

# Application Form

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## *Organization Information*

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### **Brief Project Descriptor**

Please briefly describe this organization's request.

Van

**If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.**

**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 can be downloaded [here](#).**

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

### **Organization Name\***

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

### **Proposal Name\***

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

Transport Van

### **EIN\***

593102837

### **Incorporation Year\***

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

1992

## Organizational Mission Statement\*

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

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

## Unique Entity ID (SAM)

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

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

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

Character Limit: 12

LVTYWF3L7D55

## Annual Operating Budget Size\*

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

\$937,271.00

## 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

## *Amount Requested (Annual Operating Budget > \$500,000)*

### **Amount Requested (Annual Operating Budget > \$500,000)\***

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$60,510.00

## *Request Specifics*

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### Priority Areas\*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
  - Mental Health
  - Dental Care
  - Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

**Does your organization and its proposed capital purchase fit into one of these areas?**

Yes

### 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?

**If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.**

Disability Achievement Center is the local Center for Independent Living (CIL) that serve people of all ages with a disability in Pinellas County since 1992. We are federally funded (through HHS) to provide 5 Core services: Information and Referral, Independent Living Skills training, Peer Mentoring, Individual and Systemic Advocacy, and Transition Services. We are further tasked to respond to the needs of the local community. Many years ago, the need for durable medical equipment was identified as many people with disabilities living on fixed income were unable to afford the equipment that could help them to continue to live independently. What began as a loaner closet evolved into the largest durable medical equipment cache on this side of Florida that we call "MERP", or the Medical Equipment Recycling Program. Rather than loan equipment, we give equipment to anyone with a disability in need. When an item needed is not available through our MERP, our Consumer Equipment & Modification Assistance (CEMA) program provides funding to purchase what is needed. CEMA also includes repairs to existing equipment, including batteries, joystick, and tires for power wheelchairs. CEMA is driven solely by grants and donations and we provide services as funding is available.

Other programs we offer include: Diapers for Dignity, the free incontinence supply program and Food Delivery for those who have no transportation or are unable to access the normal food banks. We deliver

food every week and eligible recipients can request food once per month. We require requests by 3pm Wednesday for Thursday/Friday delivery.

### 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.

We are limited by the donations we can accept with the size of our staff's personal vehicles and are unable to accept power wheelchairs, scooters, and portable ramps unless delivered because they won't fit in our vehicles. Power chairs and scooters are always in high demand because of the cost. Almost weekly, we must decline donations because of our inability to transport.

During the pandemic, PSTA reduced ridership to 10 people per bus. By the Summer of 2020, we began receiving calls from people whose perishables spoiled in the heat as full bus after full bus passed them by while they waited to catch a ride home with their groceries. This prompted us to partner with Feeding Tampa Bay to begin offering food delivery to people with disabilities and their household who did not have transportation or had no access to food banks. As the pandemic ebbed, we thought the program would sunset, but the demand kept increasing. We served 26 families when we began and in January 2023, we served 68 families. Feeding Tampa Bay stopped our small hub service in 2022 and we now travel to the main hub in Tampa to pick up our weekly allocation. However, we are only able to pick up as much food as will fit in a vehicle, often taking much less than what is available. This translates to less food to distribute to our Consumers.

### 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:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

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

1. Reduction in Revenue: Grant revenue that supports our CEMA Program where we provide durable medical equipment and install grab bars & ramps decreased in 2021 by \$29,378 as many funders whose fundraisers were cancelled in 2020 due to COVID concerns and restrictions. This caused us to rely on donated equipment that we refurbish and sanitize before giving to our consumers.

