrations and events.

Bed Bug Mattress Encasement

5-10 year

Two-hundred (200) encasements are fully zippered protectors for mattresses and box springs that engulf them on all six sides for: stains and spoilage; keeping out allergens; dust mites; and bed bugs.

XL Twin Mattress replacements

5-10 years

One-hundred (100) wholesale waterproof mattresses to provide people with mattresses that are clean and comfortable for healing and recovery.

Guiding Principles - Client Impact*

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

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

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

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

WC-GC is actively assisting Americans struggling with increases in depression, anxiety, trauma, and grief, including healthcare and behavioral health professionals. Growth in the areas of substance misuse (including opioids), overdose, and substance misuse-related deaths are imminent. WC-GC understands that there has never been more of a need for safe and accessible crisis intervention services, mental and substance use disorder treatment, and other related recovery supports. All emergency/pandemic plans undertaken by WC-GC operate in adherence to requirements of state licensing, CARF International, The Joint Commission and any regulatory requirements established by Federal and State regulations or laws.

DBCIC will innovate using EBPs to address gaps in care for vulnerable populations and proactively shift the outcome of COVID-19 in minority communities. It is clear that current surges of new infections are occurring across the US and minority communities continue to be hardest hit. Aggressive planning is needed to equip communities with an effective continuum of care that addresses gaps and vulnerabilities for those at risk, as well as those already impacted by a positive diagnosis of COVID-19. For individuals and families, who are recovering from the physical and emotional toll of a positive COVID-19 diagnosis, the long term effects appear to be unrelenting and the continuum of services must also address these very specific integrated care needs.

A System of Care approach with blended, compatible, and proven EBPs to address disparity in care is proposed for lower risk, vulnerable populations. Additionally, the business modeling for these services can stabilize the financial health of community providers while a strong evaluation component informs and strengthens practice innovation. The pandemic has unveiled deep health inequalities with significant gaps in care. The next steps taken together can change how communities live with and live after COVID-19.

Number Served*

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

245

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

Unduplicated: A client is counted once, regardless of the number of times they access services

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

Unduplicated

Other (Explanation Required)

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

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

To assess if your organization serves or is headquartered in a QCT, use the following link:

https://www.huduser.gov/portal/sadda/sadda_qct.html

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

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

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>
8800 49th Street N #402, Pinellas Park, FL 33782

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

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

Examples

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

The majority of activities will take place in the Davis Bradley Community Involvement Center located at 1735 Dr Martin Luther King Jr St. S, Saint Petersburg FL 33705.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

Yes

Community Connection

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

Community Representation and Connection*

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

WC-GC has served the Pinellas community for 2 decades and has developed authentic partnerships that are representative of the organization. Davis Bradley CIC works closely with both WC-GC's Mustard Seed Inn and A Turning Point to address the needs of residents experiencing homelessness or at-risk of homelessness, needing treatment or community services. As such, WC-GC staff serve on a number of committees with the local CoC and Homeless Leadership Alliance (HLA).

Pinellas County Department of Health - Onsite monthly clinic, vaccinations, Hepatitis screenings, STD screening and referral

St. Petersburg Free Clinic - Medical and dental services for those w/o insurance

Evara Health: Johnnie Ruth Clarke Dental Clinic (Formerly Community Health Centers of Pinellas, Inc.) provides dental and medical care

Suncoast Centers – Mental Health services and low-cost prescriptions

Directions for Living – Mental Health services and low-cost prescriptions

Urban Specialty Pharmacy - Prescription services

Pinellas County Schools - GED Services

PTEC (Pinellas Technical College) - Vocational Support, Job Skills Training

PERC (People Empowering and Restoring Communities; Formerly Pinellas Ex-offenders Re-entry Coalition) STARS Program (Success Training and Retention Services)

Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

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

BIPOC

LGBTQ+

None of the above

Leadership Demographics - Executive Level Leadership Team*

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

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

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

BIPOC

LGBTQ+

None of the above

Leadership Demographics - CEO/Executive Director*

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

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

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

None of the above

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

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

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

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

Small Purchase Estimates WCGC DBCIC.pdf

Sole Source*

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

Security Cameras/System for Programs:

WC-GC works solely with Alibi Security (serving the community 30 years) for all professional security and IT solutions. Alibi Staff and leadership and co-owner Troy West supports the WC-GC mission. The ALIBI Partner Program was designed-based on the feedback to deliver a measurable, positive impact on organizations bottom line.

Related Parties*

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

Examples of Related Parties

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

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No

Budget Summary*

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

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

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

Budget-WCGC Small-Capital-Purchases DBCIC.xlsx

N/A

Other Funding Sources*

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

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

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

N/A

Changes in Operating Costs*

Please answer this question based on the descriptions below:

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

Please see attached Budget-to-Actual spreadsheet. Historically, the revenue from Davis Bradley Residential Services and Outpatient contracts have supplemented the operations of other WC-GC programs that are budgeted to operate at a loss.

In FY22 WC-GC renegotiated a major contract with FL Department of Corrections that resulted in a significant revenue increase in FY22 but that will not yield the same earnings once staff salaries are adjusted to meet the new Florida minimum wage requirements and inflation is accounted for.

Organization Documentation

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

Organization Budget*

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

FY23 Agency Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board of Directors List WCGC 22.pdf

IRS Form 990*

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

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

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

Only PDF files are permitted.

WCGC 990 2020.pdf

WCGC 990 attached

Most Recent Financial Statements*

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

2021 WestCare GulfCoast Audit.pdf

2021 WestCare GulfCoast Audit attached

Insurance Requirements

Evidence of Insurance Coverage*

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

Please upload evidence of insurance.

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

GCFL For Info Only 7.1.22.pdf

Evidence of Insurance Coverage attached

Insurance Requirement*

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

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

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

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

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

Post-Grant Requirements

Reporting Requirements Acknowledgment*

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

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.
Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

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

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

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

Additional Upload

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

Anything else to share?

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

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- WCGC Budget to Actuals FY21-FY22.pdf
- Small Purchase Estimates WCGC DBCIC.pdf
- Budget-WCGC Small-Capital-Purchases DBCIC.xlsx
- FY23 Agency Budget.pdf
- Board of Directors List WCGC 22.pdf
- WCGC 990 2020.pdf
- 2021 WestCare GulfCoast Audit.pdf
- GCFL For Info Only 7.1.22.pdf

FY21 (7/20-6/21)

Program / Description	FY21 Approved Budget			FY21 Actual Budget			Variance		
	Revenue	Expense	EBITDA	Revenue	Expense	EBITDA	Revenue	Expense	EBITDA
Administration	\$ 3,684.00	\$ 473,769.00	\$ (470,085.00)	\$ 1,004,516.00	\$ 777,021.00	\$ 227,495.00	\$ 1,000,832.00	\$ 303,252.00	\$ 697,580.00
Prevention	\$ 83,822.00	\$ 59,554.00	\$ 24,268.00	\$ 54,227.00	\$ 35,855.00	\$ 18,372.00	\$ (29,595.00)	\$ (23,699.00)	\$ (5,896.00)
Pinellas Outpatient	\$ 1,323,597.00	\$ 1,161,751.00	\$ 161,846.00	\$ 1,039,517.00	\$ 1,062,431.00	\$ (22,914.00)	\$ (284,080.00)	\$ (99,320.00)	\$ (184,760.00)
Mustard Seed Inn	\$ 704,857.00	\$ 845,620.00	\$ (140,763.00)	\$ 622,706.00	\$ 838,136.00	\$ (215,430.00)	\$ (82,151.00)	\$ (7,484.00)	\$ (74,667.00)
A Turning Point	\$ 901,631.00	\$ 1,028,171.00	\$ (126,540.00)	\$ 957,962.00	\$ 1,168,800.00	\$ (210,838.00)	\$ 56,331.00	\$ 140,629.00	\$ (84,298.00)
Residential Programs (Davis Bradley)	\$ 4,334,876.00	\$ 4,120,409.00	\$ 214,467.00	\$ 3,746,629.00	\$ 3,837,176.00	\$ (90,547.00)	\$ (588,247.00)	\$ (283,233.00)	\$ (305,014.00)
Pasco Outpatient	\$ 1,553,767.00	\$ 1,296,874.00	\$ 256,893.00	\$ 1,242,898.00	\$ 1,271,337.00	\$ (28,439.00)	\$ (310,869.00)	\$ (25,537.00)	\$ (285,332.00)
Medication Assisted Treatment	\$ 1,144,400.00	\$ 1,049,709.00	\$ 94,691.00	\$ 1,285,435.00	\$ 1,442,469.00	\$ (157,034.00)	\$ 141,035.00	\$ 392,760.00	\$ (251,725.00)
TOTAL	\$ 10,050,634.00	\$ 10,035,857.00	\$ 14,777.00	\$ 9,953,890.00	\$ 10,433,225.00	\$ (479,335.00)	\$ (96,744.00)	\$ 397,368.00	\$ (494,112.00)

FY22 (7/21-6/22)

Program / Description	FY22 Approved Budget			FY22 Actual Budget			Variance		
	Revenue	Expense	EBITDA	Revenue	Expense	EBITDA	Revenue	Expense	EBITDA
Administration	\$ 53,684.00	\$ 621,389.00	\$ (567,705.00)	\$ 804,779.00	\$ 1,113,964.00	\$ (309,185.00)	\$ 751,095.00	\$ 492,575.00	\$ 258,520.00
Prevention	\$ 75,959.00	\$ 56,552.00	\$ 19,407.00	\$ 108,181.00	\$ 76,867.00	\$ 31,314.00	\$ 32,222.00	\$ 20,315.00	\$ 11,907.00
Pinellas Outpatient	\$ 1,238,165.00	\$ 1,173,336.00	\$ 64,829.00	\$ 1,047,249.00	\$ 1,068,709.00	\$ (21,460.00)	\$ (190,916.00)	\$ (104,627.00)	\$ (86,289.00)
Mustard Seed Inn	\$ 629,158.00	\$ 784,780.00	\$ (155,622.00)	\$ 630,226.00	\$ 883,673.00	\$ (253,447.00)	\$ 1,068.00	\$ 98,893.00	\$ (97,825.00)
A Turning Point	\$ 729,342.00	\$ 1,000,189.00	\$ (270,847.00)	\$ 824,969.00	\$ 971,254.00	\$ (146,285.00)	\$ 95,627.00	\$ (28,935.00)	\$ 124,562.00
Residential Programs (Davis Bradley)	\$ 5,157,154.00	\$ 4,366,768.00	\$ 790,386.00	\$ 5,712,696.00	\$ 4,466,772.00	\$ 1,245,924.00	\$ 555,542.00	\$ 100,004.00	\$ 455,538.00
Pasco Outpatient	\$ 1,695,371.00	\$ 1,623,532.00	\$ 71,839.00	\$ 1,450,035.00	\$ 1,505,157.00	\$ (55,122.00)	\$ (245,336.00)	\$ (118,375.00)	\$ (126,961.00)
Medication Assisted Treatment	\$ 1,793,875.00	\$ 1,311,281.00	\$ 482,594.00	\$ 1,822,283.00	\$ 1,735,976.00	\$ 86,307.00	\$ 28,408.00	\$ 424,695.00	\$ (396,287.00)
TOTAL	\$ 11,372,708.00	\$ 10,937,827.00	\$ 434,881.00	\$ 12,400,418.00	\$ 11,822,372.00	\$ 578,046.00	\$ 1,027,710.00	\$ 884,545.00	\$ 143,165.00

Combined FY21 & FY22 (7/20-6/22): Pandemic Timeframe

Program / Description	FY21-FY22 Approved Budget			FY21-FY22 Actual Budget			Variance		
	Revenue	Expense	EBITDA	Revenue	Expense	EBITDA	Revenue	Expense	EBITDA
Administration	\$ 57,368.00	\$ 1,095,158.00	\$ (1,037,790.00)	\$ 1,809,295.00	\$ 1,890,985.00	\$ (81,690.00)	\$ 1,751,927.00	\$ 795,827.00	\$ 956,100.00
Prevention	\$ 159,781.00	\$ 116,106.00	\$ 43,675.00	\$ 162,408.00	\$ 112,722.00	\$ 49,686.00	\$ 2,627.00	\$ (3,384.00)	\$ 6,011.00
Pinellas Outpatient	\$ 2,561,762.00	\$ 2,335,087.00	\$ 226,675.00	\$ 2,086,766.00	\$ 2,131,140.00	\$ (44,374.00)	\$ (474,996.00)	\$ (203,947.00)	\$ (271,049.00)
Mustard Seed Inn	\$ 1,334,015.00	\$ 1,630,400.00	\$ (296,385.00)	\$ 1,252,932.00	\$ 1,721,809.00	\$ (468,877.00)	\$ (81,083.00)	\$ 91,409.00	\$ (172,492.00)
A Turning Point	\$ 1,630,973.00	\$ 2,028,360.00	\$ (397,387.00)	\$ 1,782,931.00	\$ 2,140,054.00	\$ (357,123.00)	\$ 151,958.00	\$ 111,694.00	\$ 40,264.00
Residential Programs (Davis Bradley)	\$ 9,492,030.00	\$ 8,487,177.00	\$ 1,004,853.00	\$ 9,459,325.00	\$ 8,303,948.00	\$ 1,155,377.00	\$ (32,705.00)	\$ (183,229.00)	\$ 150,524.00
Pasco Outpatient	\$ 3,249,138.00	\$ 2,920,406.00	\$ 328,732.00	\$ 2,692,933.00	\$ 2,776,494.00	\$ (83,561.00)	\$ (556,205.00)	\$ (143,912.00)	\$ (412,293.00)
Medication Assisted Treatment	\$ 2,938,275.00	\$ 2,360,990.00	\$ 577,285.00	\$ 3,107,718.00	\$ 3,178,445.00	\$ (70,727.00)	\$ 169,443.00	\$ 817,455.00	\$ (648,012.00)
TOTAL	\$ 21,423,342.00	\$ 20,973,684.00	\$ 449,658.00	\$ 22,354,308.00	\$ 22,255,597.00	\$ 98,711.00	\$ 930,966.00	\$ 1,281,913.00	\$ (350,947.00)

EBITDA = Earnings Before Interest, Taxes, Depreciation, and Amortization

**** We now offer RENT TO OWN! Ask your sales rep for more details ****



CALL TODAY FOR A QUOTE!

SEE STOCK



CONTACT US

HOME / ENCLOSED TRAILERS / TRAILER SIZE / 7X14



7x14 TA Trailer – White, Barn Doors, Side Door, Extra

Height

\$6,354

Price for factory pick-up in GA

Standard 7x14 Tandem Axle Trailer – White with Rear Double Barn Doors, RV style Side Door, and 6in Extra Height

-	1	+
---	---	---

ADD TO CART

SKU: BQ 7x14TA2L - Wh, DD, RV, +6 Height - Catalog

Categories: 14 ft Long, 7 ft Wide, 7x14, Enclosed Trailers

Tags: 14 ft Long, 7 ft Wide, 7x14, Enclosed Trailers



DESCRIPTION

***** We now offer RENT TO OWN Options! Ask your sales rep for more details *****

**** The website updates its listings every 24 – 48 hours so please call ahead of time to ensure the availability of the Trailer you might wish to purchase. ****

** Snapper Trailers does everything in our power to bring you high-quality images that match the trailer description, but in some cases, we use stock photos to represent the trailer, so options and colors may differ from trailer to trailer. ***

* With thousands of options available to us we do everything in our power to display the appropriate images for those options, but in some cases, we don't have them readily available therefore a stock photo may be present in the trailer listing. *

- Double Rear Doors with Bar Lock in lieu of Ramp
- 32in Side Door with Flush Lock
- White .024 Aluminum Exterior with Matching Screws
- V-Nose Front with Vertical Aluminum Tread Plate (ATP) Trim

RV TREAD PLATE WITH VERTICAL ALUMINUM TREAD PLATE (ATP) TRIM

- A-Frame Style Tongue
- 1in x 1.5in Steel Tube in Walls and Ceiling
- 2,000 lbs Manual Crank Tongue Jack
- Floor Crossmembers – 16in On Center
- Roof Bows – 24in On Center
- Safety Chains
- Wall Members – 16in On Center
- 2in x 4in Tubing Main Rail
- Tandem 3,500 lbs. Leaf Spring Axle with Electric Brakes and EZ Lube Hubs
- One Year Manufacturers Limited Warranty
- Approximate Interior Height 78in (6ft +6in Extra Height)
- Emergency Break Away Kit
- Interior 12 Volt LED Dome Light with Switch
- LED Strip Tail Lights
- LED Fender Lights
- 3/4in Plywood Floor Painted Underneath
- 3/8in Grade A Plywood Walls
- High Tech Roof Sealant
- Aluminum Teardrop Fenders
- Aluminum Tread Plate (ATP) Stone Guard on Front – 24in
- Heavy Duty Exterior Trim
- Pair of Plastic Sidewall Vents
- Galvalume Roof
- Silver Powder Coated Modular Style Steel Rim with Center Cap
- ST205/75/R15 15in Radial Tires
- Ball Coupler – 2-5/16in
- 7 Way Bargman Plug
- +6in Extra Height (Please allow for about a 1in Tolerance)
- Cool Seal Ceiling Liner (Thermo Ply)

\$6354.00 Picked up at our factory lot in Pearson, GA (Call (229) 269-4065 for Availability)

Want to pick it up from one of our Lot locations?

\$6609.00 Picked up at our lot in Lutz, FL (Call (813) 920-0570 for Availability) [Local Pricing](#)

\$6558.00 Picked up at our lot in Bushnell, FL (Call (352) 593-9800 for Availability)

\$6754.00 Picked up at our lot in Fayetteville, NC (Call (910) 705-8330 for Availability)

\$6685.00 Picked up at our lot in Ft Pierce, FL (Call (772) 801-0602 for Availability)

\$6437.00 Picked up at our lot in Lake City, FL (Call (386) 361-6700 for Availability)

\$6354.00 Picked up at our lot in Pearson, GA (Call (229) 588-2005 for Availability)

\$7306.00 Picked up at our lot in Hillsboro, TX (Call (254) 221-0717 for Availability)

Looking to build a custom trailer? We can customize your next trailer with thousands of options! If you can dream it, we can build it! Contact one of our salespeople to be walked through the entire process and obtain a quote today!

Over 15,000 Trailers sold since 2011! Over 500+ trailers in stock throughout our 6 locations! Contact us today for a free no-obligation proposal!

We now offer a Veteran & Active Military Discount of \$25 off your purchase of a trailer. Be sure to let your salesperson know at the time of checkout. Thank you for your service!

COVID-19 Disclaimer: Pricing, options & specifications are subject to change without notice from the manufacturers and are completely out of our control. Snapper trailers do everything in their power to relay timeline changes and quote appropriate ETA's on trailer delivery however during the many delays and set back that many businesses have seen over the last year we are no different. Timelines can change at any time as over the last calendar year we've seen increases as well as shortages of parts, steel, and even lumber. Contact a Snapper Trailers Representative for more information about your build as well as obtain the current ETA at this time. Thank you!

Public Service Announcement: Never buy a used trailer. Even a single axle issue/repair will far outweigh the cost of a brand new trailer. Buy new and get a warranty without all the hassles!

Data Generated 2022-08-19 14:30

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PICTURES



COMING SOON

14 FT LONG

7x14 TA Trailer – White, HD Ramp, Side Door, Extra Height, Upgraded Flooring

\$6,582



14 FT LONG

7x14 TA Trailer – White, Barn Doors, Side Door, Extra Height

\$6,242

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CLICK TO

CALL

(tel:8333174448)

2022 7x14 Continental Cargo Trailer GANS714TA2



RETAIL PRICE

\$9,699

1=1&fr=xnewinventorydetail&oid=11745180&condition=New&year=2022&make=7x14+Continental+Cargo+Trailer&model=GA

OUR PRICE

\$9,199

1=1&fr=xnewinventorydetail&oid=11745180&condition=New&year=2022&make=7x14+Continental+Cargo+Trailer&model=GA

SAVINGS

1=1&fr=xnewinventorydetail&oid=11745180&condition=New&year=2022&make=7x14+Continental+Cargo+Trailer&model=GA

GET A QUOTE

(/--xt-xInquiry?1=1&fr=xnewinventorydetail&oid=11745180&condition=New&year=2022&make=7x14+Continental+Cargo+Trailer&model=GANS714TA2&vtype=Trailer&location=Lakeland&stockno=L37147&vin:

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VALUE YOUR TRADE

(/--xt-xTrade_Value?1=1&fr=xnewinventorydetail&oid=11745180&condition=New&year=2022&make=7x14+Continental+Cargo+Trailer&model=GANS714TA2&vtype=Trailer&location=Lakeland&stockno=L37147

SCHEDULE VIEWING

(/--xt-xSched_Ride?1=1&fr=xnewinventorydetail&oid=11745180&condition=New&year=2022&make=7x14+Continental+Cargo+Trailer&model=GANS714TA2&vtype=Trailer&location=Lakeland&stockno=L37147

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(/--xt-xContact?1=1&fr=xnewinventorydetail&oid=11745180&condition=New&year=2022&make=7x14+Continental+Cargo+Trailer&model=GANS714TA2&vtype=Trailer&location=Lakeland&stockno=L37147&vir

INSURANCE QUOTE

(http://www.progressive.com/insurance/rv/campfire.aspx?code=802260001&url=www.righttrailers.com)

PRINT

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Have a question? Text us here!

(mailto:2enb2022%207x14%20Continental%20Cargo%20Trailer%20GANS714TA2%20-

Text us! body=Hi%20There!%0A%20Check%20out%20this%202022%207x14%20Continental%20Cargo%20Trailer%20GANS714TA2%20(https://www.righttrailers.com%2F-- Xid=3D11745180)%20from%20Right%20Trailers.%20Have%20questions%20about%20this%20unit%3F%20Contact%20us%20directly%20by%20visiting%20our%20website%20at%20H 4448.)