2. Inflationary pressures: From supply chain shortages to real time pricing, cost of items purchased have been steadily escalating since the pandemic began. Before COVID, we budgeted \$200 per consumer and now we budget \$300 per consumer due to price increases. Supply chain shortages required us to get creative with both sourcing and cost to obtain items that meet the needs of our consumers. Increased costs limit the number of people we can serve with available funding. Vendor charges have also increased a fuel costs skyrocketed, further limiting available funding to advance our mission

## Proposal Description\*

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

Please describe your purchase proposal and address the following:

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

Disability Achievement Center would like to purchase a wheelchair accessible van to enable us to capture donations we are currently declining and to pick up food from the Feeding Tampa Bay hub. We contacted Triple S Mobility who provided their entire price list for this grant application. Triple S Mobility was selected over other similar companies because they only work with used vehicles to make the purchase economical and conversion work is completed in house. The van we would like to purchase is a 2022 Chrysler Pacifica that costs \$55995.00. We also request \$395 for title, tag, and registration, \$3788 to insure the vehicle for the first year, and \$332 to add Disability Achievement Center's name and phone number on the sides and back of the van. The total amount requested is \$60510.

Power wheelchairs cost thousands of dollars and the refurbished donations serve recipients for several years. We will use the van to pick up power wheelchair donations and other large donations such as portable ramps that do not fit in staff vehicles. We will also pick up and deliver power wheelchairs that belong to our consumers for repair. We pay vendors for this service today. We will also use the van to pick up food from Feeding Tampa Bay, expanding our capacity currently limited by staff vehicle size. The van will NOT be used to transport individuals.

We expect the van to last at least 15 years. In speaking with Triple S Mobility, we were advised that it is quite possible for the van to last years beyond the estimate as these conversions are built to last.

Having a van will enable us to pick up donations, including all types of power wheelchairs and scooters, as well as ramps and Hoyer lifts to provide to people with disabilities in need. The van will also be used for weekly food pick up at Feeding Tampa Bay. No longer will we have to decline donations based on staff vehicle size and our options for food expand greatly.

## 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. According to federal guidance, 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?**

Centers for Independent Living exist to help people with disabilities overcome barriers they face to living independently. With so many of our Consumers, accessible housing is becoming out of reach on their limited SSI/SSDI income. COVID negatively impacted this population we serve by limiting access to food & resources, especially those who rely on public transportation. In the Summer of 2020, we were receiving calls from people losing their perishables in the heat as they watched full bus after full bus pass them by as they tried to get home. And then there are those we serve who have no means to get to a food bank, inability to stand in line, or no means to transport food if received. We felt compelled to partner with Feeding Tampa Bay to overcome this barrier individuals faced. When we thought the program might wind down, inflation took hold & the demand is even greater today. In the beginning, we were serving 26 families/month & that number has grown to 68 families served in January 2023!

Inflation has superseded COVID in its negative impact on those living on a fixed income. Our call volume has increased exponentially in the last year, with 29 calls for assistance received in February 2022 & 86 calls in February 2023. With the growing need & a tightening economy, we want to capture every donation to enable us to help keep recipients safe & independent in the community. The alternative for many is homelessness or premature institutionalization which comes at a much greater cost to society. For example, a semi-private room in a nursing home in Pinellas is \$103,843, most of which is taxpayer funded (<https://www.genworth.com/aging-and-you/finances/cost-of-care.html>). The FL Council on Homelessness cites a study that estimates the community costs of caring for chronically homeless individuals at \$31,065 per person per year (<https://tinyurl.com/2my79km6>). A van will expand our reach to help more people with disabilities for many years to come.

## Number Served\*

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

225

## 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.

## *Geographic Impact & Priority Populations*

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
  - Defined by U.S. Department of Housing and Urban Development (HUD)
  - U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
  - 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](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.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGBTQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

## Benefits and Geography of Purchase\*

Please describe the following:

1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

We serve people of all ages with a disability in Pinellas County. These individuals with disabilities are recognized as being historically marginalized and are direct recipients of all our programs and services as we strive to help them stay safe and independent in the community. Many of our Consumers rely on SSI/SSDI as their sole source of income and are also SNAP participants.

We serve all of Pinellas County.

## Headquarters Location\*

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

12552 Belcher Rd S, Largo, FL 33773

## QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Further determination required

## Community Connection

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PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities 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.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

We are a unique organization because our bylaws require that the majority of our staff and our board of directors be persons with disabilities so we a who we serve.