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1=1&FR=XNEWINVENTORYDETAIL&OID=11745180&CONDITION=NEW&YEAR=2022&MAKE=7X14+CONTINENTAL+CARGO+TRA

Location

Lakeland

Stock Number	L37147
Vin	5NHUNS421NU137147
Vehicle Type	Trailer
Category	Enclosed
Color	Dark Champagne
Length	14 ft
Width	7 ft
GVWR	7000 lbs
Axle Capacity	3500 lbs
Hitch Type	Bumper Pull

INFO



Right Trailers -Lakeland, Fl.
 7220 US Highway 98 N
 Lakeland, FL 33809
 Phone: (833) 317-4448

**** The Price Advertised Does Not Include Tax, Tag, and Title Costs****
****Due to limited inventory and increasing supply costs, prices may vary. Call dealer for details. 100% Financing available with approved credit.****

Right Trailers Description:
 All steel frame, 6'9" interior height, 3/8" plywood walls, 3/4" TREATED plywood floor, rear ramp, side door, bar lock, drop axles, 15" radial tires, ATP aluminum fenders, 24" stone guard, 12 V interior light, .030 WHITE, FLUSH LOCK ON SIDE DOOR, ONE-PIECE ALUMINUM ROOF, SIDE VENTS, (4) D-RINGS INSTALLED IN FLOOR, .030 BROWN
 The seller is not responsible for errors and mistakes that occur in ads, specifications, or prices occasionally, we will correct them as soon as they are brought to our attention.

Stock: L37147
 For More Trailers Like This One Please Visit Our Website!
www.RightTrailers.com

PHOTOS



SPECIFICATIONS



Location	Lakeland
Condition	New
Stock Number	L37147
Year	2022
Make	7x14 Continental Cargo Trailer
Model	GANS714TA2
Vehicle Type	Trailer
Category	Enclosed
VIN	5NHUNS421NU137147
Length	14 ft
Width	7 ft
Interior Height	6 ft 9 in
GVWR	7000 lbs
Axle Capacity	3500 lbs
	2
	Bumper Pull
	Doors
	Ramp

Have a question? Text us here!

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PAYMENTS

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CLEARANCE! New Rock Solid Cargo 7X14TA Enclosed Cargo Trailer

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[Print Unit Info \(http://dashboard.trailercentral.com/print-unit-info.html?id=2648494\)](http://dashboard.trailercentral.com/print-unit-info.html?id=2648494) [Buy It Now \(/buy-it-now?stock_no=FTS2202169\)](#)



Item Location

Florida Trailer Solutions
www.floridatrailersolutions.com
sales@floridatrailersolutions.com
36820 SR 54 (entrance off Seaburg Rd)
Zephyrhills, FL, 33541
(813) 779-8400

This item is currently on special!

Stock No: FTS2202169

Our Price: ~~\$7,499.00~~

Sale Price: \$6,799.00

Savings: \$700

VIN: 7H2BE142IND043259

Condition: new

Year: 2022

Manufacturer: Rock Solid Cargo

Model: 7X14TA

Weight: 2120 lbs

GVWR: 7000 lbs

Payload Capacity: 4880 lbs

Asking Price: \$6,799.00

Color: White

REQUEST MORE INFO

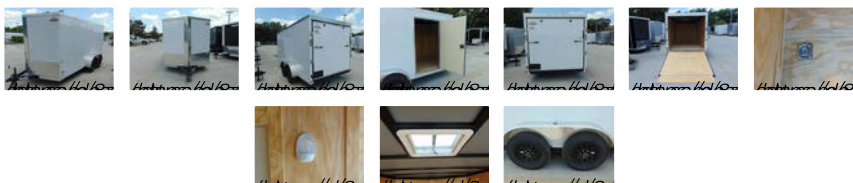
CLEARANCE! New Rock Solid Cargo 7X14TA Enclosed Cargo Trailer

Please enter your contact information and one of our representatives will get back to you with more information.

First Name*

Last Name*

(https://dealer-cdn.com/8z5taa/JHg7hA/CLEARANCE_New_Rock_Solid_Cargo_7X14TA_Enclosed_Cargo_Trailer_3xc9a4AeCnApC1661389037.jpg)



CLEARANCE! 2022 Rock Solid Cargo 7X14TA Enclosed Cargo Trailer
(2) 3500# Drop Leaf Spring Axle w/Electric Brakes
GVWR: 7000#
Empty Weight: 2120#

- Your 36' NEO Trailer Entry Door w/Flush Lock
- UPGRADE: BAR LOCK ON SIDE ENTRY DOOR
- Your 5R205/75R15 Radials w/Black Mod Wheels
- 24" ATP Stone Guard
- Your Roof Vent
- LED Lights
- 2-5/16" Coupler
- (4) Floor Mount D-Rings
- Therma-Cool Ceiling
- 5 Year Limited Warranty
- Interior Height: 75"

Preferred Contact*

Email Address

Phone Number*

Zip Code

Comments

Submit

No hassle, no haggle, no hidden fees,
Add applicable taxes and roll out with your new trailer today!

Financing Options Available and Rent to Own Available on this trailer!

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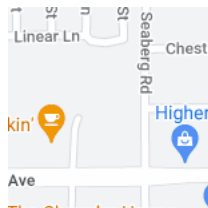
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Rent To Own

Quick Calculator

Trailer price	Term Length	Down Payment
<input type="text" value="0.00"/>	<input type="text" value="24"/>	
Monthly Payment		
<input type="text" value="0.00"/>		
Estimate does not include taxes and fees to be added at time of sale		

Map



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[q=36820%20SR%2054%20entrance%20off%20Seaburg%20Rd%29%2C%20Zephyrhills%2C%20FL%2033541](https://www.google.com/maps?q=36820%20SR%2054%20entrance%20off%20Seaburg%20Rd%29%2C%20Zephyrhills%2C%20FL%2033541))

Other Recommendations



New NEO Trailers 7.5X14 Aluminum Enclosed Cargo / Motorcycle Trailer



New NEO Trailers 7.5X14 Aluminum Enclosed Cargo / Motorcycle Trailer



New NEO Trailers 7.5X14 Aluminum Enclosed Cargo / Motorcycle Trailer



New Rock Solid Cargo 6X10S Enclosed Cargo Trailer

Conventional Loan Calculator

Down Payment

Loan Amount

A.P.R.

Term

Estimated Monthly Payment:

Calculate

Interest rates vary by person and trailer. All payments are estimates. Tax, title and any other fees are extra.



12" Addtl Height
Your Phone # (Ex: 7777777777)
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Your text

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Vinyl Stackable Chair with Armrests - Black



Sturdy, durable chairs stack neatly when not in use.

- Antimicrobial and easy to clean in waiting rooms and clinics.
- 2 1/2" thick foam padded seat with 2" back.
- Steel frame. Powder-coat finish.
- Stacks up to 5 high for convenient storage.
- Move with [Dolly](#) or [Hand Truck](#), sold separately.

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SPECIFY COLOR:

MODEL NO.	DESCRIPTION	SEAT DIMENSIONS W x D	CAPACITY (LBS.)	SEAT HEIGHT	WT. (LBS.)	PRICE EACH		COLOR	IN STOCK SHIPS TODAY
						1	6+		
H-6523BL	Vinyl w/ Armrests	19 x 17 1/2"	300	19"	23	\$90	\$85	<input type="checkbox"/> Black	16 <input type="button" value="ADD"/>

EASY ASSEMBLY. SHIPS VIA UPS.

[+ Additional Info](#) [+ Parts](#) [+ Shopping Lists](#) [Request a Catalog](#)

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HUGE SELECTION IN STOCK

SHIPS FROM 12 LOCATIONS



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Model #	Description	Qty	Price	Total	Remove
H-6523BL	Vinyl Stackable Chair with Armrests - Black	<input type="text" value="16"/>	\$85.00/EA	\$1,360.00	
SUBTOTAL =				\$1,360.00	

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Shipping | Sale Code: [Add](#) | [Questions?](#) \$300+ orders are eligible for a [free item](#).

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Model #
H-6523BL V

Shipping |

ESTIMATE SHIPPING

Order by 6 PM for same d

Zip Code
33705

This is a residential address.

Shipping Method	Delivery Time	Cost
Motor Freight - Averitt Express	1 day	\$137.31 ▼

Additional charges may apply for Inside Delivery and Liftgate services.

[Shipping Date](#)
08/25/2022

[Delivery Date](#)
08/26/2022

[Warehouse](#)
BRASELTON, GA

[Carrier Information](#)



Boss B9503-CS Diamond Black Caressoft Square Back Stacking Chair with Arms



plus Usually ships in 2 Bus. days

Qty: 16

TOTAL:

\$1,051.68

Recommended Products



Avantco SNZGD4C
Curved Glass
Sneeze Guard - 26"

\$569.00/Each

plus



Wall Mount
Workboard Faucet
with 3 1/2"

\$202.95/Each



Avantco SNZGD8
Flat Glass Sneeze
Guard - 49"

\$559.00/Each

plus



Baker
Glaze
Steel

\$10.9

Subtotal

\$1,051.68

Save with fast & FREE shipping on all eligible items

Ship To: **33705**

Common Carrier

\$419.68 ⓘ

Common Carrier W/ Liftgate

\$464.68 ⓘ

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Pay with credit card

Or use a third-party payment service



4 interest-free payments of **\$262.92**

Your Shopping Cart

Item Details

Quantity Price per item Total Price



Scholar Series Stack Chair w/ Arms

SKU: LNT-IFK3101-SO

Options:

Chair Color - Black

16

\$199.88

\$3,198.08

[Edit](#) | [Delete](#)

Members to regional and local school district contracts plus to the national co-op TIPS and BuyBoard can now receive discounts online.

[Login to see your available contract discounts ▶](#)

PROMO CODE Apply

Total \$3,198.08

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3 Star Products
Leather Office Chair w/

.99

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Conference Table w/ Non-Folding Legs

\$726.99 - \$881.99

☆☆☆☆☆



Learning Resources
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\$19.99

☆☆☆☆☆



Sprogs
Square Activity Mat

\$93.88

☆☆☆☆☆



Office Star Products
ProGrid Back Managers Chair

\$355.99

☆☆☆☆☆

Testimonials

"Fast delivery service and always get exactly what I was expecting. Great quality merchandise!"

— Jill R., Lincoln Intermediate

"The order was simple, the shipping was fast and the product was excellent!"

— Colleen E., The Kristine Project

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— Charles C., GoHypersonic Inc.

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Sales

1-800-260-2776

Customer Care

1-866-619-1776

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[School Outfitters](#)

Scholar Series Stack Chair w/ Arms

by **Learniture®** | SKU: LNT-IFK3101-SO ☆☆☆☆☆ | [Q & A \(2\)](#) | [Start a Live Chat](#)



\$199.88
 MSRP: ~~\$399.76~~
 You Save: \$199.88 (50%)

Select Options:

1) Select With or Without Arms: w/... ▼

2) Choose a chair color: (7 options)



16

Add to Cart

33705

Calculate Shipping

Product Overview

- o Low p
- decor.
- o Quick
- o Desig

Shipping Estimate*

Estimated Shipping Cost: \$357.21
 Product Cost: \$3,198.08
 Estimated Total Cost: \$3,555.29

*Why is this cost estimated? Shipping & handling costs on many larger items depend on variables such as whether you have a loading dock and whether you need help getting your merchandise off the truck.

Description	Specs	Resources & Guides
-------------	-------	--------------------

Product Weight (Lbs)	14	
ArmHeight (from Floor)	26 1/2"	
Assembly	Assembled	
Casters/Glides	Non-marring glides	
Frame Finish	Stainless steel	
Frame Material	18 gauge steel	
Overall Depth	19 3/4" D	
Overall Height	31 3/4" H	
Overall Width	22" W	
Seat Height	18" H	
Seat Material	Polypropylene	
Seat Size	18" W x 17" D	
Stacking Capacity	Up to 20	
Testing Certifications	Greenguard certified	
Warranty	5-year limited	
Shipping Method:	Freight	

[See less](#)

Works Well With

Similar Items



Learniture
 Merit Series III Flip-Top
 Whiteboard Training Table
 ☆☆☆☆☆
\$519.88



Learniture
 Merit Series III Flip Top
 Training Table (24" W x 60"
 ★★★★★ (25)
\$479.88



Learniture
 Profile Series Mobile Flipper
 Table w/ Modesty Panel &
 ☆☆☆☆☆
\$389.99



Learn
 Adjust
 Desk
 ★★
\$409.

★★★★★

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0
Reviews

2
Questions

2
Answers

Questions

Post a question

1-2 of 2 Questions

Sort by: Most helpful answers

Ruth · 10 months ago

Is there someplace I can buy and pickup this chair?

1
answer

School Outfitters · 10 months ago

We do not have any brick and mortar locations, however we do have many options for delivery. Please contact our friendly sales team through our live chat or by phone at 1-800-260-2776 for more information.

Helpful? Yes · 0 No · 0 Report

chairpurchaser · 10 months ago

How many chairs does this include?

1
answer

School Outfitters · 10 months ago

This product page is for one chair, but you can change the quantity you wish to purchase under "Select Options" or by contacting our sales team at 1-800-260-2776.

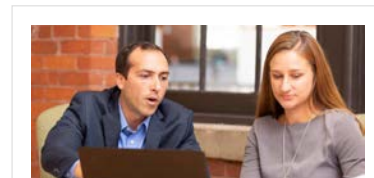
Helpful? Yes · 0 No · 0 Report

Reviews

★★★★★

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Spaces and services designed just for you





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Home > All Products > Facilities Maintenance > Folding Tables and Chairs > Economy Folding Tables

Economy Folding Table - 96 x 30", White



Set up in seconds for extra room at parties or picnics.

- Blow-molded polyethylene top.
- 29" fixed table height with locking steel legs.
- Folds to 2" thickness for easy storage.

[More Images](#)

SPECIFY COLOR:

MODEL NO.	DIMENSIONS L x W	SHAPE	CAPACITY (LBS.)	PRICE EACH		COLOR	IN STOCK SHIPS TODAY
				1	4+		
H-2751FOL-W	96 x 30"	Rectangle	250	\$140	\$130	<input type="checkbox"/> White	6 ADD

SHIPS ASSEMBLED VIA MOTOR FREIGHT

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Add Product by Model #

Model #	Description	Qty	Price	Total	Remove
H-2751FOL-W	Economy Folding Table - 96 x 30", White	<input type="text" value="6"/>	\$130.00/EA	\$780.00	
SUBTOTAL = \$780.00					

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Shipping | Sale Code: [Add](#) | [Questions?](#) \$300+ orders are eligible for a [free item](#).

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Shopping Cart

Add Product

Model #

H-2751FOL

Shipping |

ESTIMATE SHIPPING

Order by 6 PM for same d



One or more of your items must ship via truck due to its size and/or weight.
UPS Ground service is not available for this order.

Zip Code

This is a residential address.

Shipping Method

Delivery Time

Cost

Motor Freight - Averitt Express 1 day \$115.96 ▼

Additional charges may apply for Inside Delivery and Liftgate services.

Shipping Date
08/25/2022

Delivery Date
08/26/2022

Warehouse
BUFORD, GA

Carrier Information

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S. Tampa Lowe's Open until 10 PM >



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Home Decor / Furniture / Folding Tables & Chairs / Folding Tables

Cosco 2.6-ft x 8-ft Indoor Rectangle Resin Gray Folding Banquet Table (10-Person)

Item #1085855 Model #14188LGY3L

Shop Cosco ★★★★★ 15



\$89.98

\$85.48 when you choose 5% savings on eligible purchases every day. [Learn how](#)

Moisture proof high density resin material that enables strength and durability against the weather
Resin table top - easy to clean surface
Easy to carry with attached strap

Hurry, Low in Stock

- +



Feedback



Free Store & Curbside Pickup
7 Available today at **S. Tampa Lowe's**
Aisle 34 | Bay 21



Delivery
Scheduling Available
Get it by **Fri, Aug 26**

BETTER TOGETHER

CURRENT ITEM Selected Selected Selected



Cosco 2.6-ft x 8-ft Indoor Rectangle Resin Gray Folding Banquet Table (10-Person)

\$89.98

Cosco Gray Standard Folding Chair with Solid Seat (Indoor)

\$15.98

Libman 14-in Poly Fiber Angle with Dustpan Upright Broom

\$14.48

Rubbermaid Commercial Products Brute 32-Gallon Gray Plastic Trash Can with Lid

\$40.98

Subtotal for (4) items
\$161.42

Add to cart 4 items

OVERVIEW

These high-quality tables cater to any occasion. Dress them up for the holidays or take them outside for a barbecue. The 8 ft straight resin table features a waterproof top that resist spills and weather. Its rectangular length provides additional seating at both ends of table! Table has a heavy duty strong steel frame, steel legs, and a low maintenance, sturdy easy to clean top.


- Moisture proof high density resin material that enables strength and durability against the weather
- Resin table top - easy to clean surface
- Easy to carry with attached strap
- Non-marring leg tips to reduce floor scuffing

SPECIFICATIONS

Frame Material	Steel
Seating Capacity	10
Team Name	N/A
UNSPSC	56121400
Table Top Material	Resin

Manufacturer Color/Finish	Gray
Use Location	Indoor
Warranty (Parts)	5 Year limited
Warranty	5-year limited
Table Height (Inches)	29.25

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Return your new, unused item in-store or ship it back to us free of charge. [Read our Returns Policy for more information](#)

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Shopping Cart (6)

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 **S. Tampa Lowe's** [Change](#)

 Some of your items are low in stock! [View All](#)

 **Delivery . 6 Items**



\$539.88

Cosco - 2.6-ft x 8-ft Indoor Rectangle Resin Gray Folding Banquet Table (10-Person)

Item #1085855
Model #14188LGY3L

✕

[Save For Later](#)

−

6

+

\$89.98/ea

• Low in Stock

Pickup at S. Tampa Lowe's

FREE Store Pickup
Available

Delivery

Scheduled Delivery (\$79.00) ⓘ
Get it by Fri, Aug 26
Delivery Scheduling in Checkout

Feedback

Order Summary

Item Subtotal (6)	\$539.88
Estimated Delivery	\$79.00
Estimated Tax	Calculated in Checkout
Add Promo Code	▼

Estimated Total

\$618.88


[Start Secure Checkout](#)



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All Best Sellers Amazon Basics Today's Deals New Releases Customer Service Prime Books Watch 49ers vs. Texans at 8PM ET




Get \$50 off instantly upon approval of the **Amazon Rewards Visa Card**.

Current subtotal: \$899.94
Gift Card savings: - \$50.00
Cost after savings: \$849.94

[Learn more](#)

Subtotal (6 items): **\$899.94**
[Proceed to checkout](#)

Shopping Cart







Best Choice Products 8ft Plastic Folding Table, Indoor Outdoor Heavy **\$149.99**

In Stock
 Shipped from: [Elite Trainer](#)
 Gift options not available. [Learn more](#)
 Size: 8ft

Qty: 6 [Delete](#) [Save for later](#)
[Compare with similar items](#)

Subtotal (6 items): **\$899.94**

Customers Who Bought Items in Your Recent History Also Bought

-  **Amazon Basics Folding** 6,455
\$204.28 [Add to Cart](#)
-  **Flash Furniture** 1,671
\$206.04 [Add to Cart](#)
-  **VINGLI 10 Pack White** 468
\$217.99 [Add to Cart](#)
-  **Utopia Kitchen** 7,913
\$27.99 [Add to Cart](#)

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Do you have a gift card or promotional code? We'll ask you to enter your claim code when it's time to pay.

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Home > All Products > Facilities Maintenance > Folding Tables and Chairs > Economy Folding Tables

Economy Folding Table - 72 x 30", White



[More Images](#)

Set up in seconds for extra room at parties or picnics.

- Blow-molded polyethylene top.
- 29" fixed table height with locking steel legs.
- Folds to 2" thickness for easy storage.
- [Table Dollies](#) available.

SPECIFY COLOR:

MODEL NO.	DIMENSIONS L x W	SHAPE	CAPACITY (LBS.)	PRICE EACH		COLOR	IN STOCK SHIPS TODAY	
				1	4+			
H-2750FOL-W	72 x 30"	Rectangle	250	\$105	\$95	<input checked="" type="checkbox"/> White	1	ADD

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Add Product by Model #

Model #	Description	Qty	Price	Total	Remove
H-2750FOL-W	Economy Folding Table - 72 x 30", White	<input type="text" value="6"/>	\$95.00/EA	\$570.00	
SUBTOTAL = \$570.00					

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Shipping | Sale Code: [Add](#) | [Questions?](#) \$300+ orders are eligible for a free item.

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Add Product

Model #

H-2750FOL

Shipping |

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One or more of your items must ship via truck due to its size and/or weight.
UPS Ground service is not available for this order.

Zip Code
33705

This is a residential address.

Shipping Method	Delivery Time	Cost
Motor Freight - Averitt Express	1 day	\$115.96 ▼

Additional charges may apply for Inside Delivery and Liftgate services.

[Shipping Date](#)
08/25/2022

[Delivery Date](#)
08/26/2022

[Warehouse](#)
BRASELTON, GA

Carrier Information

Banquet Tables Pro Banquet Tables Pro

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What Can We Help You Find



(6)

- [Folding Tables](#)
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TOTAL:

TOTAL **\$1,122.00**

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Checkout as Guest

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M-F 8am-5pm EST



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15505 Long Vista Drive
 Suite 250
 Austin TX 78728
 888.858.1442

Sales Rep: Louie Tamez

Sold To

Kante Anderson
 Westcare Foundation Las Vegas
 PO Box 94738
 Las Vegas NV 89193
 United States

Ship To

Westcare Foundation Las Vegas
 1711 Whitney Mesa Dr.
 Henderson NV 89044
 United States

Quote

Quote # EST172037

Customer # 65569

Date of Quote 9/6/2022

Expires: 9/30/2022

PO Number:

Job Name: David Bradley

Terms:

Shipping Method: UPS[®] Ground

Quantity	Item	Description	NDA	Unit Price	Ext. Price
		High Priority Dealer/Installer Customer			
1	ALI-NR1280X-16	Alibi NR Type 128CH NVR 512Mbps 16 SATA RAID 3U Built-in Rack Mounting	Yes	3,299.99	3,299.99
6	HDD10SHP-AI	Seagate SkyHawk AI 10TB SATA 6Gb/s 256MB Cache 3.5"	Yes	363.99	2,183.94
48	ALI-FT41-UA	4MP IP Turret 98' Starlight IR 2.8mm 120dB WDR Built-in Mic Ultra H.265 SD-Card	Yes	109.99	5,279.52
24	ALI-PB60-UA	6MP IP Bullet 131ft IR Starlight 2.8mm WDR Built-in Mic Ultra H.265 SD-Card	Yes	189.99	4,559.76
24	ALI-JB05-A-IN	Junction Box	Yes	13.79	330.96
2	DGS-1210-28MP	DGS-1210 Series Smart Managed 28-Port Gigabit PoE Switch including 4 Gigabit COMBO Ports, 370W PoE Budget	Yes	514.59	1,029.18
1	DGS-1210-52MP	52 Port Gigabit Web Smart PoE Switch with 4GB SFP Ports	Yes	789.59	789.59
1	UPS [®] Ground	UPS Ground		0.00	0.00

Total \$17,472.94

FOR CREDIT CARD ORDERS, YOUR CREDIT CARD WILL BE CHARGED BY "AlibiSecurity".

For Warranty & Return information, please go to: www.alibisecurity.com/warranty

If you have any questions about this order, contact your sales representative.





Home / Equipment: Carpet & Hard Floor / Hard Floor Cleaning Machines / Floor Buffers / Advance® 20" Pacesetter™ Dual Speed Floor Buffer w/ Pad Holder (180 & 320 RPM)



Advance® 20" Pacesetter™ Dual Speed Floor Buffer w/ Pad Holder (180 & 320 RPM)

[Write a Review](#) **Brand:** Advance

SKU: NFA-01440A

Ships Direct from Manufacturer
May Have Extended Lead Times

What's This? ⓘ

Free Shipping: \$2,437.00

Anywhere in
Continental
US

(Save 10%)

~~\$2,437.00~~

Qty

1

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Quick Overview

- Pad holder included
- 2 Speed Machine - 180 & 320 RPM
- 1.5 HP, dual capacitor
- 20" scrubbing path, 102 lbs.
- For carpet & hard floor use

Product Details

The *Advance Pacesetter* floor buffers are built tough with an all steel frame, chrome plated bell housing and dependable triple planetary severe duty gears that will make this machine last for years. The machine is much like the single speed 20" *Pacesetter* which also comes with a 120V motor, tough construction, and an adjustable handle that adjust to the user's height. Where this machine different, however, is that it sports dual speeds that allow you to switch between 180 RPM and 320 RPM.

4.5 ★★★★★

Google
Customer Reviews

esetter can take any stripping or scrubbing job you throw at it when equipped with any of our 20"

scrubbing pads or 20" stripping pads. Switch the floor buffer to 320 RPMs and attach a 20" polishing pad, and you have yourself a machine that can polish floors to a glossy luster. The higher speed will not provide as high a shine as our high speed electric burnishers, but it will still do a great job. For other *Advance* floor buffers, check out our floor buffer area to see what other options we have available.

Features

- Dual speed 120V motor allows you to switch between speeds of 180 Rpm and 320 RPMs for scrubbing, stripping, and polishing applications
- The 1.5 hp motor features long-lasting triple planetary severe duty gears that provide years of use and abuse.
- All steel with chrome plated bell housing and handle shaft with compression style handle height adjustment. Includes rubber wheels for transportation.
- Comfortable and solid handle with safety interlock activation preventing accidental start-up.
- The ETL certification is proof of product compliance to North American safety standards.

Documentation

Downloadable PDFs

[Advance Pacesetter Floor Buffer Manual](#)

[Advance Pacesetter Floor Buffer Fact Sheet](#)

[Advance Pacesetter Floor Buffer Parts List](#)

Specifications

Manufacturer	Nilfisk
Brand	Advance
Manufacturer Sku	01440A
Power Source	Electric
Scrub Style	Rotary
Rotary Buffer Speed	Two Speed
Brush/Pad Diameter	20 inches
Brush/Pad Speed	180 RPM & 320 RPM
Handle	Comfortable and solid handle with safety interlock activation preventing accidental start-up
Brushes/Pads Included	No
Additional Features	Triple planetary gears – Severe Duty

4.5 ★★★★★
 Google
 Customer Reviews

Wheels	Rubber wheels
Motor	1.5 HP DC Rectified
Electrical Draw	15 A
Electrical Usage	120 V
Capacitors	Dual, start and run
Sound Output	70 dB A
Power Cord	50 ft.
Operating Weight	87 lbs.
Certifications	ETL, CSA
Free Shipping	Yes
ERP Sku	DO-NFA-01440A

Customer Reviews

Write a Review

No reviews have been left yet, be the first to review this product.



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You now qualify for a **Free Gift!**

You qualify for a **FREE GIFT!**

Choose your Free Gift from CleanFreak.com!



\$44.99

Product Add to Cart



\$37.99

Add to Cart



\$72.99

Add to Cart



Advance® 20" Pacesetter™ Dual Speed Floor Buffer w/ Pad Holder (180 & 320 RPM)

- SKU# NFA-01440A
- **Free Shipping**
- **Ships Direct from Manufacturer**
May Have Extended Lead Times

\$2,193.00

2 Update

\$4,386.00



Subtotal \$4,386.00

Estimate Shipping & Tax

GRAND TOTAL \$4,386.00

State/Province *

Zip/Postal Code

Please select

* Required Fields

Go To Checkout

Click here to finance for as low as \$104/month



Advance® Floor Cleaning Machine - 20"



Revitalize bare floors by stripping, cleaning, buffing or polishing with this industrial cleaning machine.

- 20" cleaning path, 50' power cord and adjustable handle eases operating.
- Safety lock and heavy-duty wrap-around bumper adds protection.
- Powerful 1.5 HP 14.9 amp single speed motor.
- Pad driver included. [Poly Brush](#) and [Floor Pads](#) sold separately.

[Enlarge & Video](#)

2 YEAR WARRANTY

MODEL NO.	DESCRIPTION	DIAMETER	RPMs	PRICE EACH	IN STOCK SHIPS TODAY
H-4702	Advance® Floor Machine	20"	175	\$1,595	1 <input type="button" value="ADD"/>

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Add Product by Model #

Model #	Description	Qty	Price	Total	Remove
H-4702	Advance® Floor Cleaning Machine - 20"	<input type="text" value="2"/>	\$1595.00/EA	\$3,190.00	

SUBTOTAL = \$3,190.00

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[Checkout](#)

Shipping | Sale Code: [Add](#) | Questions? \$300+ orders are eligible for a [free item](#).

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Shopping Cart

Add Product

Model #
H-4702 A

Shipping |

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One or more of your items must ship via truck due to its size and/or weight.
UPS Ground service is not available for this order.

Zip Code
33705

This is a residential address.

Shipping Method	Delivery Time	Cost
Motor Freight - Averitt Express	1 day	\$150.04 ▼

Additional charges may apply for Inside Delivery and Liftgate services.

[Shipping Date](#)
08/25/2022

[Delivery Date](#)
08/26/2022

[Warehouse](#)
BRASELTON, GA

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Home & Kitchen > Vacuums & Floor Care > Floor Buffers & Parts



Click image to open expanded view

Advance Pacesetter 20SD (SEVERE DUTY) 175 HP, 175 rpm Floor Machine

Brand: Nilfisk-Advance

\$2,100⁰⁰

Get 3% back on this item with the Amazon Rewards Visa Card.

- Ergonomic molded handle that protects the user's hands during operation along walls and around corners.
- An easy-to-use compression style lever changes the height adjustment of the handle for all operators.
- Severe-Duty SD (175 rpm, 1.75 hp motor)
- Pad holde are included.

Specifications for this item

Brand Name	Nilfisk-Advance
Color	Silver
Ean	0001235578845
Item Weight	124.0 pounds
Number of Items	1
Part Number	01460A
UNSPSC Code	47121600
UPC	001235578845

\$2,100⁰⁰

FREE delivery September 29 - October 17. Details

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- ✓ **This item:** Advance Pacesetter 20SD (SEVERE DUTY) 175 HP, 175 rpm Floor Machine **\$2,100.00**
- ✓ Rubbermaid Commercial Products Brute Trash Can Dolly with Wheels, Black, Transports 20, 32, 44 and 55G Brute C... **\$41.97**
- ✓ Rubbermaid Commercial Products, WaveBrake - Commercial Industrial Mop Bucket with Side-Press Wringer Combo ... **\$84.97**

Products related to this item

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USA-CLEAN Commercial Floor Scrubber Machine - Walk-Behind Battery Auto Tile Floor C...
2
\$3,595.00
(\$3,595.00/Count)



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16
\$2,222.16



Prolux Core Floor Buffer - Heavy Duty Single Pad Commercial Floor Polisher and Tile...
595
\$499.99



Viper Cleaning Equipment 50000226 AS430C Cord/Electric Scrubber, 17" Brush,...
37
\$2,642.00



TECHTONGDA Concrete Floor Grinder Polishing Machine Sander Buffer Epoxy Terrazzo Gr...
\$1,699.00

Product details

Is Discontinued By Manufacturer : No
Item Weight : 124 Pounds
Date First Available : March 1, 2015
Manufacturer : Nilfisk-Advance
ASIN : B00J6GK1CQ


Product Description

Ergonomic molded handle that protects the user's hands during operation along walls and around corners. A red safety lock switch allows the operator to easily control when the machine goes into operation. An easy-to-use compression style lever changes the height adjustment of the handle for all operators. Pad holders are standard on the Pacesetter, and the yellow, super-flex cord offers ease in cord handling and reduced tangling. The Pacesetter 20SD is a Severe Duty 20-inch floor machine. The 1.75 hp, 175 rpm machine also has triple-planetary gears designed for longer wear.

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Advance Pacesetter 20SD (SEVERE DUTY) 175 HP, 175 rpm Floor **\$2,100.00**

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Subtotal (2 items): **\$4,200.00**

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< Beige Compartment Trays

Carlisle P61425 10" x 14" Tan Left Hand 6 Compartment Tray

★★★★★ Item #: 271P614TN MFR #: P61425



Only **\$4.69**/Each

Ships free with

1	Add to Cart
---	--------------------

Wish List

Rapid Reorder


Other Available Colors:



- ✓ Holds government "Type A" lunches
- ✓ Made of FDA approved materials
- ✓ Designed with 3 smaller upper compartments
- ✓ Two larger lower compartments
- ✓ Flatware holder on left side for left-handed patrons
- ✓ Withstands temperatures up to 180 degrees Fahrenheit
- ✓ Durable polypropylene construction
- ✓ Resistant to staining, breaking, and chipping

UPC Code:

077838012659







Quick Shipping
Usually ships in **1 business day** ⓘ



[View all Carlisle Compartment Trays](#)

Works With ⓘ

<p><i>plus</i>  Carlisle S28303 4 oz. Black Smooth Melamine \$56.99/Case</p>	<p><i>plus</i>  Carlisle S28360 4 oz. Cobalt Blue Smooth Melamine \$56.99/Case</p>	<p><i>plus</i>  Carlisle S28342 4 oz. Ivory Bone Smooth Melamine \$56.99/Case</p>	<p><i>plus</i> </p>
<p>1 <input type="button" value="Add to Cart"/></p>	<p>1 <input type="button" value="Add to Cart"/></p>	<p>1 <input type="button" value="Add to Cart"/></p>	<p>1 <input type="button" value="Add to Cart"/></p>

Carlisle P61425 Details

Enliven your lunches for left-handed patrons, too, with this Carlisle P61405 10" x 14" tan left hand 6 compartment tray! This tray is designed with 6 compartments to hold government "Type A" lunches. Three smaller compartments on the upper portion of the tray are ideal for holding sides, desserts, and beverages, while two lower compartments work well with entrees, salads, and sandwiches. A flatware holder on the left side of the tray holds flatware just where a left-handed customer would want it.

This tray is made of FDA approved materials for peace of mind. Its durable polypropylene construction ensures that it's resistant to staining, breaking, and chipping, while making it heat resistant up to 180 degrees Fahrenheit for hot and cold food service. This tray's versatile tan color makes it a subtle but necessary addition to schools, universities, or child care facilities! For customers' safety, it is not recommended to use knives - including plastic cutlery - with this tray.

Overall Dimensions:

Length: 13 7/8"

Width: 9 7/8"

Height: 3/4"

⚠ Attention CA Residents: Prop 65 Warning >

CARLISLE P61425 SPECS	
Quantity	1/Each
Length	13 7/8 Inches
Width	9 7/8 Inches
Height	3/4 Inches
Color	Beige
Design	Solid
Dishwasher Safe	Yes
Features	BPA Free
Material	Polypropylene
Number of Compartments	6 Compartments
Shape	Rectangle



Carlisle P61425 10" x 14" Tan Left Hand 6 Compartment Tray



Arrives in 3 - 5 business days

plus

Qty: 200

TOTAL:

\$938.00

Recommended Products



**Avantco SNZGD4C
Curved Glass
Sneeze Guard - 26"**

\$569.00/Each

plus



**Wall Mount
Workboard Faucet
with 3 1/2"**

\$202.95/Each



**Avantco SNZGD8
Flat Glass Sneeze
Guard - 49"**

\$559.00/Each

plus



**Baker
Glaze
Steel**

\$10.9

Subtotal

\$938.00

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Ground

\$59.99

Second Day

\$212.46

Next Day

\$485.38

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help@webstaurantstore.com



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Your Cart ID: **C1BGYP**

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compartment food tray

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Roll over image to zoom in



Carlisle / CFS Brands-P614R25 Rectangular Tray w/ (6) Compartments, Polypropylene, Tan , 10" x 14"

Brand: Carlisle FoodService Products
28 ratings

Amazon's Choice for "cafeteria compartment tray"

\$8¹⁹

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FREE Returns

Get \$50 off instantly: Pay \$0.00 \$8-19 upon approval for the Amazon Rewards Visa Card. No annual fee.

Available at a lower price from other sellers that may not offer free Prime shipping.

Brand Carlisle FoodService Products
Color Tan
Material Polypropylene
Shape Rectangular
Number of Items 1

About this item

- Offers greater variety of serving combinations with three smaller upper compartments, two larger lower compartments, and a flatware holder on right or left side
- Textured compartment bottoms increase scratch resistance and help maintain daily appearance
- Made in the USA
- Dishwasher safe and BPA Free

Specifications for this item

Brand Name	Carlisle FoodService Products
Color	Tan
Ean	0077838218808
Item Shape	Rectangular
Lower Temperature Rating	-40 degrees_fahrenheit
Manufacturer Series Number	P614R25

[See more](#)

Similar item to consider

 Amazon Basics Plastic Desk Organizer - Half Accessory Tray, Black (9852)
\$5.41

\$8¹⁹

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FREE Returns

FREE delivery **Wednesday, August 31** if you spend \$25 on items shipped by Amazon.
Order within 12 hrs 2 mins

Select delivery location

Only 15 left in stock - order soon.

Qty: 1

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Details

Return policy: Eligible for Return, Refund or Replacement within 30 days of receipt



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Restaurant Supplies



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\$13.97 ✓prime



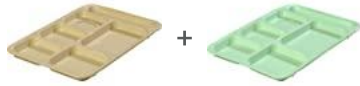
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Airtight Food Storage Containers...
4,694
\$26.99 ✓prime

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Frequently bought together



Total price: **\$16.38**

Add both to Cart

One of these items ships sooner than the other. [Show details](#)

- ✓ **This item:** Carlisle / CFS Brands-P614R25 Rectangular Tray w/ (6) Compartments, Polypropylene, Tan , 10" x 14" **\$8.19**
- ✓ Carlisle P614R09 Right-Hand 6-Compartment Polypropylene Tray, 10" x 14", Green **\$8.19**

Similar brands on Amazon

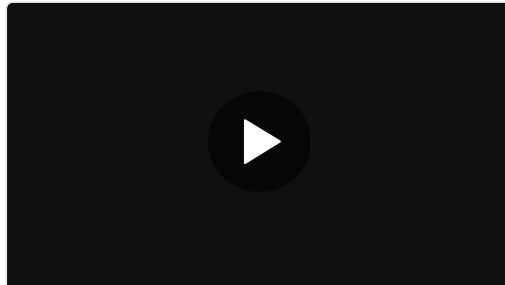
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Home Beets
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Acacia Wooden Serving Trays with Handles for Eating, Appetizers, Food, ...
20
\$49.98 List: ~~\$59.98~~

New Star Foodservice
[Shop the Store on Amazon >](#)




New Star Foodservice 24333 Fast Food Tray, 10.5 x 13.5, Black, Set of 12
2,079
\$34.99


LONEA
[Shop the](#)



Brands in this category on Amazon

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Commercial Grade Kitchen and Catering Supplies
[Shop New Star Foodservice >](#)





Environment Friendly Product - Safe For Children
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Product details

- Product Dimensions :** 14.37 x 10 x 0.75 inches; 9.59 Ounces
- Item model number :** P614R25
- Date First Available :** December 11, 2018
- Manufacturer :** Carlisle - Eaches
- ASIN :** B007P1WZLY
- Country of Origin :** USA
- Best Sellers Rank:** #84,069 in Kitchen & Dining ([See Top 100 in Kitchen & Dining](#))
#688 in [Serving Trays](#)

Customer Reviews:

28 ratings

Product Description

This Carlisle six-compartment right-hand tray is a stackable, rectangular tray for food service applications. It is made of melamine resin for resistance to heat and chemicals and has six compartments, including a flatware holder on the right side, for serving a Type A lunch as defined by the National School Lunch Act. (H is height, the vertical distance from lowest to highest point; W is width, the horizontal distance from left to right; D is depth, the horizontal distance from front to back.)

From the brand

Clean

Products related to this item

Sponsored



Carlisle P614R09 Right-Hand 6-Compartment Polypropylene Tray, 10" x 14", Green

137

\$8.19



Carlisle 4398834 Right Hand 6-Compartment Cafeteria / Fast Food Tray, 14.5" x 10", ...

7

\$9.85



Verde Planet - Biodegradable, Ecofriendly, Disposable, Sturdy, Elegant,...

451

\$12.95



WDF 100% Compostable 5 Compartment Plates Disposable, 125 Pack Heavy Duty Paper Pla...

5

\$27.99 (\$0.22/Count)



Divided Plates Melamine 5-Compartment White Serving Tray , 13.3 x 10.83 inches , 3 ...

11

\$29.99



Carlisle 439800 Hand Heavy We Compartment C / Fast Food Tray

9

\$22.64

Products related to this item

Sponsored

Product Categories / Furniture, Hospitality and Food Service / Food Service and Food Processing /
 Food Service Tableware, Bar, and Buffet / Food Service Trays / Tray: w/ Compartments, 14 1/2 in Overall Lg, 10...



CAMBRO

Tray: w/ Compartments, 14 1/2 in Overall Lg, 10 in Overall Wd, 3/4 in Overall Dp, Beige

Item #11N693 Mfr. EAPS1014161
 Model #
 UNSPSC #48101915 Catalog Group #G4174
 Catalog Page #N/A

Country of Origin USA. Country of Origin is subject to change.

Web Price
\$5.48 / each

Qty [Add to Cart](#)

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Technical Specs

Item	Tray
Type	w/ Compartments
Overall Length (In.)	14 1/2 in
Overall Width (In.)	10 in

Overall Depth (In.)	3/4 in
Color	Beige
Material	Co-Polymer
Number of Compartments	6



Cart

Order Summary

Subtotal	\$1,096.00	Estimated Tax	N/A	Estimated Shipping	\$71.75
----------	------------	---------------	-----	--------------------	---------

Estimated Total **\$1,167.75**



CAMBRO

Tray: w/ Compartments, 14 1/2 in Overall Lg, 10 in Overall Wd, 3/4 in Overall Dp, Beige

Item # 11N693

Availability

Expected to arrive **Thu. Sep 01.**

Qty
200

Web Price

\$5.48 / each

Total **\$1,096.00**

Rubbermaid® WaveBrake® Bucket/Wringer - Down Press, 35 Quart



Down pressure dries out your mop better.

- Holds up to 32 oz. mop.
- 200,000 wring cycles.
- Optional [Bucket](#) separates clean and dirty water. Fits under wringer.

[More Images](#)

MODEL NO.	DESCRIPTION	CAPACITY	WT. (LBS.)	PRICE EACH		IN STOCK	SHIPS TODAY
				1	3+		
H-7403	Bucket w/ Down Press Wringer	35 qt.	20	\$184	\$179	5	<input type="button" value="ADD"/>

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Model #	Description	Qty	Price	Total	Remove
H-7403	Rubbermaid® WaveBrake® Bucket/Wringer - Down Press, 35 Quart	<input type="text" value="5"/>	\$179.00/EA	\$895.00	

SUBTOTAL = \$895.00

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H-7403	Rubbermaid Quart

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UPS Ground	1 day	\$110.89 ▼

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08/26/2022

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Subtotal \$659.10



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Rubbermaid Commercial WaveBrake 2.0® 35 QT Down-Press Mop Bucket and Wringer, Yellow (FG757788YEL)

Visit the Rubbermaid Commercial Products Store
203 ratings | 11 answered questions
Amazon's Choice in Commercial Mop Buckets by Rubb...

-36% \$131.82

List Price: \$206.58

FREE Returns

Get \$50 off instantly: Pay \$81.82 ~~\$131.82~~ upon approval for the Amazon Rewards Visa Card. No annual fee.

Color: Yellow



Size: 35 Qt

35 Qt 44 Qt

Style: Mop Bucket&Wringer

Brand Rubbermaid Commercial Products
Color Yellow
Material Alloy Steel, Plastic
Item Weight 19.07 Pounds
Item 20.1 x 15.7 x 36.5 inches
Dimensions LxWxH
Capacity 35 Quarts
Shape Rectangular

About this item

- Large capacity mop bucket for the toughest jobs
- Down press wringer tested to exceed 50,000 wringing cycles
- Structural web-molded plastic provides better strength-to-weight ratio than standard injection molded plastic
- Features 4 non-marking casters
- Premium tubular steel handle for durability

Product Specifications

Capacity	35 quarts
Color	Yellow
Ean	0094703401622 , 0086876154399 , 0086876179156 , 0086876141825
Global Trade Identification Number	00086876179156 , 00086876154399

\$131.82

FREE Returns

FREE delivery Wednesday, August 31. Order within 11 hrs 52 mins

Select delivery location

In Stock.

Qty: 1

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Details

Return policy: Eligible for Return, Refund or Replacement within 30 days of receipt



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Have one to sell?