## Leadership Demographics - Board Membership\*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

Neurodiverse/physically disabled



## Leadership Demographics - Executive Level Leadership Team\*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

None of the above

## Leadership Demographics - CEO/Executive Director\*

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

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled. Neurodiversity is defined as “the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population.” Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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

Neurodiverse/physically disabled

## Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$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.

**Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.**

*If you need assistance compressing files, please email Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).*

### **Bid/Estimate #1\***

PDF files are accepted.

Binder1.pdf

### **Bid/Estimate #2\***

PDF files are accepted.

2019 Ford Transit van quote.pdf

### **Bid/Estimate #3**

PDF files are accepted.

DVC Signs, DMV, insurance quotes.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, and contact Rose Cervantes at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Otherwise, write "N/A" below.

Bid/Estimate #3 contains the cost to add our logo and phone # to the van, DMV costs for title, registration, and tag, and auto insurance quote in support of our total request.

### **Related Parties\***

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

#### **Examples of Related Parties**

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

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

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

No related parties below.

## Budget Summary\*

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

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

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

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

Budget-Template-Small-Capital-Purchases(2).xlsx

## 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.**

Disability Achievement Center will use unrestricted funds for any amounts above the amount granted and cost of acquisition.

## 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.

We will budget annually for operating, insurance, and maintenance costs from our General Fund category.

## Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?
2. Been placed on a corrective action plan by a funder?
3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

## 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.**

Certificate of insurance.pdf

### Insurance Requirement\*

**If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you may 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.

## *Organization Documentation*

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**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.

FY22-23 Consolidated Budget.xlsx

### **Board of Directors List\***

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

2022 Disability Achievement Center Board of Directors.docx

### **IRS Form 990\***

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

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

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

Only PDF files are permitted.

2021 Form 990 DAC FYE 2022.6.30 signed.pdf

### **Most Recent Financial Statements\***

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

Audited Financial Statements 2021.6.30.pdf

## *Post-Grant Requirements*

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### **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*

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### **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?

## *Agreements*

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### **Affirmation of Application Materials\***

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

### **Public Application and Grant Process\***

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

### **Final Approval for Grant Award\***

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.

## File Attachment Summary

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### *Applicant File Uploads*

- Binder1.pdf
- 2019 Ford Transit van quote.pdf
- DVC Signs, DMV, insurance quotes.pdf
- Budget-Template-Small-Capital-Purchases(2).xlsx
- Certificate of insurance.pdf
- FY22-23 Consolidated Budget.xlsx
- 2022 Disability Achievement Center Board of Directors.docx
- 2021 Form 990 DAC FYE 2022.6.30 signed.pdf
- Audited Financial Statements 2021.6.30.pdf





## 2017 Chrysler Pacifica Touring Tan with Brown Interior

**Standard Features Include:** 3.6 liter V6 engine, automatic transmission, Navigation, rear backup camera, push button start, Bluetooth, AM/FM stereo, CD player, power driver seat with lumbar, power windows, power door locks, power rear vents, power mirrors, **power dual side sliding doors, power rear hatch**, tri-zone air-conditioning, tilt steering wheel with mounted radio controls, cruise control, rear defroster, rear wiper, power steering, power brakes, ABS brakes, airbag occupancy sensor, driver and passenger airbags, all row curtain airbags, traction control, tire specific tire pressure monitoring, keyless entry, privacy glass. VIN 2C4RC1DG9HR676816

**Accessibility Modifications Include:** Rear entry wheelchair conversion seats 4 occupants and 1 or 2 wheelchair passengers, 10 in. lowered floor, center cut 36 in. wide inside and 95 in. length with rubber flooring, 34 in. wide 54 in. long spring loaded and counter-balanced manual ramp. 56 in. high door opening, 58 in. of interior height. Removable 2nd row footrest, auto-retracting and tightening Q-strait wheelchair lockdown straps. Our conversion has a 4 year/40,000 mile warranty whichever comes first.