Height 25.5 inches

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Specification for this product family

Brand Name Rubbermaid Commercial Products

UNSPSC Code 47130000

Similar item to consider



Amazon Basics Side Press Wringer Combo Commercial Mop Bucket on Wheels, 35 Quart, Yellow

(4823)

\$84.97

Sell on Amazon

20% off coupon



MASTERTOP Spin Mop & Bucket...

745

\$65.99 ✓prime

Sponsored

Subtotal \$659.10



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Tsmine Spin Mop Bucket Floor Cleaning Mop and Bucket with Wringer Set Commercial Spinning...

5,070

\$48.44 ✓prime

Sponsored

Frequently bought together



+



+



Total price: \$174.57

Add all three to Cart

- ✓ **This item:** Rubbermaid Commercial WaveBrake 2.0® 35 QT Down-Press Mop Bucket and Wringer, Yellow (FG757788... \$131.82
- ✓ Rubbermaid Commercial Products FG9C7400RED Dirty Water Bucket for WaveBrake 2.0 35 Qt. Mop Bucket System, ... \$18.97
- ✓ Rubbermaid Commercial Products, Industrial Grade - Fiberglass Wet Mop Holder Handle Stick for Floor Cleaning He... \$23.78

Products related to this item

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MASTERTOP Spin Mop & Bucket with Wringer Set, Floor Cleaning, Household Cleaning Su...
742

\$65.99
Save 20% with coupon



Carlisle 3690869 Commercial Mop Bucket With Side Press Wringer, 26 Quart Capacity, ...
5,151

\$58.51



Mop Bucket And Wringer Combo with Down Press, Red
4

\$111.74



Mop Bucket And Wringer Combo with Down Press, Green
\$125.17



Alpine Industries Commercial Mop Bucket with Side Press Wringer - Mop Bucket with W...
40

\$72.22

Subtotal
\$659.10



Product details

Is Discontinued By Manufacturer : No
Product Dimensions : 20.1 x 15.7 x 36.5 inches; 19.07 Pounds
Item model number : FG757788YEL
Department : Accent
Date First Available : September 14, 2004
Manufacturer : Meyer Shop Supplies
ASIN : B005KD7UZK
Country of Origin : USA
Best Sellers Rank: #18,916 in Industrial & Scientific (See Top 100 in Industrial & Scientific)
 #34 in Commercial Mop Buckets
 #137 in Household Mop Buckets
Customer Reviews:
 203 ratings

Product Description

The Rubbermaid Commercial WaveBrake Mop Bucket with Down Press Wringer Combo Set reduces splashing, for a safer environment, cleaner floors, and improved productivity. The set includes a 35-quart mop bucket with molded-in wave baffles that reduce splashing by up to 40% and a down press mop wringer tested to exceed 50,000 wringing cycles with a tubular steel arm and contoured handle for better grip. The bucket and wringer are made from structural web-molded plastic for a better strength-to-weight ratio than standard injection-molded plastic. This mop bucket with wringer is suitable for commercial and industrial applications. The mop bucket rolls on 4 non-marking casters and has a metal wire handle to facilitate lifting and emptying.

From the manufacturer

About Rubbermaid

Rubbermaid Commercial Products, headquartered in Winchester, Va., is a manufacturer of innovative, solution-based products for commercial and institutional markets worldwide. Since 1968, RCP has pioneered technologies and system solutions in the categories of food services, sanitary maintenance, waste handling, material transport, away-from-home washroom, and safety products. RCP, an ISO 9001:2000 manufacturer, is part of Newell Rubbermaid's global portfolio of brands and continues to develop innovative products.

Rubbermaid Commercial WaveBrake Mopping Systems

Better mopping for a safer work environment

Rubbermaid's WaveBrake Mopping System can handle any mopping job with ease. The famous patent-pending wave brake technology in every WaveBrake bucket reduces splashing up to 40% for a safer environment, cleaner floors, and more efficient mopping. Buckets and handles are constructed from structural web-molded plastic and premium tubular steel. Each bucket has graduated measuring marks, and side- and down-press wringers feature contoured comfort grips. The quiet, durable, non-marking casters are tested on a wide range of floor surfaces and thresholds. Rubbermaid WaveBrake Mopping Systems work with Rubbermaid cleaning carts. Color-coded for zoned cleaning systems, WaveBrake mopping products can help earn Leadership in Energy and Environmental Design (LEED) credits.

Available in multiple sizes to suit any location: 26-quart, 35-quart, and 44-quart. Available with side-press or down-press wringers.

Features for Cleaner, Easier Mopping

40% Less Splashing

WaveBrake's innovative bucket shape with patent-pending molded-in wave brakes reduces splashing up to 40% for safer mopping.

Easy Measurement

Graduated marks make it easy to measure fluid.


Keep Your Clean Water Clean

The 44-quart model accepts the Rubbermaid Dirty Water Bucket (sold separately), which nests below the WaveBrake wringer to collect

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Current subtotal: \$659.10
Gift Card savings: - \$50.00
Cost after savings: \$609.10

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\$50 instant gift card

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Subtotal (5 items): \$659.10

This order contains a gift

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Price



Rubbermaid Commercial WaveBrake 2.0® 35 QT Down-Press Mop Bucket

\$131.82

In Stock
Eligible for **FREE Shipping & FREE Returns**
 This is a gift [Learn more](#)
Color: Yellow
Size: 35 Qt
Style: Mop Bucket&Wringer

Qty: 5 [Delete](#) [Save for later](#)
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Subtotal (5 items): \$659.10

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\$8.19

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Advance Pacesetter...

\$2,100.00

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Cosco Products... 1,885

\$113.50

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COSCO Deluxe 6 foot... 14,966

\$67.49 - \$189.00

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Reli. Easy Grab Trash... 3,834

\$49.99

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OFO Loop-End String... 229

\$39.88

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SharkBite 1/2 Inch... 2,565

\$8.37

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◀ Yellow Wet Mop Buckets / Wringers

Rubbermaid WaveBrake® 35 Qt. Yellow Mop Bucket with Down Press Wringer and Red Dirty Water Bucket

Item #: 69035DYLRDKT MFR #: 69035DYLRDKT



Quantity Discounts

Buy 3 or more

\$160.48/Each

Ships free with

Buy 1 - 2	\$174.49/Each
1	Add to Cart



Earn up to **\$5.23 back** (523 points) with a **Webstaurant Rewards Visa® Credit Card**

Wish List

Rapid Reorder

Other Available Colors:



- ✓ Incorporated baffles disrupt wave formation and reduce splashing by up to 80%
- ✓ Down press wringer is tested to exceed 200,000 wringing cycles
- ✓ Efficient wringer design works with all mop sizes from 12 oz. to 32 oz.
- ✓ Glides on four non-marking casters for fast transportation
- ✓ Bucket nests directly below the wringer to keep dirty water separate from cleaning solution

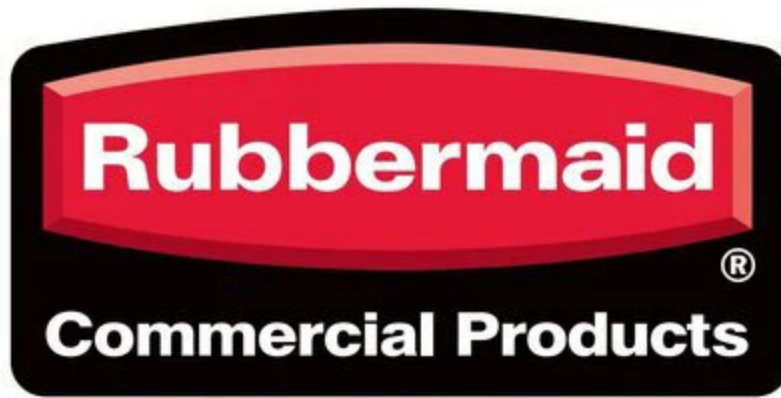
UPC Code:

400013318749







Quick Shipping

Usually ships in **1 business day** ⓘ



[View all Rubbermaid Wet Mop Buckets / Wringers](#)

Works With ?

<p>plus </p> <p>Noble Chemical 2.5 Gallon / 320 oz. Step & Shine \$49.99/Case</p> <p>1 Add to Cart</p>	<p>plus </p> <p>Noble Chemical 2.5 gallon / 320 oz. Empty \$6.99/Each</p> <p>1 Add to Cart</p>	<p>plus </p> <p>Noble Chemical 32 oz. Step and Shine \$49.99/Case</p> <p>1 Add to Cart</p>	<p>plus </p> <p>1 Add to</p>
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---	--	---	---

Rubbermaid 69035DYLRDKT Details

Easily maintain your clean facility with this Rubbermaid WaveBrake® 35 qt. yellow mop bucket with a down press wringer and a red dirty water bucket! Featuring innovative WaveBrake® technology, this highly-durable, web-molded plastic bucket uses its incorporated baffle to disrupt wave formation and reduce splashing by up to 80%, minimizing excess noise, accidental messes, and costly slips and falls. Its easy-to-use down press wringer has a tubular steel construction and is covered with a contoured grip for optimal comfort. Not only does it provide users with the flexibility to control the wetness of their mop in relation to their cleaning situation, it is also tested to exceed 200,000 wringing cycles. As a bonus, the wringer attachment even features a mop stick rest so the user can conveniently rest the mop (sold separately) out of the way during transit without worrying about it falling over and possibly tipping the bucket.

The included dirty water bucket nests directly under the wringer to keep dirty water separate from your cleaning solution to help preserve its cleaning power. This effectively reduces the amount of solution needed and helps keep your water clean and ready for use. Not only does its wire handle ensure simple transportation, its

lightweight construction also makes it easy to lift and empty.

Gliding smoothly on four non-marking casters that promote fast transportation and ensure excellent floor protection, this mop bucket is an ideal addition to any school, office, restaurant, or healthcare facility. A red handle on the back of the bucket makes lifting and dumping easier than ever! Boasting a yellow color that designates it to be used for back of house cleaning to prevent cross contamination, this WaveBrake® mopping system is built to handle any cleaning job, whether it be large or small.

Overall Dimensions:

Length: 20 3/4"

Width: 16 3/4"

Height: 27 3/4"

Capacity: 35 qt.

Water Bucket Dimensions:

Length: 14 1/8"

Width: 9 15/16"

Height: 14 1/8"

Capacity: 18 qt.

⚠ Attention CA Residents: Prop 65 Warning >



Rubbermaid Manufacturing Process

[About](#) [Transcript](#) [Embed](#)

Check out the video for an in-depth overview of the manufacturing of Rubbermaid Commercial Products. Meet team members, see how Brute cans are built, tested, and distributed, and discover the motivation and mission

behind RCP's innovative designs.

More Videos

 [Rubbermaid Manufacturing Process](#)

 [Rubbermaid WaveBrake Mop Bucket](#)

RUBBERMAID 69035DYLRDKT SPECS	
Quantity	1/Each
Length	20 3/4 Inches
Width	16 3/4 Inches
Height	27 3/4 Inches
Capacity	35 qt.
Color	Yellow
Made in America	Yes
Material	Plastic
Style	Down Press
Type	Dirty Water Buckets Mop Buckets



Made in America

This item was made in the United States of America.

Other Products from this Line

<p><i>plus</i> ★★★★★</p> <p>Rubbermaid FG758088YEL WaveBrake® 35 Qt. Yellow Mop Bucket with Side Press Wringer</p> <p>\$84.97/Each</p>	<p><i>plus</i> ★★★★★</p> <p>Rubbermaid WaveBrake® 35 Qt. Yellow Mop Bucket with Side Press Wringer and Red Dirty Water Bucket</p> <p>\$104.49/Each</p>	<p><i>plus</i> ★★★★★</p> <p>Rubbermaid FG748000YEL WaveBrake® 26 Qt. Yellow Mop Bucket with Side Press Wringer</p> <p>\$64.99/Each</p>	<p><i>plus</i></p> <p>Rubbermaid FG759088YEL WaveBrake® 35 Qt. Yellow Institutional Mop Bucket with Sieve Wringer</p> <p>\$123.00/Each</p>	<p><i>plus</i></p> <p>Rubbermaid Wa 35 Qt. Yellow Mc with Side Press and Gray Dirty</p> <p>\$104.49</p>
---	---	---	---	--

Need Parts & Accessories?



Rubbermaid WaveBrake® 35 Qt. Yellow Mop Bucket with Down Press Wringer and Red Dirty Water Bucket 

plus

Qty: 5

TOTAL:
\$802.40

Recommended Products



Avantco SNZGD4C
Curved Glass Sneeze Guard - 26"
\$569.00/Each

plus



Wall Mount Workboard Faucet with 3 1/2"
\$202.95/Each



Avantco SNZGD8
Flat Glass Sneeze Guard - 49"
\$559.00/Each

plus



Baker Glaze Steel
\$10.9

Subtotal

\$802.40

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Subtotal
\$2,042.80

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32,742

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Sponsored



Amazon Basics Folding Plastic Chair with 350-Pound Capacity - 6-Pack, White

Visit the Amazon Basics Store
6,459 ratings

Amazon's Choice in Folding Chairs by Amazon Basics

\$204.28 (\$34.05 / Count)

Pay \$19.92/month or less for 12 months with Affirm. Learn more

Size: 6-Pack

2-Pack 4-Pack 6-Pack

Color: White



Color White
Brand Amazon Basics
Product Dimensions 22.3"D x 36"W x 19.6"H
Material Alloy Steel, Plastic
Recommended Uses For Product Office

About this item

- 6-pack of molded plastic and metal folding chairs for extra seating at parties, events, and more
 - Durable powder-coated steel frame with cross braces and tube-in-tube reinforcement
 - Non-marking foot tips for floor and surface protection; collapses down for quick, easy transport and storage; extra grip handle for carrying
 - This product is intended for domestic and office use only
 - Chair dimensions (each): 22.3 x 19.6 x 36 inches (LxWxH); Weight limit (each): up to 350 lbs
- > See more product details

Customer ratings by feature

Easy to fold	4.8
Light weight	4.6
Sturdiness	4.6

See more

\$204.28 (\$34.05 / Count)

FREE delivery Thursday, September 1. Order within 15 hrs 49 mins

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In Stock.

Qty: 1

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Giantex Folding Camping Chair 3 PCS Beach Chair and Aluminum Table Set, 174 \$165.99

Subtotal \$2,042.80



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Total price: \$346.35

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- This item: Amazon Basics Folding Plastic Chair with 350-Pound Capacity - 6-Pack, White \$204.28 (\$34.05/)
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Review

Price

Color

Material

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Height

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Width

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Depth

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Subtotal
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EMMA + OLIVER 8 Pack 650 lb. Capacity Charcoal Plastic Fan Back Folding Chair
10

\$192.90



COSCO Vinyl Folding Chair, 4 Pack, Black
3,914
\$99.06 (\$24.77/Count)



MoNiBloom Stackable Folding Chair, Portable Lightweight Commercial Outdoor Chair wi...
\$215.99

Have a question?

Find answers in product info, Q&As, reviews

Type your question or keyword

From the manufacturer

Amazon Basics Folding Plastic Chairs

Versatile Use

The folding chair can be used for extra seating at conferences, receptions, or your next party at home. Two colors and multiple pack sizes available.

Supportive Design

Built to support up to 350 pounds, the Amazon Basics folding chair features a sturdy molded plastic seat and back with steel cross braces and legs.

Reinforced Construction

With a reinforced steel tube-in-tube frame, corrosion-resistant powder-coated finish, and non-marking feet, the chair offers reliable durability.

Easily Fold & Store

Features a built in handle and quick folding mechanism to collapse the chair down flat, allowing for easy portability and space-saving storage.

Subtotal
\$2,042.80



10

Product Description

Product Description

An Amazon Brand.

From the Manufacturer

Amazon Basics

Product information

Technical Details

Color	White
Brand	Amazon Basics
Product Dimensions	22.3"D x 36"W x 19.6"H
Material	Alloy Steel, Plastic
Recommended Uses For Product	Office
Room Type	Office
Frame Material	Alloy Steel
Age Range (Description)	Adult
Back Style	Solid Back
Unit Count	6.0 Count
Item Weight	48.7 Pounds
Maximum Weight Recommendation	350 Pounds
Seat Material Type	Plastic
Item Weight	48.7 pounds
Product Dimensions	22.3 x 36 x 19.6 inches
Country of Origin	China
Item model number	AMZ-80594W-6
Weight	50 Pounds

Additional Information

ASIN	B07SPYD4MW
Customer Reviews	6,459 ratings 4.7 out of 5 stars
Best Sellers Rank	#1,416 in Our Brands (See Top 100 in Our Brands) #1 in Folding Chairs
Date First Available	September 30, 2019

Warranty & Support

If you'd like a copy of the manufacturer's warranty for a product found on Amazon.com, you can contact the manufacturer directly or visit their website for more information. Manufacturer's warranties may not apply in all cases, depending on factors like the use of the product, where the product was purchased, or who you purchased the product from. Please review the warranty carefully, and contact the manufacturer if you have any questions.

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Product guides and documents

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Subtotal (10 items): \$2,042.80

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Price



Amazon Basics Folding Plastic Chair with 350-Pound Capacity - 6-Pack,

\$204.28

#1 Best Seller in Folding Chairs

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Size: 6-Pack

Color: White

10

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Amazon Basics Folding
6,454

\$75.26 - \$204.28

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Subtotal (10 items): \$2,042.80

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Deluxe Plastic Folding Chair - White



LIFETIME®

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H-3016W	Deluxe	16 x 17"	450	17"	11	\$47	\$45	<input type="checkbox"/> White	4 <input type="button" value="ADD"/>

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Model #
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BRASELTON

Carrier Information

◀ White Folding Tables and Chairs

Lifetime 2802 White Contoured Folding Chair

★★★★★ Item #: 3842802WHGR MFR #: 2802

 **Extended Lead Times** *



Note: * Extended lead times due to high demand



Only

\$37.49 /Each

You must buy a minimum of 2 at a time due to manufacturer packaging.

Select Quantity ▼

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Wish List

Rapid Reorder

Customers Also Viewed

Lancaster Table & Seating White Contoured Injection Molded Folding Chair with Gray Frame



\$29.99 /Each

4

Add to Cart

Other Available Colors:



- ✓ 500 lb. maximum weight
- ✓ Indoor/outdoor use

UPC Code:

081483028026

Shipping:

Usually Ships in 6-7 Business Days
Not eligible for expedited shipping



Works With ?

 <p>Lifetime Folding Table, 30" x 72" Plastic, White \$374.49/Pack</p> <p>1 Add to Cart</p>	 <p>National Public Seating 42-8 Folding Chair / \$383.80/Each</p> <p>1 Add to Cart</p>	 <p>National Public Seating 84 Folding Chair Dolly \$401.38/Each</p> <p>1 Add to Cart</p>	 <p>1 Add to</p>
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Items You Might Like ?

 <p>Lifetime 42804 White Classic Folding Chair - \$152.49/Pack</p> <p>1 Add to Cart</p>	 <p>Lifetime 2803 Almond Contoured Folding \$37.49/Each</p> <p>32 Add to Cart</p>	 <p>Lifetime Round Folding Table, 60" Plastic, White \$699.00/Pack</p> <p>1 Add to Cart</p>	 <p>1 Add to</p>
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Lifetime 2802 Details

This white Lifetime 2802 contoured folding chair features Lifetime's innovative polyethylene technology and all-weather finish. It is contoured for comfort with its wider seat and taller back, and designed for durability with its powder-coated oval tubing and steel frame that increases strength and stability.

This Lifetime 2802 plastic molded folding chair has non-marring leg caps that insert directly into the tubing.

The Lifetime 2802 contoured folding chair is lightweight, easy to clean, and can be used indoors or outdoors. Use this folding chair with the many Lifetime folding tables that we carry. The chair exceeds demanding BIFMA standards.

Overall Dimensions:

Width: 18"

Depth: 20"

Height: 34"

Seat Height: 17"

This Item Ships via Common Carrier. For more information and tips to help your delivery go smoothly, click [here](#).

Because this item is not stocked in our warehouse, processing, transit times and stock availability will vary. If you need your items by a certain date, please contact us prior to placing your order. Expedited shipping availability may vary. We cannot guarantee that this item can be cancelled off of the order or returned once it is placed.

⚠ Attention CA Residents: Prop 65 Warning >



Lifetime Contoured Chairs

- About
- Transcript
- Embed

Lifetime contoured chairs are made of durable, high density polyethylene to ensure superior strength in any setting. Watch this video to learn more about these comfortable chairs.

More Videos

-  [Lifetime Contoured Chairs](#)
-  [Lifetime Chairs](#)
-  [Features of Lifetime Contoured Folding Chairs](#)

LIFETIME 2802 SPECS	
Quantity	1/Each
Width	18 Inches
Depth	20 Inches
Height	34 Inches
Seat Height	17 Inches
Capacity	500 lb.
Color	White
Folding	Yes

LIFETIME 2802 SPECS

Frame Color	Gray
Frame Material	Steel
Padded Seat	No
Seat Material	Polyethylene
Type	Folding Chairs
Usage	Breakroom
With Arms	No
With Back	Yes

Resources and Downloads for Lifetime 2802



Warranty

A PDF viewer is required to view this product's information. [Download Adobe Acrobat software](#)

Warranty Info

Lifetime tables carry a 2 year warranty, valid in the US and Canada only.

Resources

 [Folding Chairs Buying Guide](#)

 [Folding Table Buying Guide](#)

Related Items



Lifetime 2802 White Contoured Folding Chair



Usually Ships in 6 - 7 Bus. Days [Ships via Common Carrier](#)

Qty: 64

TOTAL:
\$2,399.36

Recommended Products



Avantco SNZGD4C
Curved Glass
Sneeze Guard - 26"
\$569.00/Each

plus



Wall Mount
Workboard Faucet
with 3 1/2"
\$202.95/Each



Avantco SNZGD8
Flat Glass Sneeze
Guard - 49"
\$559.00/Each

plus



Bake It
Glaze
Steel
\$10.9

Subtotal

\$2,399.36

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Departments > Portable Outdoor Grills

Backyard Pro CHAR-30 30" Heavy-Duty Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover

Item#: 554CHAR30 UPC: 400011432379 ★★★★★ 4



Free Shipping > \$500

\$468.99 /Each



Shipping

Calculated at checkout

Usually Ships In 1 Business Day
When Will I Receive My Item?

5



Earn up to 7,035 points (\$70.35 value)
with The Restaurant Store Business Visa® Card



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Save the items you purchase often to convenient, customizable lists!

Other Available Styles

60" Mobile Grill

60" Stainless Steel Mobile Grill

30" Mobile Grill

30" Stainless Steel Mobile Grill



[View all Backyard Pro Products](#)

- ✓ 30" x 24" steel cooking grate delivers an unmatched 720 sq. in. of cooking surface
- ✓ Adjustable height cooking grate gives you the versatility to sear or slow cook
- ✓ Heavy-duty 14-gauge steel body and legs built tough to withstand commercial use
- ✓ Removable legs allow for easy storage and compact form to store during off-season or when not in use
- ✓ Includes a weather-resistant vinyl cover for protection

Companion Items [View All](#) ▶



Compatible Parts [View All](#) ▶

Grill delicious meals with this portable Backyard Pro 30" heavy-duty steel charcoal grill!



Protective Cover

To ensure the grill remains in good condition, a weather-resistant vinyl cover is provided. This black material will easily conceal dirt or stains and provide safekeeping for the steel structure.

Durable Steel Construction

Cooking outside with a variety of elements will be no problem thanks to the heavy-duty 14 gauge steel body and legs. This durable construction will not only withstand consistent use, but also consistent exposure to a variety of weather conditions.



Four Casters with Brakes

Thanks to the four swivel casters with brakes, this grill is capable of moving effortlessly from one location to another. Whether you need to move it to the other side of the patio to accommodate tables or conditions require you to store the grill indoors, these casters make it that much easier to relocate!

Compare to Other Products

<p>Backyard Pro CHAR-30 30" Heavy-Duty Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover</p>	<p>Backyard Pro CHAR-30SS 30" Heavy-Duty Stainless Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover</p>	<p>Backyard Pro CHAR-60 60" Heavy-Duty Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover</p>	<p>Backyard Pro CHAR-60SS 60" Heavy-Duty Stainless Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover</p>
<p>ITEM #: 554CHAR30 Backyard Pro CHAR-30 30" Heavy-Duty Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover</p>	<p>ITEM #: 554CHAR30SS Backyard Pro CHAR-30SS 30" Heavy-Duty Stainless Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover</p>	<p>ITEM #: 554CHAR60 Backyard Pro CHAR-60 60" Heavy-Duty Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover</p>	<p>ITEM #: 554CHAR60SS Backyard Pro CHAR-60SS 60" Heavy-Duty Stainless Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover</p>
<p> FREE SHIPPING! ON ORDERS OVER \$500.00</p>			
\$468.99 /Each	\$599.00 /Each	\$689.00 /Each	\$859.00 /Each
42 Inches	42 Inches	72 Inches	72 Inches
30 Inches	30 Inches	60 Inches	60 Inches
Outdoor Cover - Removable Legs	Outdoor Cover	Outdoor Cover	Outdoor Cover
Low Production	Low Production	Medium Production	Medium Production
Charcoal	Charcoal	Charcoal	Charcoal

Overall Dimensions		Cooking Grate Dimensions	
Width	42 Inches	Width	30 Inches
Depth	24 Inches	Depth	24 Inches
Height	31 Inches	Thickness	2 Millimeters

Customer Q&A

Can these Backyard Pro grills be used anywhere? +

WARNING:

This product can expose you to chemicals including carbon monoxide and Lead, which are known to the State of California to cause cancer, birth defects, or other reproductive harm. For more information, go to www.p65warnings.ca.gov.

Other Products from this Line >

Related Categories



Hamburger Presses

Portable Outdoor Grills

Outdoor Grill Parts and Accessories

Outdoor Steamers and Outdoor Fryers

Wood and Charcoal

Resources



Specsheet



Warranty



How to Season Your Grill Grate

Quick Specs

Width	42 Inches
Depth	24 Inches
Height	31 Inches
Cooking Surface Width	30 Inches
Cooking Surface Depth	24 Inches
Cooking Grate Thickness	2 Millimeters


Quick Specs

Cooking Surface Area	720 Square Inches
Exterior Finish	Powder Coated Steel
Features	Outdoor Cover - Removable Legs
Grill / Griddle Usage	Low Production
Installation Type	Freestanding
Power Type	Charcoal
Type	Grills
Usage	Portable Outdoor Grills





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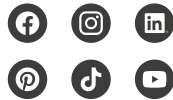
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Have a Question or Feedback? Let Us Know!



5



Search The Restaurant Store



Your Store: **Online Store**



Labor Day

The Restaurant Store will be closed on Monday, 09/05. Chat will be offline.

My Cart



Backyard Pro CHAR-30 30" Heavy-Duty Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover

#554CHAR30

\$468.99

5

\$2,344.95

Subtotal

\$2,344.95

Leasing available for as low as \$50.89/mo.

Ship to: **33705** - Commercial

Shipping

Common Carrier + Liftgate

\$45.00

Common Carrier

\$0.00

Next & Second Day orders received after 2:00 PM Eastern Time will be processed on the following business day.

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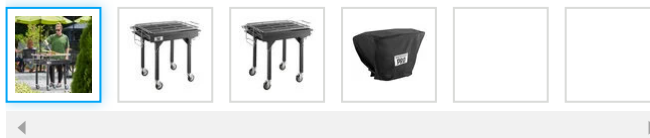
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Portable Outdoor Grills

Backyard Pro CHAR-30 30" Heavy-Duty Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover

★★★★★ Item #: 554CHAR30



Sale Free Shipping ?

\$399.00/Each

~~\$468.99~~

Ships free with

1

Add to Cart



Earn up to **\$11.97** back (1,197 points) with a **Webstaurant Rewards Visa®** Credit Card

Wish List

Rapid Reorder

Other Available Styles:

30" Mobile Grill ✓

60" Mobile Grill

60" Stainless Steel Mobile Grill

30" Stainless Steel Mobile Grill

- ✓ 30" x 24" steel cooking grate delivers an unmatched 720 sq. in. of cooking surface
- ✓ Adjustable height cooking grate gives you the versatility to sear or slow cook
- ✓ Heavy-duty 14-gauge steel body and legs built tough to withstand commercial use
- ✓ Removable legs allow for easy storage and compact form to store during off-season or when not in use
- ✓ Includes a weather-resistant vinyl cover for protection

UPC Code:

400011432379



Quick Shipping

Usually ships in **1 business day** ⓘ

BACKYARD PRO™

[View all Backyard Pro Portable Outdoor Grills](#)

Works With ⓘ

[View All Items](#)



Backyard Pro CHAR-30 30" Heavy-Duty Steel Charcoal Grill with Adjustable Grates, Removable Legs, and Cover ✕

plus Free Shipping

Qty: 5

TOTAL:
\$1,995.00

Recommended Products



Avantco SNZGD4C
Curved Glass
Sneeze Guard - 26"
\$569.00/Each

plus



Wall Mount
Workboard Faucet
with 3 1/2"
\$202.95/Each



Avantco SNZGD8
Flat Glass Sneeze
Guard - 49"
\$559.00/Each

plus



Baker
Glaze
Steel
\$10.9

Subtotal

\$1,995.00

Save with fast & FREE shipping on all eligible items

Ship To: **33705**

- Free Common Carrier \$0.00 ⓘ
- Common Carrier W/ Liftgate \$45.00 ⓘ

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Pay with credit card

Or use a third-party payment service



4 interest-free payments of **\$498.75**

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Subtotal
\$8,594.00



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Amazon Home Shop by Room Discover Shop by Style Home Décor Furniture Kitchen & Dining Bed & Bath Garden & Outdoor Home Improver



SureGuard Queen Size Mattress Protector - 100% Waterproof, Hypoallergenic - ...

\$44.97 prime

14,570

Home & Kitchen > Bedding > Mattress Protectors & Encasements > Mattress Encasements

Sponsored



Twin XL (13-16 in. Deep) SureGuard Mattress Encasement - 100% Waterproof, Bed Bug Proof, Hypoallergenic - Premium Zippered Fitted Cover

SureGuard Mattress Protectors 14,532 ratings

\$42.97

FREE Returns

FREE delivery Thursday, September 1

Or fastest delivery Tuesday, August 30. Order within 14 hrs 5 mins

Select delivery location

In Stock.

Qty: 1

Add to Cart

Buy Now

Secure transaction

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Sold by Rykies

Packaging Shows what's inside. It...

Details

Return policy: Eligible for Return, Refund or Replacement within 30 days of receipt



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Add other items:

LuxClub 4 PC Sheet Set Bamboo Sheets Deep Poc... \$27.95

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Roll over image to zoom in

\$42.97

FREE Returns

Get \$50 off instantly: Pay \$0.00 \$42.97 upon approval for the Amazon Rewards Visa Card. No annual fee.

Material Type:

13-16" Deep

Size: Twin XL

California King Full

Full XL King Queen

Twin Twin XL Crib

Brand SureGuard Mattress Protectors

Color White

Size Twin XL

Fabric Type Premium Cotton Terry

Special Feature Bed Bug Proof, Machine Washable, Waterproof, Hypoallergenic, Zippered

About this item

- Premium Cotton Terry
- 100% Waterproof - Six-sided premium mattress protector blocks perspiration, bed wetting, liquids and stains; 10-year quality guarantee (NOTE: For frequent accidents and easy clean-ups, place a fitted SureGuard Mattress Protector over the encasement).

- Bed Bug Proof - Super fine zipper with Invisi-Zip and SureSeal technology completely seals off the mattress from bed bugs - use with a SureGuard Box Spring Encasement
- Keeps Your Mattress Clean & Fresh - Blocks dust, dirt and dander on all sides.
- Soft & Noiseless - 100% cotton terry top; Wicks away moisture; Retains the feel of your mattress - Free from Vinyl, PVC, Phthalates, fire retardants and other toxic chemicals
- Twin XL (39 in x 80 in) - Fits 13 to 16 inches deep; Zippered Mattress Encasement - Machine wash and dry. Independently lab tested and GREENGUARD Gold certified. Buy 2 for a Split King



SureGuard
Rest Assured with SureGuard Box Spring Encasements

Twin Size SureGuard Box Spring...
4,277
\$42.97 ✓prime

Sponsored

Subtotal
\$8,594.00



200

Customer ratings by feature

For potty training	4.8
Water resistance	4.5
Quality of material	4.5

[See more](#)

Similar item to consider



Amazon Basics Zipper-Enclosed Waterproof Mattress and Box Spring Cover Protector - Twin XL, 12 to 18-Inch Depth (7297)
\$26.72



SureGuard Twin Size Mattress Protector - 100% Waterproof, Hypoallergenic - Premium Fitted Cotton Terry Cover
\$29.97 ✓prime

Sponsored

Frequently bought together



Total price: **\$105.93**

[Add all three to Cart](#)

These items are shipped from and sold by different sellers. [Show details](#)

- ✓ **This item:** Twin XL (13-16 in. Deep) SureGuard Mattress Encasement - 100% Waterproof, Bed Bug Proof, Hypoallerg... **\$42.97**
- ✓ Set of 2 Standard Size SureGuard Pillow Protectors - 100% Waterproof, Bed Bug Proof, Hypoallergenic - Premium Zi... **\$29.97**
- ✓ SafeRest Mattress Protector - TwinXL - College Dorm Room Essentials for Girls and Boys - Cotton, Waterproof Matr... **\$32.99**

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Get a **\$50 Amazon Gift Card instantly** upon approval for the **Amazon Rewards Visa Card**



Current Total: \$8,594.00
 Savings: - \$50.00
Cost After Savings: \$8,544.00

Learn more


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Subtotal (200 items): **\$8,594.00**

This order contains a gift


Proceed to checkout

Shopping Cart

	Price
 <p>Twin XL (13-16 in. Deep) SureGuard Mattress Encasement - 100%</p> <p>In Stock</p> <p>Eligible for FREE Shipping & FREE Returns</p> <p><input type="checkbox"/> This is a gift Learn more</p> <p>Material Type: 13-16" Deep</p> <p>Size: Twin XL</p> <p>200 Delete Save for later</p> <p>Compare with similar items</p>	\$42.97


Subtotal (200 items): **\$8,594.00**

Your recently viewed items

- 


Cal King (13-16 in. 14,532)

~~\$37.97~~ - ~~\$64.97~~

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- 


Queen (13-16 in. Deep) 14,532

~~\$54.97~~

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- 

SureGuard Twin Extra 14,570

~~\$32.97~~

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- 

Twin Extra Long (XL) 7,407

~~\$35.90~~

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Set of 2 Standard Size 8,303

~~\$29.97~~

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Flash Furniture 5,498

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COSCO Essentials Vinyl 537

~~\$149.00~~

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COSCO Essentials All- 297

~~\$98.00~~

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Subtotal \$6,600.00

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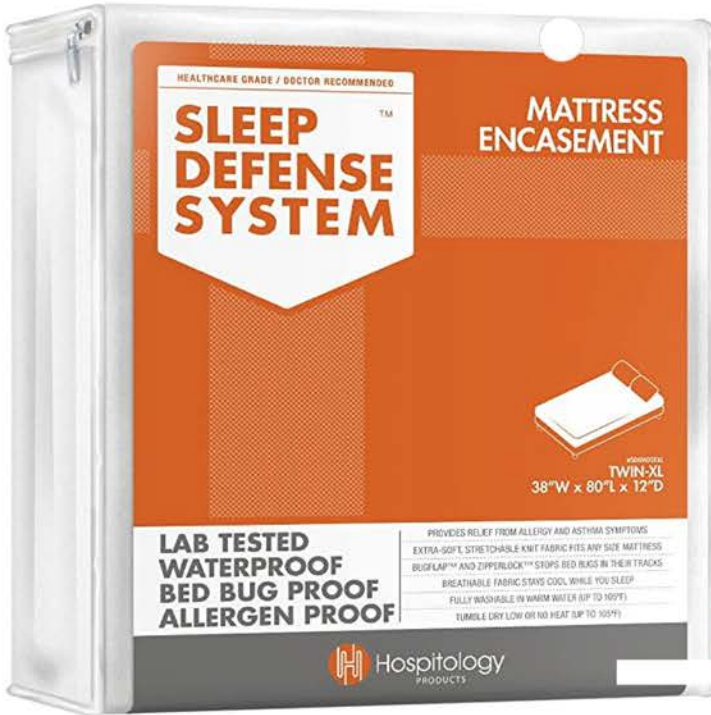
Amazon Home Shop by Room Discover Shop by Style Home Décor Furniture Kitchen & Dining Bed & Bath Garden & Outdoor Home Improver



GRT California King Size Quilted Fitted Bamboo Mattress Protector... 5% off coupon \$42.95 prime 7,930

Home & Kitchen > Bedding > Mattress Protectors & Encasements > Mattress Encasements

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HOSPITOLOGY PRODUCTS Mattress Encasement - Zippered Bed Bug Dust Mite Proof Hypoallergenic - Defense - Twin XL - Waterproof - Machine Washable - 12" - 38" W x 80" L

HOSPITOLOGY Store 12,047

Roll over image to zoom in



\$33.00

FREE Returns

Get \$50 off instantly: Pay \$0.00 ~~\$33.00~~ upon approval for the Amazon Rewards Visa Card. No annual fee.

Material Type:

12" - 18" Depth Mattress

Size:

Twin XL 12" Standard

Brand HOSPITOLOGY PRODUCTS

Size Twin XL 12" Standard

Fabric Type Polyester

Closure Type Zipper

Product Care Machine Wash

Instructions

About this item

\$33.00

FREE Returns

FREE delivery Thursday, September 1

Or fastest delivery Tuesday, August 30. Order within 13 hrs 53 mins

Select delivery location

In Stock.

Qty: 1

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Buy Now

Secure transaction

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Sold by Hospitology

Packaging Shows what's inside. It...

Details

Return policy: Eligible for Return, Refund or Replacement within 30 days of receipt



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Add other items:

Twin Extension Cord Power Strip - 12 Foot Cord - 6... \$11.00

Add a gift receipt for easy returns


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Have one to sell?

Sell on Amazon

- Zippered mattress cover stretches to fit any Twin XL (38" x 80") standard mattress depth from 12" to 18"
- 100% Waterproof barrier on all six sides of mattress - Lab-tested
- Extra-soft polyester knit fabric is cool and comfortable - breathable waterproof membrane won't trap heat
- Can help improve sleep by reducing common substances that can reach the sleeper and disrupt respiratory function
- Machine washable - Tumble dry low - 5-Year Limited Manufacturer's Warranty

5% off coupon



GRT
Protect your great sleep

GRT Twin Size Quilted Fitted...
7,930

\$26⁹⁵ ✓prime

Sponsored

Subtotal
\$6,600.00



200

Additional Details



Small Business

This product is from a small business brand.

Customer ratings by feature

Sleep quality	4.7
Softness	4.6
Quality of material	4.6

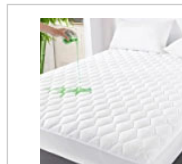
[See more](#)

Similar item to consider



Amazon Basics
Zipper-Enclosed
Waterproof
Mattress and Box
Spring Cover
Protector - Twin
XL, 12 to 18-Inch
Depth

(7297)
\$26.72



GRT King Size Quilted Fitted Bamboo
Mattress Protector, 100% Waterproof
Cooling Breathable Mattress Pad, Noisele...
\$41.95 ✓prime

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Get a \$50 Amazon Gift Card instantly upon approval for the **Amazon Rewards Visa Card**



Current Total: \$6,600.00
 Savings: **- \$50.00**
Cost After Savings: \$6,550.00

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Subtotal (200 items): \$6,600.00

This order contains a gift


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Shopping Cart


	Price
 <p>HOSPITOLOGY PRODUCTS Mattress Encasement - Zippered Bed Bug Dust</p> <p>\$33.00</p> <p>In Stock Eligible for FREE Shipping & FREE Returns <input type="checkbox"/> This is a gift Learn more Material Type: 12" - 18" Depth Mattress Size: Twin XL 12" Standard</p> <p>200 Delete Save for later</p> <p>Compare with similar items</p>	


Subtotal (200 items): \$6,600.00

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HOSPITOLOGY 12,047
\$33.00
[Add to Cart](#)
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SafeRest Zippered 14,281
\$33.17
[Add to Cart](#)
- 

Twin XL (13-16 in.) 14,532
\$42.97
[Add to Cart](#)
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Cal King (13-16 in.) 14,532
\$37.97 - \$64.97
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Set of 2 Standard Size
8,303

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12,244

\$12.99

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Ikea 901.491.48 Frakta
4,836

\$32.92

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LUCID Dorm Room
30,550

2 offers from **\$42.65**

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Feedback

98% of customers were happy with their purchase ⓘ

Sealy Essentials Winter Green 12" Medium Euro Top Mattress

★★★★★ 4.3/5 (7)

138724P

\$379⁹⁹ ~~\$579⁹⁹~~ **34% Off**

Suggested payments with 12 months special financing. [Learn How](#) or Lease-to-own. No credit needed. [Learn More](#)

2 FREE BEDDING¹² items with \$449+. Code: **2FREE**

 Delivery by Sep 17 to [33705](#)

SIZE: 39" W X 80" L

- Twin
- Twin XL**
- Full
- Queen
- King
- Cali King
- Split California King

Choose Your Box Spring ▾

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120 Nights Sleep Trial

We're so confident in finding you the perfect bed, you can sleep on it for 120 nights. If it's not perfect, we'll find you the one that is.

Low Price Guarantee

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Pain

Temperature

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About Sleep Disruptors >

Feedback

Why Our Sleep Experts™ Love It

"You will sleep better than before with this innerspring 12" inch mattress from Sealy! Great choice for someone looking for full-body support!" - Maria Vargas, Sleep Expert

Overview

The Essentials Winter Green Medium Euro Top mattress features more Response Open Coils for adaptive support, additional layers of comfort foams, and a reinforced mattress edge for increased durability. Experience an innerspring mattress that offers exceptional full-body support with ease of movement so you can wake up ready to take on the day.

Benefits

Pressure Relief

Using pressure relief can alleviate aches, stiffness, pain, and sleep apnea by keep pressure on the mattress consistent across the entire bed.

Cooling Technology

Temperature-regulating components and materials draw heat away from the body to create a cool and comfortable sleep surface.

Eco Friendly

By working with manufacturers to reduce carbon emissions, utilize recycled materials and create biodegradable products, we're caring for you and the planet.

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sleep.com

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🛏 Support

Proper support from your mattress can alleviate common sleep problems from snoring to soreness to sleep apnea as it distributes your weight evenly across the mattress and maintains proper joint and spine alignment.

Recommended For You

<p>Essential 11.5" Firm ess</p> <p>ig at \$9.99 \$4499.99</p> <p>★★★ 0/5 (0)</p> <p>Shop Now</p>	<p>SPECIAL SAVINGS</p> <p>Posturepedic® Plus Exuberant II 14" Firm...</p> <p>Starting at \$1419.99 \$4469.99</p> <p>★★★★★ 2.8/5 (12)</p> <p>Shop Now</p>	<p>SPECIAL SAVINGS</p> <p>Posturepedic® Plus Exuberant II 14" Plush...</p> <p>Starting at \$1419.99 \$4469.99</p> <p>★★★★★ 3.3/5 (9)</p> <p>Shop Now</p>	<p>SPECIAL SA</p> <p>Postureped Exuberant I</p> <p>Starting at \$1519.99</p> <p>★★★★★</p> <p>Shi</p>
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Feedback

Specifications

FEATURES

M
MEDIUM
COMFORT

12"
MATTRESS
HEIGHT

SealyCool™ Gel Foam Provides Breathable Comfort

Sealy® Foams Respond to Your Movement to Provide Support

638 Response Open Coils Provide Targeted Support

Split-Sizes available to purchase via Call (877-349-6231)/Chat or In-Store

BREAKDOWN

Quilting Layer	Knit Cover 2" x "0.5" SealyCool™ Air Gel Foam
-----------------------	--

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system
1" SealySupport™ Gel Foam

About Sealy ^

Since 1881, Sealy® has been a major player in the mattress industry, and one of its most recognized brands as well. When you're that successful, it's important to retain brand equity. But it's also important to keep things fresh and relevant. You don't want revolution; instead, you want evolution. The newly refocused, refreshed, and refined Sealy continues to deliver support that's right for you™. At Sealy, we take pride in the fact that our customers have always been able to rely on us for the unsurpassed support, unrivaled durability, and enduring comfort that lead to a truly great night's sleep. And because of our proven, proprietary Posturepedic® support, we can provide the body-conforming, full-body support you need—no matter what your shape, size, or comfort preference. We believe deeply that by continuing to focus on and engage with the remarkable, and remarkably diverse, individuals who entrust their sleep to us—the dreamers and the doers, the big and the small, the newly hired and the newly retired—we will never lose sight of what matters to us, and to them.