Item # 676816-drpass

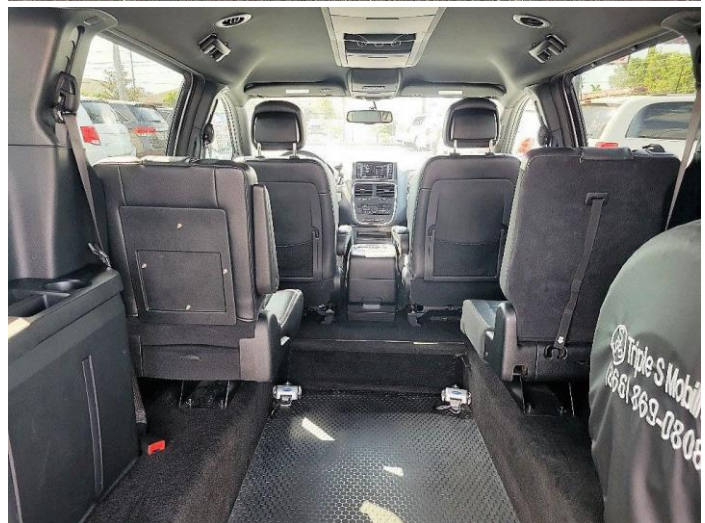
\$41,995.00 with 58,180 miles

**NOW ONLY \$39,995.00**

Shawn Bayes  
 727-492-1630

Ben Buck  
 727-644-6101





## 2017 Dodge Grand Caravan SXT Silver with Black Leather Interior

**Standard Features Include:** 3.6 liter V6 engine, automatic transmission, leather interior, Garmin Navigation, rear backup camera, Security System, Uconnect with Bluetooth, AM/FM stereo, CD player, Premium Sound, power heated driver seat with lumbar, power heated front passenger seat, power windows, power door locks, power mirrors, power rear vents, **power dual side sliding doors, power rear hatch**, tri-zone air-conditioning, heated tilt steering wheel with mounted radio controls, cruise control, tachometer, rear defroster and wiper, power steering, ABS brakes, driver and passenger airbags, all row curtain airbags, front and rear overhead console with storage compartment, fog lights, traction control, tire pressure monitoring, Homelink, keyless entry, luggage rack, privacy glass. VIN 2C4RDGEG0HR790489

**Accessibility Modifications Include:** Rear entry wheelchair conversion seats 4 occupants and 1 or 2 wheelchair passengers, 10 in. lowered floor, center cut 34 in. wide inside and 91 in. length with rubber flooring, 34 in. wide 54 in. long spring loaded and counter balanced manual ramp. 56 in. high door opening, 55 in. of interior height. Removable 2nd row footrest, auto-retracting and tightening Q-strait wheelchair lockdown straps.  
 Item # 790489-drpas

\$36,995.00 with 68,988 miles

**NOW ONLY \$34,995.00**

Shawn Bayes  
 727-492-1630

Ben Buck  
 727-644-6101





Pre-Conversion Pictures

## 2019 Chrysler Pacifica Touring Plus White with Gray Interior

**Standard Features Include:** 3.6 liter V6 engine, automatic transmission, rear backup camera, push button start, blind spot & cross detection, integrated voice command with Bluetooth, security system, AM/FM stereo, CD player, DVD player, power driver seat with lumbar, power windows, power door locks, power mirrors, **power dual side sliding doors, power rear hatch**, tri-zone air-conditioning, tilt steering wheel with mounted radio controls, cruise control, rear defroster, rear wiper, power steering, power brakes, ABS brakes, driver and passenger airbags, all row curtain airbags, traction control, tire specific tire pressure monitoring, fog lamps, keyless entry, Homelink, privacy glass. Powertrain warranty expires 2/2024 or 60,000 miles whichever comes first. VIN 2C4RC1FG7KR605201

**Accessibility Modifications Include:** **New rear entry wheelchair conversion** seats 4 occupants and 1 or 2 wheelchair passengers. New carpet throughout vehicle, 10 in. lowered floor, center cut 36 in. wide inside and 95 in. length with rubber flooring, 34 in. wide 54 in. long spring loaded and counter balanced manual ramp. 56 in. high door opening, 55 in. of interior height. Removable 2nd row footrest, auto-retracting and tightening Q-strait wheelchair lockdown straps. Our conversion has a 5 year/50,000 mile warranty whichever comes first.