Feedback

Delivery & Shipping ^

Silver Service

FREE

Drop-off delivery service, meaning we won't enter your home and will drop products off at your front door, side door or garage. Someone 18 years or older must be present to sign for delivery. No removal of your old mattress set.

Gold Service

\$79.99 - \$119.99

In-home setup and removal of your old mattress.

Platinum Service

\$149.99

In-home setup of Adjustable Base and up to 3 mattress sets.

[Learn More](#)

Warranty ^

All Sealy® mattresses and non-adjustable foundations are covered by the terms of this Limited Warranty. For purposes of this Limited Warranty, the term "product" means any non-adjustable foundation and any mattress manufactured by or for Sealy Mattress Manufacturing Company, LLC ("Sealy"). Sealy warrants that it will, at Sealy's option, replace or repair Purchaser's Sealy product sold in the U.S. or Puerto Rico by an authorized retailer if that product is defective due to faulty workmanship...

[See More](#)

Reviews

Rating Snapshot

Select a row below to filter reviews.

5 stars 5

Chat With A Sleep Expert®

Shopping Cart

You're saving \$200.00 today!

Delivery to 33705

[Change Zip Code](#)



Sealy Essentials Winter Green 12" Medium Euro Top Mattress



Twin XL

Delivery by Sep 17

1



\$379.99

34% Off ~~\$579.99~~

Buy Now, Pay Over Time

Feedback



[Add promo code](#)

Items (1)	\$579.99
Savings	-\$200.00
Subtotal	\$379.99

Chat With A Sleep Expert®

Checkout



Feedback

96% of customers were happy with their purchase ⓘ

Serta Perfect Sleeper Charlotte 11.5" Medium Plush Mattress

★★★★★ 4/5 (788)

133945P

\$449⁹⁹ ~~\$899⁹⁹~~ **50% Off**

Suggested payments with 12 months special financing. [Learn How](#) or Lease-to-own. No credit needed. [Learn More](#)

2 FREE BEDDING¹² items with \$449+. Code: **2FREE**

 Delivery by Aug 28 to [33705](#)

 Try in-store at [Mattress Firm 4th Street North, FL](#) ▾

SIZE: 39" W X 80" L

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-
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Choose Your Box Spring ▾

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Love Your Mattress Guarantee®

 **120 Nights Sleep Trial**

We're so confident in finding you the perfect bed, you can sleep on it for 120 nights. If it's not perfect, we'll find you the one that is.

 **Low Price Guarantee**

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Snoring

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Why Our Sleep Experts™ Love It

This bed features firm support, with a medium feel on top. Its a great bed for side, stomach or back sleepers making it one of our most popular guest beds! - Caitlin, Sleep Expert

Overview

This exclusive to Mattress Firm Perfect Sleeper® Charlotte Euro Top is, you guessed it, perfect for any sleeper. The custom coil system combined with layers of cooling gel foam offer contoured support, better pressure-point relief and the ideal sleep temperature—making it one of our most popular models. Plus, it was named the Official Mattress of the National Sleep Foundation. What we're saying is —this is the mattress for you.

A soft fiber layer containing antimicrobial properties helps keep your mattress (and you!) free from bacteria, mold and mildew. Rest assured knowing all Perfect Sleeper mattress models are designed and assembled at one of Serta's state-of-the-art facilities in the USA.

Benefits

Adjustable Base Friendly

Elevating the top and/or bottom of your mattress provides targeted support to help reduce snoring, provide pain relief and make reading and watching TV more comfortable.

Cooling Technology



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Serta Perfect Sleeper Charlotte 11.5" Medium Plush Mattress

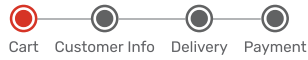
Twin XL
Delivery by Aug 28

1

\$449.99
50% Off ~~\$899.99~~

Buy Now, Pay Over Time

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Add promo code	
Items (1)	\$899.99
Savings	-\$450.00
Subtotal	\$449.99

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FEEDBACK



Ashley Sleep Essentials Plush Twin XL Mattress

Item: M71771

4.6 144 Reviews | 20 Questions, 49 Answers

\$529.99



or \$45/mo w/ 12 mos special financing [Learn How](#) Based on retail price of \$529.99 (sales & promotions excluded)

Local store prices and products may vary by location. Prices displayed in USD only.

SPECIAL OFFER
Save 5% with Code: **LDSAVINGS**

Product Guide

1 **Bed Size:** Twin XL

Twin

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- Twin XL
- Full
- Queen
- King
- California King

Add Mattress Protection
 Rest Assured for **\$38.99** [Features](#)
 Add Mattress Protection \$38.99

Selling Fast - Order Now

Subtotal: \$529.99

Qty:

Delivery Options
 FREE Ground Shipping [?](#)
 Get it by **Tuesday, August 30**
 Order within the next **20 minutes**

Shop the Collection:



Ashley Sleep Essentials Plush Twin XL Mattress

Item: M71771

\$529.99

Bed Size: Twin XL

Add To Cart



Ashley Sleep Essentials Better than a Boxspring Twin Foundation

Item: M91X12

\$169.99

Bed Size: Twin

Qty: Add To Cart

[Click for Options](#) ▾



Ashley Sleep Align Best Queen Adjustable Base

Item: M9X932

\$1,409.99

Bed Size: Queen

Qty: Add To Cart

[Click for Options](#) ▾

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Adjustable Head Queen Base



Details & Overview

Description

Let ultimate comfort ease the day's stress with the Ashley-Sleep® Essentials twin XL mattress. If you're looking for a mattress with multiple layers of foam that cradle pressure points, look no further. Lumbar gel memory foam, plush support foam and super soft quilt foam layers ensure comfort. With the combination of individually wrapped coils and high-density foam layers, discover support where it's needed most and enjoy remarkable sleep. Foundation/box spring available, sold separately.

- Comfort level: medium
- Luxury 4-way stretch knit cover
- High-density foam encasement
- Plush support foam; super soft quilt foam
- Power packed wrapped coil unit
- State recycling fee may apply
- Luxury cotton and super support polyester fibers
- Lumbar gel memory foam
- 10-year limited warranty
- Adjustable base compatible
- Mattress ships in a box; please allow 48 hours for your mattress to fully expand after opening

Fabric Details

- Body: Polyester (100)%
- Body: Polyester (83%), Polypropylene (9%), Spandex (8)%
- Body: Barrier Coating (11%), Fillament Poly (11%), Para Aramid Fiber (5%), Polyester (20%), Viscose (53)%

Weight

45 lbs. (20.41 kgs.)

[Read More](#)

Product Care

Mattresses:

Rest easy with the fact that your Ashley-Sleep® mattress doesn't require much care and maintenance. For starters, all Ashley-Sleep mattresses are designed to be no flip—now isn't that a relief!

How to Care for Your Mattress:

1. To help keep your Ashley-Sleep mattress clean, a thin mattress protector is recommended so it breathes to allow airflow and heat dissipate. Sleep does not recommend you use a quilted mattress pad as it will change the feel of the mattress you selected at the store. It may also trap moisture that needs to escape.
2. Don't use dry cleaning fluid of any type on your mattress. These chemicals could damage some of the comfort and upholstery materials.
3. Vacuuming is the only recommended cleaning method. If you must clean a stain, use mild soap with cold water and apply lightly, allowing the mattress time to fully air dry.
4. Please remind the kids not to jump on their Ashley-Sleep mattress, as doing so can break down the inner construction and materials.

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My Cart (1 item)

Pricing and availability may have changed...

Free Doorstep Delivery Offer — Please add your delivery zip code below to check availability and terms in your area, or contact your local Ashley store for more details. Not available in all areas. Minimum/maximum purchase restrictions may apply.

Item Availability and Delivery Options based on zip code [33705](#)



[Save for Later](#) | [Remove Item](#)

Ashley Sleep Essentials Plush Twin XL Mattress

Item: M71771
Color: White
Bed Size: Twin XL

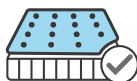
FEEDBACK

Qty	Item Price
1	\$529.99 ea.
Item Total	\$529.99

Ground Shipping
Assembly Not Included
Get it by
Tuesday, August 30
FREE
[What's Included?](#)

Are you sure you don't want a mattress protector for just \$38.99?

Add Mattress Protector
[See Details](#)



Order Summary

Subtotal	\$529.99
Taxes	\$38.42
Total	\$568.41

WestCare Gulfcoast Florida
 FY23 Budget

Funding Source	FY23 Budget
Federal Funding	2,943,227
State Funding	6,908,559
SASCA Aftercare	-
County Funding	1,601,386
City Funding	344,862
Other Grant	438,008
Client Fees	1,161,900
Fund Development	38,084
In-Kind Donations	24,000
Other Revenue	6,000
Revenue Total	<u>\$ 13,466,026</u>

Expense Category	FY23 Budget
Salary	5,976,890
Benefits	1,494,223
In-kind Donations	24,000
Food Service	819,918
Occupancy	866,776
Prgm Maint/Supplies	1,433,546
Purchased After Care	-
Consulting	388,021
Travel	92,201
Furniture & Equipment	91,622
Repair & Maintenance	157,677
Vehicles	55,598
Office/Advertising/Insurance	517,166
Interest & Taxes	-
Management/Administration	1,405,864
Amortization/Depreciation	142,524
Expense Total	<u>\$ 13,466,026</u>

Net Fund Balance \$ -



GulfCoast Florida
Community Action Council 2022

Jerry Bynes
801 Chestnut Street #1113
Clearwater, FL 33756
(727) 326-8320 cell
vabyne55@aol.com
jerry.bynes@va.gov

African American / Male/
Formerly Homeless / Retired

Mary Miller
5411 7th Avenue North
St Petersburg, FL 33710
(727) 321-4630 home
(727) 254-6457 cell

maryemiller@hotmail.com

White / Female / Retired

Markus Hughes, Chair
3251 70th Way North
St Petersburg, FL 33710
(727) 459-2592 cell
(727) 422-3602 work cell
markus.hughes@stpete.org

White / Male / Police Officer
WC BOD

Deborah Flanagan, OD, P.A.
5909 Pelican Bay Plaza
Gulfport, FL 33707
(727) 656-1501 cell
(727) 343-3997 home
(727) 321-6600 work
flanadream@gmail.com

African American / Female /
Medical Director, Eye Assoc.



WestCare GulfCoast Florida, Inc.
2022 Board of Directors and Officers

At-Large Directors

Rick Ramsay ~ Chair
Monroe County Sheriff's Office
5525 College Road
Key West, FL 33040
(305) 292-7001 Work (Direct)
rramsay@keysso.net
2/3
Law Enforcement
Community Service
White
Male
Key West, FL

Markus Hughes ~ Vice Chair
3251 70th Way North
St. Petersburg, FL 33710
(727) 459-2592 Cell
(727) 422-3602 Work Cell
markus.hughes@stpete.org
3/3
Law Enforcement
Community Service
White
Male
St. Petersburg, FL

Executive Committee Directors

James (Jim) L. Wadhams
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10777 West Twain Ave., Ste 300
Las Vegas, NV 89135
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3/3
On-Air Radio Personality
Business/Community Service
African American
Male
Atlanta, GA

Thomas (Tom) J. Walsh, II
180 28th Ave. North
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3/3
Attorney
Government/Business Law
White
Male
St. Petersburg, FL

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2333 Ponce De Leon Blvd.
BAC Colonnade, Suite 314
Coral Gables, FL 33134
(305) 321-4496 Cell
rabadin@abadinlaw.com
3/3
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Business Law
Hispanic
Male
Coral Gables, FL

Mary A.Y. Okada
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(671) 777-3216 Cell
mary.okada@guamcc.edu
1/3
Pres. Guam Community College
Education/Business
Islander
Female
Hagatna, GU

William (Bill) Ekstrom, Jr.
1516 S. Paloma Blanca Pl.
Kingman, AZ 86401
(928) 753-5942 Home
(928) 308-7434 Cell
wjekstromjr@gmail.com
2/3
Retired-Attorney
Government/Business Law
White
Male
Kingman, AZ

Executive Committee Directors

Richard (Dick) E. Steinberg ~
President
PO Box 94738
Las Vegas, NV 89193
(702) 385-2090 Work
rsteinberg@westcare.com
3/3
CEO-Health Services
Non-Profit Business
White
Male
Dandridge, TN

Non-Director Ex-Officio Officers

Ken Ortals, Treasurer and Secretary
of WestCare Florida, Inc.
PO Box 94738
Las Vegas, NV 89193
(702) 385-2090 Work
ken.ortals@westcare.com
3/3
CFO
Finance/Non-Profit Business
White
Male
Henderson, NV

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **7/01**, **2020**, and ending **6/30**, **2021**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	WESTCARE GULFCOAST FLORIDA INC. P.O. BOX 94738 LAS VEGAS, NV 89193-4738	59-3714627
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		(702) 385-2090
<input type="checkbox"/> Final return/terminated		G Gross receipts \$ 9,953,890.
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	F Name and address of principal officer: RICHARD STEINBERG Same As C Above	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
J Website:	www.westcare.com
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶
L Year of formation:	2001
M State of legal domicile:	FL
	H(c) Group exemption number ▶

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE TREATMENT & PREVENTION OF SUBSTANCE ABUSE.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		7
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5		158
	6 Total number of volunteers (estimate if necessary)	6		25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	9,026,231.	9,093,984.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	976,285.	854,256.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,437.	5,650.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,013,953.	9,953,890.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,907,042.	5,405,607.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,254,119.	5,131,970.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,161,161.	10,537,577.		
19 Revenue less expenses. Subtract line 18 from line 12	-147,208.	-583,687.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	1,719,918.	2,977,893.	
	22 Net assets or fund balances. Subtract line 21 from line 20	3,434,663.	5,276,325.	
		-1,714,745.	-2,298,432.	

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
	▶ KEN ORTBALS	CFO
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN	
	ROLAND M. ROOS	ROLAND M. ROOS			P00024256	
	Firm's name	▶ ROOS AND MCNABB CPAS A PROFESSIONAL CORPORATION			Firm's EIN ▶	85-3902793
	Firm's address	▶ 4384 E ASHLAN AVE, STE 107			Phone no.	(559) 226-2209
		FRESNO, CA 93726				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE TREATMENT & PREVENTION OF SUBSTANCE ABUSE.

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 \$ 8,614,447. including grants of \$ 9,086,880.) (Revenue \$ 9,953,890.)

TO PROMOTE PUBLIC AWARENESS ABOUT CHEMICAL DEPENDENCY AND RELATED ISSUES AND PROBLEMS; AND, TO PROMOTE RECOVERY FROM CHEMICAL DEPENDENCY AND OR RELATED ILLNESSES, THROUGH DEVELOPING, ESTABLISHING AND/OR MAINTAINING OF CENTERS FOR THE REHABILITATION OF INDIVIDUALS AND THEIR FAMILIES; AND TO PROMOTE THE HEALTH AND WELL-BEING OF ALL CITIZENS. THE ORGANIZATION PROVIDES RESIDENTIAL AND OUT-PATIENT REHABILITATION PROGRAMS, CRIMINAL JUSTICE PROGRAMS, HEALTH RELATED AND A VARIETY OF PREVENTION PROGRAMS AND SERVICES ALL OF WHICH ARE RELATED TO THE PURPOSES FOR WHICH IT IS ESTABLISHED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

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

4e Total program service expenses 8,614,447.

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.....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?.....		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.....		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.....		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.....		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.....		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.....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.....		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.....		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.....		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.....	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.....		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.....		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.....		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.....	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.....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.....		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.....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.....		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.....		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.....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.....		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.....		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.....		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.....		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.....		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 158		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year.	1 a 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent.	1 b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7 a 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?	7 a		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?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.	9		X

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

		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	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?	10 b	X	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	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. See Schedule O.	12 c	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. See Schedule O.	15 a	X	
b Other officers or key employees of the organization.	15 b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		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?	16 b		

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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
KEN ORTBALS, CFO P.O. BOX 94738 LAS VEGAS NV 89193-4738 702-385-2090

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA SALMERON NURSE PRACTITIONER	40 0					X	104,580.	0.	0.	
(2) JAMES WADHAMS Director	1 0	X					0.	0.	0.	
(3) RICHARD STEINBERG President & CEO	1 0	X		X			0.	0.	0.	
(4) RICHARD RAMSAY Chairman	1 0	X		X			0.	0.	0.	
(5) MARKUS HUGHES VICE CHAIR	1 0	X					0.	0.	0.	
(6) RAMON ABADIN Director	1 0	X					0.	0.	0.	
(7) DERRICK BOAZMAN Director	1 0	X					0.	0.	0.	
(8) MARY OKADA Director	1 0	X					0.	0.	0.	
(9) TOM WALSH, II Director	1 0	X					0.	0.	0.	
(10) WILLIAM EKSTROM JR. Director	0 0	X					0.	0.	0.	
(11) KEN ORTBALS Treasurer	1 0			X			0.	0.	0.	
(12) SCOTT BURNS Psychiatrist	40 0					X	0.	0.	0.	
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Subtotal	104,580.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	104,580.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	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? <i>If 'Yes,' complete Schedule J for such individual.</i>	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? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 9,086,880.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 7,104.				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f		9,093,984.			
Program Service Revenue	2 a CLIENT FEES					
		Business Code				
		624100	854,256.		854,256.	
	b					
	c					
	d					
	e					
f All other program service revenue						
g Total. Add lines 2a-2f		854,256.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6 b Less: rental expenses				
		6 c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7 b Less: cost or other basis and sales expenses				
		7 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	8 a				
	b Less: direct expenses	8 b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9 a					
b Less: direct expenses	9 b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10 a					
b Less: cost of goods sold	10 b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a OTHER REVENUE					
		Business Code				
		900099	5,650.	5,650.		
	b					
	c					
d All other revenue						
e Total. Add lines 11a-11d		5,650.				
12 Total revenue. See instructions		9,953,890.	5,650.	0.	854,256.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	4,283,346.	4,040,127.	243,219.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,122,261.	1,058,536.	63,725.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	330,593.	307,161.	23,432.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	826,553.	800,090.	26,463.	
17 Travel	35,564.	30,208.	5,356.	
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	1,098,774.		1,098,774.	
22 Depreciation, depletion, and amortization	104,354.	8,810.	95,544.	
23 Insurance	274,983.	36,000.	238,983.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL AND PHARMACY</u>	1,201,360.	1,201,210.	150.	
b <u>OPERATING SUPPLIES</u>	622,965.	518,043.	104,922.	
c <u>PROGRAM FOOD</u>	483,290.	483,290.		
d <u>FURNITURE & EQUIPMENT</u>	153,534.	130,972.	22,562.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,537,577.	8,614,447.	1,923,130.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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	900.	1	192,542.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,078,229.	4	1,950,940.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	42,893.	9	43,969.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,210,776.		
	b Less: accumulated depreciation	10b 1,509,768.	523,307.	10c 701,008.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	74,589.	15	89,434.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,719,918.	16	2,977,893.	
Liabilities	17 Accounts payable and accrued expenses	614,808.	17	703,927.
	18 Grants payable		18	
	19 Deferred revenue	934,715.	19	889,376.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	1,885,140.	25	3,683,022.
	26 Total liabilities. Add lines 17 through 25	3,434,663.	26	5,276,325.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-1,714,745.	27	-2,298,432.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-1,714,745.	32	-2,298,432.	
33 Total liabilities and net assets/fund balances	1,719,918.	33	2,977,893.	

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	9,953,890.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,537,577.
3	Revenue less expenses. Subtract line 2 from line 1	3	-583,687.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,714,745.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-2,298,432.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization WESTCARE GULFCOAST FLORIDA INC.	Employer identification number 59-3714627
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	7,576,975.	7,641,601.	7,485,583.	9,026,231.	9,093,984.	40,824,374.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	7,576,975.	7,641,601.	7,485,583.	9,026,231.	9,093,984.	40,824,374.
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)						0.
6 Public support. Subtract line 5 from line 4.						40,824,374.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	7,576,975.	7,641,601.	7,485,583.	9,026,231.	9,093,984.	40,824,374.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	25,656.	80,393.	15,406.	11,437.	5,650.	138,542.
11 Total support. Add lines 7 through 10.						40,962,916.
12 Gross receipts from related activities, etc. (see instructions)					12	3,463,815.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	99.66 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	0.00 %

16a **33-1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

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

19a 33-1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

b 33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990 or 990-EZ) 2020

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

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

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>
OTHER REVENUE	\$ 5,650.	\$ 11,437.	\$ 15,406.	\$ 80,393.	\$ 25,656.
Total	<u>\$ 5,650.</u>	<u>\$ 11,437.</u>	<u>\$ 15,406.</u>	<u>\$ 80,393.</u>	<u>\$ 25,656.</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

WESTCARE GULFCOAST FLORIDA INC.

59-3714627

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

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

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

- 1 a 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 | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a 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. Yes No

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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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
1 a Land				
b Buildings				
c Leasehold improvements		1,641,156.		1,641,156.
d Equipment		531,363.		531,363.
e Other		38,257.	1,509,768.	-1,471,511.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 701,008.

Part VII Investments – Other Securities.

N/A

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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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) INTER COMPANY TRANSFERS	3,612,662.
(3) RESTRICTED CLINET FUNDS	70,358.
(4) Rounding	2.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	3,683,022.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	9,953,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	9,953,890.
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.)		5	9,953,890.

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	10,537,577.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	10,537,577.
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.)		5	10,537,577.

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

WESTCARE GULFCOAST FLORIDA INC.

Employer identification number

59-3714627

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is reviewed by the CFO.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Board reviews any potential conflict at their Annual Board meeting.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Committee reviews comparative data annually to determine compensation for all Executives.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Form 990 and the Annual Audited Financial Statements are available upon request at the corporate office.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

WESTCARE GULFCOAST FLORIDA INC.

Employer identification number

59-3714627

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

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

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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) WESTCARE FOUNDATION, INC. 1711 WHITNEY MESA DR. ----- HENDERSON, NV 89014 ----- 86-0852629	SUPPORTING ORGANIZATION	NV	501 (c) 3	9	N/A		X
(2) FITZHOUSE ENTERPRISES 1711 WHITNEY MESA DR. ----- HENDERSON, NV 89014 ----- 37-1440598	REAL ESTATE HOLDING COMPANY	NV	501 (c) 2		N/A		X
(3) ----- ----- -----							
(4) ----- ----- -----							

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

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

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) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) ----- ----- -----									
(2) ----- ----- -----									
(3) ----- ----- -----									

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WESTCARE FOUNDATION, INC.	p	1,098,774	MANAGEMENT FEE
(2) WESTCARE FOUNDATION, INC.	s	1,745,306	OPERATING FUND
(3)			
(4)			
(5)			
(6)			

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

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

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

Part VII Supplemental Information

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment
Sequence No. **179**

Name(s) shown on return

WESTCARE GULFCOAST FLORIDA INC.

Identifying number

59-3714627

Business or activity to which this form relates

Form 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	104,354.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	104,354.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 07/07/20

Form **4562** (2020)

WESTCARE GULFCOAST-FLORIDA, INC.

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

JUNE 30, 2021

WESTCARE GULFCOAST-FLORIDA, INC.
REPORT ON FINANCIAL STATEMENTS
JUNE 30, 2021

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ROOS & MCNABB CPA'S
A PROFESSIONAL CORPORATION

INDEPENDENT AUDITOR'S REPORT

The Board of Directors
WestCare GulfCoast-Florida, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of WestCare GulfCoast-Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of WestCare GulfCoast-Florida, Inc. as of June 30, 2021 and the change in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplemental and Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedules of expenditures of federal awards and state financial assistance, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*; and Chapter 10.650, Rules of the Auditor General is presented for purposes of additional analysis and is not a required part of the financial statements. The schedule of state earnings, schedule of bed-day availability payments, schedule of related party transaction adjustments, and program/cost center actual expenses and revenues schedule, are also presented for purposes of additional analysis and not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 29, 2021, on our consideration of WestCare GulfCoast-Florida, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of WestCare GulfCoast-Florida, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering WestCare GulfCoast-Florida, Inc.'s internal control over financial reporting and compliance.

Roos & McNabb CPA's PC

Fresno, California
November 29, 2021

WESTCARE GULFCOAST-FLORIDA, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2021

ASSETS

Cash and Cash Equivalents	\$ 900	
Grant Contracts Receivable	1,950,940	
Prepaid Expenses	43,969	
Cash Restricted for Client Funds	192,542	
Property and Equipment, Net	<u>790,443</u>	
Total Assets		<u>\$2,978,794</u>

LIABILITIES

Accounts Payable and Accrued Expenses	\$ 280,254	
Accrued Salaries and Related Expenses	424,574	
Due to Clients (Contra)	70,358	
Due to Related Organization	3,612,662	
Deferred Revenue – SBA Loan/Grant	491,034	
Deferred Revenue	<u>398,342</u>	
Total Liabilities		\$5,277,224

NET ASSETS

Without Donor Restrictions	<u>(2,298,430)</u>	
Total Net Assets		<u>(2,298,430)</u>
Total Liabilities and Net Assets		<u>\$2,978,794</u>

See accompanying notes to financial statements

WESTCARE GULFCOAST-FLORIDA, INC.
STATEMENT OF ACTIVITIES
For the Year Ended June 30, 2021

Change in Net Assets Without Donor Restrictions

Revenues and Other Support	
Federal Contract Revenue	\$ 2,003,103
State Contract Revenue	3,725,810
County Contract Revenue	1,443,470
City Contract Revenue	486,240
Other Contract Revenue	475,360
Client Fees	854,255
Donations and Gifts	7,104
PPP Funds	952,897
Other Revenue	<u>5,653</u>
Total Revenues and Other Support Without Donor Restrictions	 \$ 9,953,892
Expenses	
Program Services	
Grants and Program Support	<u>8,614,448</u>
Total Program Services	<u>8,614,448</u>
Supporting Services	
General and Administrative	<u>1,923,130</u>
Total Supporting Services	<u>1,923,130</u>
Total Expenses	<u>10,537,578</u>
Change in Net Assets Without Donor Restrictions	(583,686)
Net Assets, Beginning of Year	<u>(1,714,744)</u>
Net Assets, End of Year	<u>\$(2,298,430)</u>

See accompanying notes to financial statements

WESTCARE GULF COAST-FLORIDA, INC.
STATEMENT OF CASH FLOWS
JUNE 30, 2021

CASH FLOWS FROM OPERATING ACTIVITIES:

Change in Net Assets Without Donor Restrictions	\$(583,686)
Adjustments to Reconcile Change in Net Assets To Net Cash Provided by Operating Activities:	
Depreciation	104,354
(Increase) or Decrease in:	
Grants Receivable	(872,711)
Prepaid Expenses	(1,076)
Increase or (Decrease) in:	
Accounts Payable and Accrued Expenses	59,043
Accrued Salaries and Related Expenses	30,978
Clients Funds (Contra)	52,575
Deferred Revenue – SBA Loan/Grant	(134,507)
Deferred Revenue	<u>89,168</u>
Net Cash Provided/(Used) in Operating Activities	\$(1,255,862)

CASH FLOWS FROM INVESTING ACTIVITIES:

Purchase of Property and Equipment	<u>(326,095)</u>
Net Cash Provided/(Used) in Investing Activities	(326,095)

CASH FLOWS FROM FINANCING ACTIVITIES:

Advances from Related Organization	<u>1,745,306</u>
Net Cash Provided/(Used) in Financing Activities	<u>1,745,306</u>
Net Increase (Decrease) in Cash, Cash Equivalents, and Restricted Cash	163,349
Beginning Cash, Cash Equivalents, and Restricted Cash	<u>30,093</u>
Ending Cash, Cash Equivalents, and Restricted Cash	<u>\$ 193,442</u>
Supplemental Disclosure:	
Interest Paid	<u>\$ -</u>

See accompanying notes to financial statements

WestCare Gulfcoast Florida, Inc.
Statement of Functional Expenses
Year Ended June 30, 2021

	Program Services							
	Federal Grants	State Grants	Local Grants	Other Grants	Program Support	Toal Program	General and Adminstrative	Total
Salaries and Related Expenses								
Salaries & Wages	\$ 898,343	\$ 1,861,660	\$ 1,063,659	\$ 1,250	\$ 215,215	\$ 4,040,127	\$ 243,219	\$ 4,283,346
Payroll taxes and employee benefits	235,371	487,765	278,685	328	56,388	1,058,536	63,725	1,122,261
Total Salaries and Related Expenses	<u>1,133,714</u>	<u>2,349,425</u>	<u>1,342,344</u>	<u>1,578</u>	<u>271,603</u>	<u>5,098,663</u>	<u>306,944</u>	<u>5,405,607</u>
Other Expenses								
Building Occupancy	84,551	413,714	205,918	-	95,907	800,090	26,463	826,553
Travel	7,690	17,218	4,819	-	481	30,208	5,356	35,564
Equipment Costs	42,512	36,981	37,820	9,380	4,279	130,972	22,562	153,534
Food Costs	19,374	360,885	31,045	20	71,966	483,290	-	483,290
Medical & Pharmacy	38,617	962,254	16,018	184,191	131	1,201,211	150	1,201,361
Subcontracted Services	-	-	-	-	-	-	-	-
Insurance	12,000	12,000	6,000	3,000	3,000	36,000	238,983	274,983
Operating Supplies and Expenses	135,440	229,108	106,391	9,213	37,891	518,043	104,922	622,965
Professional Services	39,543	233,910	800	32,908	-	307,161	23,432	330,593
Donated Goods and Services	-	-	-	-	-	-	-	-
Management Fees	-	-	-	-	-	-	1,098,774	1,098,774
Total Other Expenses	<u>379,727</u>	<u>2,266,070</u>	<u>408,811</u>	<u>238,712</u>	<u>213,655</u>	<u>3,506,975</u>	<u>1,520,642</u>	<u>5,027,617</u>
Total Expenses Before Depreciation	1,513,441	4,615,495	1,751,154	240,290	485,258	8,605,638	1,827,586	10,433,224
Depreciation	-	4,710	2,261	-	1,839	8,810	95,544	104,354
Total Expense	<u>1,513,441</u>	<u>4,620,206</u>	<u>1,753,416</u>	<u>240,290</u>	<u>487,097</u>	<u>8,614,448</u>	<u>1,923,130</u>	<u>10,537,578</u>

See accompanying notes to financial statements

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 1 – ORGANIZATION AND NATURE OF ACTIVITIES:

WestCare GulfCoast-Florida, Inc. is a tax exempt, non-profit corporation governed by a volunteer board of directors incorporated in 2001 whose purposes include, but are not limited to the following:

- A. To promote public awareness about chemical dependency and related issues and problems; and,
- B. To promote recovery from chemical dependency and or related illnesses, through developing, establishing and/or maintaining of centers for the rehabilitation of individuals and their families.
- C. To promote the health and well being of all citizens.

The Organization provides residential and out-patient rehabilitation programs, criminal justice programs, health related and a variety of prevention programs and services all of which are related to the purposes for which it is established.

WestCare GulfCoast-Florida, Inc. applied for re-accreditation under CARF (Commission on Accreditation of Rehabilitation Facilities). The process involved completion of an Intent/Application document and a three-day site visit by a team of four CARF surveyors. WestCare GulfCoast-Florida, Inc. was awarded the highest recommendation, a three-year accreditation from January 2021 through January 2024.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting: The accompanying financial statements of the Organization have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America.

Basis of Presentation: Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified 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 Organization. These net assets may be used at the discretion of 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 Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Measure of Operations: The statement of activities reports all changes in net assets, including changes in net assets from operating and non-operating activities. Operating activities consist of those items attributable to the Organization's ongoing activities. Non-operating activities are limited to resources that generate return from investments and other activities considered to be of a more unusual or nonrecurring nature.

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

Cash and Cash Equivalents: For purposes of the statement of cash flows, the Organization considers investments available for current use with an initial maturity of three months or less to be cash equivalents.

Concentrations of Credit Risk: Financial instruments that potentially subject the Organization to concentration of credit risk are cash and receivables. Concentration of credit risk with respect to receivables is limited because a substantial portion of these balances are due from federal and state governmental agencies. Management believes the Organization is not exposed to any significant credit risk on cash. The Organization maintains its cash in various bank accounts that, at times, may exceed federally insured limits. These accounts have been placed with high credit quality financial institutions. On June 30, 2021, the Organization did not have cash in excess of the FDIC insured limit.

Receivables: Receivables are stated at the amount management expects to collect from balances outstanding at year end. The receivables are primarily contracts and/or grants from funding sources for services performed under cost reimbursement contracts. It is the practice of the Organization to record an allowance for doubtful accounts. Bad debts are charged to the allowance account as incurred. Based on management's assessment of receivables it has concluded that an allowance is not necessary on June 30, 2021. Balances that are still outstanding after management has used reasonable collection efforts are written off to bad debt expense.

Revenue and Revenue Recognition: Revenue is recognized when earned. Program service fees and payments received in advance are deferred to the applicable period in which the related services are performed, or expenditures are incurred, respectively.

Contract Revenue: Revenue under some third-party payor agreements is subject to audit and retroactive adjustments. Provisions for estimated third-party payor settlements are provided in the period the related services are rendered, if determinable.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Contributions: Contributions are recognized as income at the estimated value at date of receipt as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. No donations with donor-imposed restrictions have been received.

Conditional Promises to Give: Conditional promises to give, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Conditional gifts received prior to the satisfaction of conditions are recorded as refundable advances.

Donated Services and In-Kind Contributions: Volunteers contribute significant amounts of time to our program services, administration, and fundraising and development activities; however, the financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by generally accepted accounting principles. Contributed goods are recorded at fair value at the date of donation. Donated services are recorded at the respective fair values of the services received. No significant contributions of such goods or services were received during the year ended June 30, 2021.

Due to/from related parties: Amounts as due to/from related parties, included in the accompanying statements of financial position, arise principally from the collaborative activities between the affiliates to further the mission of the Organization.

Property and Equipment: The Organization capitalizes property and equipment over \$5,000. Lesser amounts are expensed. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions unless the donor has restricted the donated assets to a specific purpose. The cost of maintenance and repairs is charged to expense as incurred, significant renewals and betterments are capitalized. Property and equipment are depreciated using the straight-line method over the estimated useful lives of the assets.

Compensated Absences: The Organization's policy allows employees to accumulate vacation and sick leave based on the length of service, position, and other factors. Accrual of vacation time is included in the accompanying financial statements. The total amount accrued for vacation on June 30, 2021 was \$240,834.

Income Taxes: The Organization qualifies as a not-for-profit organization as described in Section 501 (c)(3) of the Internal Revenue Code and is tax exempt from federal and state income taxes, therefore no provisions for income taxes have been made. Management is of the opinion that there is no unrelated business income subject to taxation. Management is also of the opinion that there are no material uncertain tax positions. All tax returns have been appropriately filed by the Organization.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Functional Expenses: The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The costs of providing the various programs and supporting services have been summarized on a functional basis in the statement of activities. The statement of functional expenses presents the natural classification detail of expenses by function. Such expenses are charged to grant programs and supporting services on the basis of program costs. General and administrative costs include those expenses that are not directly identifiable with any specific program but provide for the overall support of the Organization. Accordingly, certain costs have been allocated among program services and supporting services benefited. Such allocations are determined by management on an equitable basis.

Salaries and benefits are charged directly to the program for which work has been done based on time and effort. Other expenses and overhead costs are based on staff allocation to functional areas.

NOTE 3 – CASH AND CASH EQUIVALENTS:

The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported within the statement of financial position that sum to the amounts shown in the statement of cash flows:

Cash and Cash Equivalents	\$ 900
Cash Restricted for Client Funds	<u>192,542</u>
Total Cash, Cash Equivalents, and Restricted Cash shown in the Statement of Cash Flows	<u>\$193,442</u>

NOTE 4 – RESTRICTIONS ON ASSETS:

Restrictions, if any, on assets as of June 30, 2021, are related to grant awards and/or lending agreements. Such assets must be used in accordance with the purposes established by laws and regulations of the grants or agreements in contrast with unrestricted funds over which the governing board remained full control to use in achieving any of its organizational purposes.

Separate cash accounts are maintained as required by grant and/or lending agreements. The Organization also holds cash in trust for participants in various programs.

WESTCARE GULF COAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 5 – LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS:

The following reflects the Organization’s financial assets available within one year of the statement of financial position date. There are no amounts reduced and not available for general use because of donor-imposed restrictions or long-term investments.

Cash and cash equivalents	\$ 900
Grant contracts receivable	<u>1,950,940</u>
Total available for general expenditures	<u>\$1,951,840</u>

As part of the Organization’s liquidity management, it utilizes a zero-balance account (zba) with WestCare Foundation, Inc., a checking account in which a balance of zero is maintained by automatically transferring funds from a master account in an amount only large enough to cover checks presented. This cash pooling system is designed to leave in the current accounts of the subsidiaries the minimum amounts to be able to deal with their debts contracted. The advantage of this system is to centralize the cash to be able to obtain better rates. In addition, the Organization transfers amounts as needed to meet cash flow needs through a related affiliate, WestCare Foundation, Inc.

NOTE 6 – PROPERTY AND EQUIPMENT, NET:

Property and equipment, net consisted of the following on June 30, 2021:

Leasehold Improvements	\$1,641,156
Furniture and Fixtures	38,257
Computer Equipment	9,975
Vehicles	521,388
Construction in Progress	<u>89,435</u>
	2,300,211
Less: Accumulated Depreciation	<u>(1,509,768)</u>
Total Property and Equipment, Net	<u>\$ 790,443</u>

For the year ended June 30, 2021, depreciation expense totaled \$104,354.

NOTE 7 – EMPLOYEE BENEFIT PLAN:

The Organization has a 401(k)-retirement plan covering eligible employees held with Voya Financial with a Safe Harbor Match. The Organization’s match is 3% of each qualified employee’s basic contribution plus an additional \$.50 for each \$1 contributed for the next 2% earnings. Plan contribution by the Organization for the year ended June 30, 2021 was \$63,130.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 8 – COMMITMENTS AND CONTINGENCIES:

Operating Leases:

As of June 30, 2021, the Organization had entered into various non-cancellable operating lease agreements for real property. The approximate minimum future commitments on an annual basis are as follows: 2021 \$153,925, 2022 \$158,137, 2023 \$82,807, 2024 \$21,400, 2025 \$21,600 and thereafter \$25,200.

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (Topic 842), which requires lessees to recognize leases on the statement of financial position for most leases with a term longer than 12 months. The effective date for this standard has been delayed to reporting periods beginning after December 15, 2021.

Contingencies:

Federal Grants – The Organization receives financial assistance from the federal government in the form of grants and entitlements. Receipt of grants is generally conditioned upon compliance with terms and conditions of the grant agreements and applicable federal laws and regulations, including the expenditure of resources for eligible purposes. Accordingly, expenditures financed by these programs are subject to financial and compliance audits by the grantor agencies, which could result in request for reimbursement by the grantor agencies for expenditures, if disallowed by the granting agencies, cannot be determined at this time. Management believes that such disallowances, if any, will not have a material adverse effect on the financial position of the Organization.

NOTE 9 – ECONOMIC DEPENDENCY:

The Organization receives a significant portion of its support and revenues from contracts and/or agreements with agencies of the Government of the United States. The Organization's ability to continue operating is predicated on the government's continued support and funding of its programs. The continuation of program services in the subsequent year is expected based on contract renewals and continuations received to date. A significant reduction in the level of this funding, if this were to occur, could have an adverse effect on the programs and activities.

NOTE 10 - MATCHING REQUIREMENTS:

The Organization receives a substantial portion of its support from various funding sources which required a local match. These funding sources include: The State of Florida Department of Children and Families, Central Florida Behavioral Health Network, Inc., U.S. Department of Housing and Urban Development (HUD) under the Supportive Housing Program, and the U.S. Department of Justice. The Organization has satisfied all matching requirements through local grants and by incurring sufficient eligible expenses.

WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021

NOTE 11 – RELATED PARTY TRANSACTIONS:

WestCare Foundation, Inc. is a managing and governing oversight organization for WestCare GulfCoast-Florida, Inc. During the year ending June 30, 2021, WestCare Foundation, Inc. received management fees for general and administrative expenses of \$1,098,774 from WestCare GulfCoast-Florida, Inc.

In addition, WestCare Foundation, Inc. has advanced funds as of June 30, 2021 to WestCare GulfCoast-Florida, Inc. for \$3,612,662.

FitzHouse Enterprises, Inc. owns property that is leased to WestCare GulfCoast-Florida, Inc. During the year ended June 30, 2021, FitzHouse Enterprises, Inc. received rental income for the purpose of providing funds for facility maintenance expenses of \$224,244.

NOTE 12 – COVID-19 PANDEMIC:

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The United States and global markets experienced significant declines in value resulting from uncertainty caused by the pandemic. The Organization is closely monitoring its liquidity and is actively working to minimize the impact of these declines. The extent of the impact of COVID-19 on the Organization's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Organization's customers, employees, and vendors, all of which at present, cannot be determined. Accordingly, the extent to which COVID-19 may impact the Organization's financial position and changes in net assets and cash flows is uncertain and the accompanying financial statements include no adjustments relating to the effects of this pandemic.

NOTE 13 – PAYROLL PROTECTION PROGRAM LOANS:

The Organization was granted \$1,658,472 in loans under the Paycheck Protection Program "PPP" administered by a Small Business Administration (SBA) approved partner. The loans are uncollateralized and are fully guaranteed by the Federal government. The Organization is eligible for loan forgiveness of up to 100% of the loans, upon meeting certain requirements. The Organization initially recorded the loans as refundable advances and subsequently recognized grant revenue in accordance with guidance for conditional contributions; that is, once the measurable performance or other barrier and a right to return of the PPP loans no longer existed or when such conditions are explicitly waived. The Organization has recognized \$952,897 as grant revenue for the year ended June 30, 2021 and \$214,541 in the prior year. The remaining proceeds from the loan are eligible for forgiveness if the Organization maintains employment levels during its 24 weeks covered period and uses the funds for certain payroll, rent, and utility expenses.

**WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2021**

NOTE 14 – SUBSEQUENT EVENTS:

The Organization has evaluated subsequent events through November 29, 2021, the date which the financial statements were available to be issued and has determined that there were no events occurring during that period that required disclosure to the accompanying financial statements.