Item # 605201-drpas

\$48,495.00 with 32,300 miles

**NOW ONLY \$46,495.00**

Shawn Bayes  
 727-492-1630

Ben Buck  
 727-644-6101





**2019 Dodge Grand Caravan SXT Gray with Black Leather-Wrapped Interior**

**Standard Features Include:** 3.6 liter V6 engine, automatic transmission, rear backup camera, Security System, AM/FM stereo, CD player, power driver seat with lumbar, power windows, power door locks, power mirrors, power rear vents, **power dual side sliding doors, power rear hatch**, tri-zone air-conditioning, leather-wrapped tilt steering wheel with mounted radio controls, cruise control, tachometer, rear defroster and wiper, power steering, ABS brakes, driver and passenger airbags, all row curtain airbags, front overhead console with storage compartment, fog lights, traction control, tire pressure monitoring, Homelink, keyless entry, luggage rack, privacy glass. Powertrain warranty expires 7/2024 or 60,000 miles whichever comes first. VIN 2C4RDGCG9KR669440

**Accessibility Modifications Include:** **New rear entry wheelchair conversion** seats 4 occupants and 1 or 2 wheelchair passengers. New carpet throughout vehicle, 10 in. lowered floor, center cut 34 in. wide inside and 91 in. length with rubber flooring, 34 in. wide 54 in. long spring loaded and counter balanced manual ramp. 56 in. high door opening, 58 in. of interior height. Removable 2nd row footrest, auto-retracting and tightening Q-strait wheelchair lockdown straps. Our conversion has a 5 year/50,000 mile warranty whichever comes first.

Item # 669440-drpass

\$46,495.00 with 38,600 miles

**NOW ONLY \$44,495.00**

Shawn Bayes  
 727-492-1630

Ben Buck  
 727-644-6101





7498 Park Blvd. Pinellas Park, FL 33781  
866-869-0808

www.TripleSMobility.com



## 2019 Dodge Grand Caravan SXT Red with Black Leather-Wrapped Interior

**Standard Features Include:** 3.6 liter V6 engine, automatic transmission, leather-wrapped interior, rear backup camera, Unconnect with Bluetooth, AM/FM stereo, CD player, power driver seat with power lumbar, power windows, power door locks, power mirrors, power rear vents, **power dual side sliding doors, power rear hatch**, tri-zone air-conditioning, leather-wrapped tilt steering wheel with mounted radio controls, cruise control, tachometer, rear defroster and wiper, power steering, ABS brakes, driver and passenger airbags, all row curtain airbags, front overhead console with storage compartment, fog lights, traction control, tire pressure monitoring, keyless entry, luggage rack, privacy glass. Powertrain warranty expires 11/2024 or 60,000 miles whichever comes first. VIN 2C4RDGCG0KR796383

**Accessibility Modifications Include:** Rear entry wheelchair conversion seats 4 occupants and 1 or 2 wheelchair passengers, 10 in. lowered floor, center cut 34 in. wide inside and 91 in. length with rubber flooring, 34 in. wide 54 in. long **power ramp**, 56 in. high door opening, 58 in. of interior height. Removable 2nd row footrest, auto-retracting and tightening Q-strait wheelchair lockdown straps. Ramp motor has 1 year warranty. Our conversion has a 3 year/30,000 mile warranty whichever comes first.

Item # 796383-drpss

\$44,995.00 with 13,540 miles

**NOW ONLY \$42,995.00**

Shawn Bayes  
727-492-1630

Ben Buck  
727-644-6101



## Discounted Price List

Visit our website [www.Triplesmobility.com](http://www.Triplesmobility.com). Inventory tab displays full description and pictures.