END OF NOTES TO THE FINANCIAL STATEMENTS

WESTCARE GULFCOAST-FLORIDA, INC.
SUPPLEMENTARY AND OTHER INFORMATION

WESTCARE GULFCOAST-FLORIDA, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2021

	Pass through Identifying #	Federal CFDA#	Federal Expenditures
CDBG - Entitlement Grants Cluster			
US Department of Housing & Urban Development			
<u>Community Development Block Grants/Entitlement Grants</u>			
Pass Through Award(s):			
City of Clearwater - CDBG	N/A	14.218	10,990
City of Largo - CDBG	B17MC120028 & B20MC120028	14.218	22,847
City of St. Petersburg - ESG / CDBG	E-19-MC-12-0017 & B-20-MC-12-0017	14.218	53,297
City of St. Petersburg - ESG / CDBG - CARES	CARES	14.218	43,346
Pinellas County - CDBG	CD20WCOPS	14.218	28,368
Pasco County - CDBG	B-20-UC-12-0009	14.218	22,428
Pasco County - CDBG - CARES	CD20-0165	14.218	2,450
Total CDBG - Entitlement Grants Cluster			<u>183,726</u>
US Department of Housing & Urban Development			
<u>Emergency Solutions Grant Program</u>			
Pass Through Award(s):			
City of St. Petersburg - ESG / CDBG	E-19-MC-12-0017 & B-20-MC-12-0017	14.231	72,376
Total Emergency Solutions Grant Program			<u>72,376</u>
<u>Supportive Housing Program</u>			
Direct Award(s):			
Supportive Housing Program Rapid Rehousing	FL0446L4H021806	14.235	50,150
Total Supportive Housing Program			<u>50,150</u>
US Department of Justice			
<u>Drug Court Discretionary Grant Program</u>			
Pass Through Award(s):			
Pinellas County - OJDDP Family Dependency Drug Court - Enhancement	2018-DC-BX-0023	16.585	236,578
Pinellas County - BJA Veterans Drug Court - VALOR	2019-VC-BX-0067	16.585	130,914
Pasco County - BJA Neuro Trauma	2020-DC-BX-0142	16.585	48,723
Total Drug Court Discretionary Grant Program			<u>416,215</u>
<u>Edward Byrne Memorial Justice Assistance Grant Program</u>			
Pass Through Award(s):			
Florida Department of Law Enforcement through Pinellas County Health and Community Services	2019-MU-BX-0036/2020-JAGC-3610	16.738	30,000
Total Edward Byrne Memorial Justice Assistance Grant Program			<u>30,000</u>
<u>Office of Justice Programs, Juvenile Justice & Delinquency Prevention</u>			
Pass Through Award(s):			
Pinellas County - Opioid Affected Youth Initiative	2019-YB-FX-K002	16.842	41,136
Total Drug Court Discretionary Grant Program			<u>41,136</u>
US Department of Veterans Affairs			
<u>VA Homeless Providers Grant and Per Diem Program</u>			
Direct Award(s):			
VA Per Diem	WGCF627-0694-516-LD-18-0	64.024	12,882
Total VA Homeless Providers Grant and Per Diem Program			<u>12,882</u>
US Department of Health & Human Services			
<u>Substance Abuse and Mental Health Services Projects of Regional and National Significance</u>			
Direct Award(s):			
SAMHSA Workforce	1H79TI083388	93.243	365,606
Pass Through Award(s):			
Pinellas County SAMHSA - Cooperative Agreement to Benefit Homeless Indi	SM063331	93.243	12,989
Pasco County CSAT Drug Court - Dependency	1H79TI080841	93.243	347,681
Pinellas County Adult Drug Court - Thrive	1H79TI81905	93.243	378,525
Pasco County Adult Drug Court - Thrive	1H79TI082965	93.243	259,849
Total Substance Abuse and Mental Health Services			<u>1,364,650</u>
<u>Block Grants for Prevention and Treatment of Substance Abuse</u>			
Pass Through Award(s):			
DCF - CFBHN - HIV Testing	QB055	93.959	47,842
DCF - CFBHN - Recovery Support & Supplemental SA	QB055	93.959	189,374
DCF - CFBHN - Prevention	QB055	93.959	27,878
Total Block Grants for Prevention and Treatment of Substance Abuse			<u>265,094</u>
<u>Opioid SOR</u>			
Pass Through Award(s):			
DCF - CFBHN - State Opioid Response	QB055	93.788	870,611
Total Block Grants for Community Mental Health Services			<u>870,611</u>
Department of Homeland Security			
<u>Emergency Food and Shelter National Board Program</u>			
Pass Through Award(s):			
United Way	Phase 37 & 38	97.024	74,584
United Way	Phase CARES	97.024	43,487
Total Emergency Food and Shelter National Board Program			<u>118,071</u>
Total Expenditures of Federal Awards			<u>\$ 3,424,911</u>

The accompanying notes are an integral part of this schedule.

WESTCARE GULFCOAST-FLORIDA, INC.
 SCHEDULE OF EXPENDITURES OF STATE FINANCIAL ASSISTANCE
 FOR THE YEAR ENDED JUNE 30, 2021

STATE OF FLORIDA AWARDS:	Contract #	CFSA #	Expenditures
Florida Department of Transportation Passed through from Federal Transit Administration	FY2017/YR42	20.513	-
Florida Department of Transportation	FY2017/YR42	55.001	-
State of Florida Courts System Passed Through Florida Alcohol and Drug Abuse Association, Inc. Opioid Treatment (MAT Services)	N/A	22.022	292,179
Department of Corrections - Focus	C2654	70.016	2,170,393
Department of Corrections - MH Overlay	B56ADF	70.016	141,000
Total Expenditures of State Financial Assistance			\$ 2,603,572

The accompanying notes are an integral part of this schedule.

**WESTCARE GULFCOAST-FLORIDA, INC.
NOTES TO SCHEDULES OF EXPENDITURES
OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE YEAR ENDED JUNE 30, 2021**

NOTE A - BASIS OF PRESENTATION:

The accompanying schedules of expenditures of federal awards and state financial assistance include the federal and state award activity of WestCare Gulfcoast-Florida, Inc. under programs of the federal and state government for the year ended June 30, 2021. The information in the schedules is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and *Florida Single Audit Act, Auditor General Rule 10.650*. Because the Schedules present only a selected portion of the operations of WestCare Gulfcoast-Florida, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of WestCare Gulfcoast-Florida, Inc.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Expenditures reported on the Schedules are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance and Chapter 10.650 Rules of the Auditor General, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE C – INDIRECT COST RATE:

WestCare Gulfcoast-Florida, Inc. has elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance. WestCare Gulfcoast-Florida, Inc. has a provisional indirect rate agreement for 26% for the year ended June 30, 2021.

**WESTCARE GULF COAST-FLORIDA, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FEDERAL PROGRAMS AND STATE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2021**

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued on whether the financial statements audited were prepared in accordance with GAAP:	Unmodified
Internal control over financial reporting:	
• Material weakness(es) identified?	No
• Significant deficiency(ies) identified?	None reported
Noncompliance material to financial statements noted?	No

Federal Awards and State Projects

Internal control over major programs:	
• Material weakness(es) identified?	No
• Significant deficiency(ies) identified?	None reported
Types of auditor’s report issued on compliance for major programs:	Unmodified
Any audit findings disclosed that are required to be reported in accordance with CFR 200.516(a) or Chapter 10.656?	No

Identification of major programs:	
<u>Federal Program or Cluster</u>	<u>Federal CFDA No.</u>
Block Grants for Prevention & Treatment of Substance Abuse	93.959
Opioid SOR	93.788
 <u>State Project</u>	 <u>State CFDA/CFSA No.</u>
Department of Corrections – Focus	70.016

Dollar threshold used to distinguish between type A & type B Programs:	
Federal Programs:	\$750,000
State Programs:	\$750,000
Auditee qualified as low-risk auditee pursuant to Uniform Guidance: (Not applicable for State Projects)	Yes

Section II – Financial Statement Findings

None reported

Section III – Federal/State Award Findings and Questioned Costs

None reported

Section IV – Other Issues/Prior Year Audit Findings

No management letter is required because there were no findings required to be reported in the management letter.
No Summary Schedule of Prior Audit Findings is required because there were no prior audit findings.
No Corrective Action Plan is required because there were no findings required to be reported.

WESTCARE GULFCOAST-FLORIDA, INC.
Schedule of State Earnings for
Fiscal Year 7/1/20 - 6/30/21

1	Total Expenditures	10,537,578.00
2	Less Other State and Federal Funds	(5,728,913.00)
3	Less Non-Match SAMH Funds	(1,929,710.00)
4	Less Unallowable Costs per 65E-14, F.A.C.	0.00
5	Total Allowable Expenditures (Sum of lines 1, 2, 3, and 4)	2,878,955.00
6	Maximum Available Earnings (Line 5 times 75%)	2,159,216.25
7	Amount of State Funds Requiring Match	122,530.00
8	Amount Due to Department (Subtract line 7 from line 6)	2,036,686.25

AUDIT SCHEDULE
WestCare Gulfcoast Florida, Inc.
Schedule of Bed-Day Availability Payments
For Fiscal Year Ending 6/30/21

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other State Agencies	Maximum # of Units Eligible for Payment by Department (D-E)	Amount Paid for Services by the Department	Maximum \$ Value of Units in Column F (F x C)	Amount Owed to Department (G-H or \$0, whichever is greater)
A	B	C	D	E	F	G	H	I
Children's MH	Crisis Stabilization Unit				0		\$0.00	\$0.00
Adult MH	Crisis Stabilization Unit				0		\$0.00	\$0.00
Children's SA	Substance Abuse Detox				0		\$0.00	\$0.00
Adult SA	Substance Abuse Detox				0		\$0.00	\$0.00
Adult MH	Short-term Residential Treatment				0		\$0.00	\$0.00
					0		\$0.00	\$0.00
	This Schedule N/A				0		\$0.00	\$0.00
					0		\$0.00	\$0.00
					0		\$0.00	\$0.00
					Total Amount Owed to Department =			\$0.00

AUDIT SCHEDULE
WestCare Gulfcoast Florida, Inc.
Schedule of Related Party Transaction Adjustments
for the Fiscal Year Ending 6/30/2021

	Related Party	Allocation of Related Party Transactions Adjustment				
		State-Designated Cost Centers				
		1	2	3	Total
Revenues From Grantee						
Rent	XXX					
Services	XXX					
Interest	XXX					
Other	<u>XXX</u>					
Total Revenue From Grantee	XXX	This Schedule N/A				
Expenses Associated with Grantee Transactions						
Personnel Services	YYY					
Depreciation	YYY					
Interest	YYY					
Other	<u>YYY</u>					
Total Associated Expenses	YYY					
Related Party Transaction Adjustment	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>	<u>ZZZ</u>

AUDIT SCHEDULE
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROGRAM / COST CENTER ACTUAL EXPENSES AND REVENUES SCHEDULE

AGENCY: WestCare Gulfcoast Florida, Inc.

DATE PREPARED: 10/12/2021

CONTRACT #: QG055

BUDGET PERIOD: FROM 7/1/2020 TO 6/30/2021

PART I: ACTUAL FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES A	STATE-DESIGNATED SAMH COST CENTERS										
	STATE SAMH-FUNDED COST CENTERS										Non-SAMH Cost Center G
	Program 1 - Adult			Program 2 - Children			Total for State SAMH-Funded Cost Centers (C ₁ +...+C _x) D	Total for Non-State-Funded SAMH Cost Centers E	Tot. for All State-Designated SAMH Cost Centers (D+E) F	Total Funding (F+G) H	
	Treatment & Aftercare B _{1-a}	MAT B _{1-b}	Total for Program 1 (B _{1-a} +...+B _{1-x}) C ₁	Prevention B _{2-a}	(CC name) B _{2-b}	Total for Program 2 (B _{2-a} +...+B _{2-x}) C ₂					
IA. STATE SAMH FUNDING											
(1) CFBHN - HIV	\$ 47,842	\$ -	\$ 47,842	\$ -	\$ -	\$ -	\$ 47,842	xxxxxxxxx	\$ 47,842	xxxxxxxxx	\$ 47,842
(2) CFBHN - Recovery Support	\$ 189,374	\$ -	\$ 189,374	\$ -	\$ -	\$ -	\$ 189,374	xxxxxxxxx	\$ 189,374	xxxxxxxxx	\$ 189,374
(3) CFBHN - Prevention	\$ -	\$ -	\$ -	\$ 27,878	\$ -	\$ 27,878	\$ 27,878	xxxxxxxxx	\$ 27,878	xxxxxxxxx	\$ 27,878
(4) CFBHN - MAT (SOR)	\$ -	\$ 870,611	\$ 870,611	\$ -	\$ -	\$ -	\$ 870,611	xxxxxxxxx	\$ 870,611	xxxxxxxxx	\$ 870,611
(5)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	xxxxxxxxx	\$ -	xxxxxxxxx	\$ -
(6)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	xxxxxxxxx	\$ -	xxxxxxxxx	\$ -
(7) From Other Districts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	xxxxxxxxx	\$ -	xxxxxxxxx	\$ -
TOTAL STATE SAMH FUNDING =	\$ 237,216	\$ 870,611	\$ 1,107,827	\$ 27,878	\$ -	\$ 27,878	\$ 1,135,705	xxxxxxxxx	\$ 1,135,705	xxxxxxxxx	\$ 1,135,705
IB. OTHER GOVT. FUNDING											
(1) Other State Agency Funding	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 2,590,105	\$	\$ 2,590,105
(2) Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -
(3) Local Government	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 1,929,710	\$	\$ 1,929,710
(4) Federal Grants and Contracts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 2,003,103	\$	\$ 2,003,103
(5) In-kind from local govt. only	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -
TOT. OTHER GOVT. FUNDING =	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 6,522,918	\$	\$ 6,522,918
IC. ALL OTHER REVENUES											
(1) 1st & 2nd Party Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -
(2) 3rd Party Payments (except Medicare)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 854,256	\$	\$ 854,256
(3) Medicare	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -
(4) Contributions and Donations	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 7,104	\$	\$ 7,104
(5) Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 1,433,907	\$	\$ 1,433,907
(6) In-kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ -	\$	\$ -
TOT. ALL OTHER REVENUES =	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 2,295,267	\$	\$ 2,295,267
TOTAL FUNDING =	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$	\$ 8,818,185	\$	\$ 9,953,890

AUDIT SCHEDULE
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROGRAM / COST CENTER ACTUAL EXPENSES AND REVENUES SCHEDULE

AGENCY: WestCare Gulfcoast Florida, Inc.

DATE PREPARED: 10/12/2021

CONTRACT #: QG055

BUDGET PERIOD: FROM 7/1/2020 TO 6/30/2021

PART II: ACTUAL EXPENSES

EXPENSE CATEGORIES A	STATE-DESIGNATED SAMH COST CENTERS										Non-SAMH Cost Center G	Other Support Costs (optional) H	Administration I	Total Expenses (F+G+H+I)* J
	STATE SAMH-FUNDED COST CENTERS						Total for State-Funded AMH Cost Centers (C ₁ +...+C _n) D	Total for Non-State-Funded SAMH Cost Centers E	Tot. for All State-Designated SAMH Cost Centers (D+E) F					
	Program 1			Program 2										
	Treatment & Aftercare B _{1-a}	MAT B _{1-b}	Program 1 Total (B _{1-a} +...+B _{1-x}) C ₁	Prevention B _{2-a}	(CC name) B _{2-b}	Program 2 Total (B _{2-a} +...+B _{2-x}) C ₂								
*except IIC & IID														
IIA. PERSONNEL EXPENSES														
(1) Salaries	\$ 142,569	\$ 93,160	\$ 235,729	\$ 13,004	\$ -	\$ 13,004	\$ 248,733	\$ -	\$ 248,733	\$ 4,034,613	\$ -	\$ -	\$ -	\$ 4,283,346
(2) Fringe Benefits	\$ 37,354	\$ 24,408	\$ 61,762	\$ 3,407	\$ -	\$ 3,407	\$ 65,169	\$ -	\$ 65,169	\$ 1,057,092	\$ -	\$ -	\$ -	\$ 1,122,261
TOTAL PERSONNEL EXPENSES =	\$ 179,923	\$ 117,568	\$ 297,491	\$ 16,411	\$ -	\$ 16,411	\$ 313,902	\$ -	\$ 313,902	\$ 5,091,705	\$ -	\$ -	\$ -	\$ 5,405,607
IIIB. OTHER EXPENSES														
(1) Building Occupancy	\$ 40,790	\$ 13,346	\$ 54,136	\$ 3,000	\$ -	\$ 3,000	\$ 57,136	\$ -	\$ 57,136	\$ 759,642	\$ -	\$ -	\$ -	\$ 816,778
(2) Professional Services	\$ -	\$ 182,450	\$ 182,450	\$ 8,613	\$ -	\$ 8,613	\$ 191,063	\$ -	\$ 191,063	\$ 139,530	\$ -	\$ -	\$ -	\$ 330,593
(3) Travel	\$ 94	\$ 5,500	\$ 5,594	\$ 120	\$ -	\$ 120	\$ 5,714	\$ -	\$ 5,714	\$ 29,849	\$ -	\$ -	\$ -	\$ 35,563
(4) Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 85,895	\$ -	\$ -	\$ -	\$ 85,895
(5) Food Services	\$ 17,971	\$ -	\$ 17,971	\$ -	\$ -	\$ -	\$ 17,971	\$ -	\$ 17,971	\$ 465,319	\$ -	\$ -	\$ -	\$ 483,290
(6) Medical and Pharmacy	\$ 1,900	\$ 524,469	\$ 526,369	\$ -	\$ -	\$ -	\$ 526,369	\$ -	\$ 526,369	\$ 674,991	\$ -	\$ -	\$ -	\$ 1,201,360
(7) Subcontracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(8) Insurance	\$ 10,295	\$ 10,000	\$ 20,295	\$ 1,500	\$ -	\$ 1,500	\$ 21,795	\$ -	\$ 21,795	\$ 253,188	\$ -	\$ -	\$ -	\$ 274,983
(9) Interest Paid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(10) Operating Supplies & Expenses	\$ 8,959	\$ 4,382	\$ 13,341	\$ 6,891	\$ -	\$ 6,891	\$ 20,232	\$ -	\$ 20,232	\$ 559,935	\$ -	\$ -	\$ -	\$ 580,167
(11) Repair & Maintenance	\$ 17,334	\$ 264	\$ 17,598	\$ -	\$ -	\$ -	\$ 17,598	\$ -	\$ 17,598	\$ 206,970	\$ -	\$ -	\$ -	\$ 224,568
(12) Donated Items	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(13) Behavioral Health Fee	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OTHER EXPENSES =	\$ 97,343	\$ 740,411	\$ 837,754	\$ 20,124	\$ -	\$ 20,124	\$ 857,878	\$ -	\$ 857,878	\$ 3,175,319	\$ -	\$ -	\$ -	\$ 4,033,197
TOT. PERSONNEL & OTH. EXP. =	\$ 277,266	\$ 857,979	\$ 1,135,245	\$ 36,535	\$ -	\$ 36,535	\$ 1,171,780	\$ -	\$ 1,171,780	\$ 8,267,024	\$ -	\$ -	\$ -	\$ 9,438,804
IIIC. DISTRIBUTED INDIRECT COSTS														
(a) Other Support Costs (Optional)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Administration	\$ 21,349	\$ 78,355	\$ 99,704	\$ 2,509	\$ -	\$ 2,509	\$ 102,213	\$ -	\$ 102,213	\$ 996,561	\$ -	\$ -	\$ -	\$ 1,098,774
TOT. DISTR'D INDIRECT COSTS =	\$ 21,349	\$ 78,355	\$ 99,704	\$ 2,509	\$ -	\$ 2,509	\$ 102,213	\$ -	\$ 102,213	\$ 996,561	\$ -	\$ -	\$ -	\$ 1,098,774
TOTAL ACTUAL OPER. EXPENSES =	\$ 298,615	\$ 936,334	\$ 1,234,950	\$ 39,044	\$ -	\$ 39,044	\$ 1,273,994	\$ -	\$ 1,273,994	\$ 9,263,584	\$ 0.00	\$ 0.00	\$ -	\$ 10,537,578
IIID. UNALLOWABLE COSTS														
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOT. ALLOWABLE OPER. EXP. =	\$ 298,615	\$ 936,334	\$ 1,234,950	\$ 39,044	\$ -	\$ 39,044	\$ 1,273,994	\$ -	\$ 1,273,994	\$ 9,263,584	\$ 0.00	\$ 0.00	\$ -	\$ 10,537,578
IIIE. CAPITAL EXPENDITURES														
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



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

To the Board of Directors
WestCare GulfCoast-Florida, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of WestCare GulfCoast-Florida, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2021, and the related statement of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 29, 2021.

Internal Control over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Roos & McNabb CPA's PC

Fresno, California
November 29, 2021



INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND STATE PROJECT AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE AND CHAPTER 10.650, RULES OF THE AUDITOR GENERAL

To the Board of Directors
WestCare GulfCoast-Florida, Inc.

Report on Compliance for Each Major Federal Program and State Project

We have audited WestCare GulfCoast-Florida, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement*, and the requirements described in the *Department of Financial Services' State Projects Compliance Supplement*, that could have a direct and material effect on each of WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects for the year ended June 30, 2021. WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of WestCare GulfCoast-Florida, Inc.'s major federal programs and state projects based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the audit requirements of Title 2 U.S. *Code of Federal Regulations*, Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance); and Chapter 10.650, Rules of the Auditor General. Those standards, the Uniform Guidance, and Chapter 10.650, Rules of the Auditor General, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program and state project occurred. An audit includes examining, on a test basis, evidence about WestCare GulfCoast-Florida, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program and state project. However, our audit does not provide a legal determination of WestCare GulfCoast-Florida, Inc.'s compliance.

Opinion on Each Major Federal Program and State Project

In our opinion, WestCare GulfCoast-Florida, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and state projects for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of WestCare GulfCoast-Florida, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered WestCare GulfCoast-Florida, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program and state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and state project and to test and report on internal control over compliance in accordance with the Uniform Guidance and Chapter 10.650, Rules of the Auditor General, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of WestCare GulfCoast-Florida, Inc.'s internal control over compliance.

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and results of that testing based on the requirements of the Uniform Guidance, and Chapter 10.650, Rules of the Auditor General. Accordingly, this report is not suitable for any other purpose.

Roos & McNabb CPA's PC

Fresno, California
November 29, 2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2022

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

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

PRODUCER AssuredPartners, Lake Mary 300 Colonial Center Parkway, Suite 270 Lake Mary, FL 32746	CONTACT NAME: Deidre Williams PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: deedee.williams@assuredpartners.com
	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED WestCare Gulfcoast Florida, Inc. PO Box 94738 Las Vegas, NV 89193-4738	INSURER A : Allied World Surplus Lines Insurance Company 24319
	INSURER B : Vantapro Specialty Insurance Company 44768
	INSURER C : Berkshire Hathaway Homestate 20044
	INSURER D : _____
	INSURER E : _____
INSURER F : _____	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			5088087803	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5091019303	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5090022303	7/1/2022	7/1/2023	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
							\$	\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WEWC317351	3/1/2022	3/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liabili			5088087803	7/1/2022	7/1/2023	Aggregate	3,000,000
A	Professional Liabili			5088087803	7/1/2022	7/1/2023	Occurrence	1,000,000

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

Re: The Following Locations:

1735 Dr. Martin Luther King Jr St S, St. Petersburg, FL 33705
2510 Central Ave, St Petersburg, FL 33712
1801 5th Ave N, St Petersburg, FL 33713
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER **CANCELLATION**

FOR INFORMATION ONLY Westcare Gulf Coast Florida	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 