Year	DP	Make	Model	Color	Conversion and Ramp Size	VIN#	Mileage	Discounted Price
2010	GF	Chrysler	Tour	Red	Used Rear Entry PEZRIDE - 32R	132333	75325	\$23,995.00
2012		Chrysler	Tour	Gray - L	New Rear Entry PEZRIDE - 34R	189576	54315	\$29,995.00
2014	GF	Dodge	SXT	Silver	Used Rear Entry PEZRIDE - 34R	267602	82,607	\$28,995.00
2015		Ford	Transit XL	White	Used Rear Load Braun Lift	B26241	294,594	\$24,995.00
2016	GF	Toyota	Sienna	White - L	New Rear Entry PEZRIDE - 34R	703708	56,152	\$44,995.00
2017		Chrysler	Pacifica	Cream	Used Rear Entry PEZRIDE - 34R	676816	58,180	\$39,995.00
2017		Dodge	GT	Silver - L	Used Rear Entry PEZRIDE - 34R	790489	68,978	\$34,995.00
2017		Dodge	SE	White	Used Rear Entry FR Conversion - 34R	864066	73,280	\$29,995.00
2018	BF	Dodge	GT	Gray - L	New Rear Entry PEZRIDE - 34R	248810	55,334	\$38,495.00
2019		Chrysler	Pacifica	White	New Rear Entry PEZRIDE - 34R	605201	31,897	\$46,495.00
2019		Dodge	SXT	Gray - LW	New Rear Entry PEZRIDE - 34R	669440	38,236	\$44,495.00
2019	SF	Dodge	SXT	Silver -LW	Used Rear Entry PEZRIDE - 34R	796363	19,284	\$44,495.00
2020		Dodge	GT	Red - L	New Rear Entry PEZRIDE - 34R	178951	47,419	\$45,995.00
2020		Dodge	SXT	Gray - LW	New Rear Entry PEZRIDE - 34R	228351	11,285	\$45,495.00
2020	SF	Dodge	SXT	Silver - LW	Used Rear Entry PEZRIDE - 34R	190038	5,350	\$52,995.00
2022		Chrysler	Pacifica	Black - L	New Rear Entry PEZRIDE - 34R	183302	20,014	\$57,995.00
2022	GF	Chrysler	Pacifica	Gray - L	New Rear Entry PEZRIDE - 34R	109900	22,063	\$55,995.00
Side Entry Conversions								
2001		Ford	E450	Multi	Used Side Entry Shuttle Bus UVL	A25525	53700	\$39,995.00
2009		Dodge	SXT	Gold	Used Side Entry VMI 10 - 29R	564475	87345	\$21,995.00
2009		Dodge	SXT	Black	Used Side Entry Braun - 30R	668869	54467	\$24,495.00
2012		Dodge	SXT	Silver	Used Side Entry Amerivan 10 -30R	279069	64737	\$26,995.00
2013		Dodge	SXT	Red	Used Side Entry Amerivan 10 - 30R	608767	72,485	\$31,995.00
2014		Dodge	SXT	Black	Used Side Entry Braun 10 - 29R	457957	75,200	\$32,995.00
2014	SF	Chrysler	LTD	White - L	Used Side Entry Braun 12 -29R	239660	51,382	\$31,995.00
2014		Dodge	SXT	White	Used Side Entry VMI 10 - 29R	320567	52,671	\$32,995.00
2017		Dodge	SXT	White	Used Side Entry Adapt 10 - P29R	673723	58,000	\$34,995.00
2018		Dodge	SXT	White - LW	Used Side Entry Adapt 10 - P29R	266152	43,494	\$44,495.00
2019		Chrysler	Pacifica	White - L	New Side Entry Adapt Van 10 - 29R	594034	43,376	\$51,495.00
2019	GF	Dodge	SXT	White - L	Used Side Entry Braun 10 - 29R	527945	6,647	\$44,995.00
2019		Dodge	GT	White - L	New Side Entry Adapt Van 10 - 29R	760438	62,339	\$44,495.00
2019		Dodge	SXT	White - LW	New Side Entry Adapt Van 10 - 29R	674529	63,692	\$44,995.00
2019		Dodge	GT	White - L	Used Side Entry Adapt 10 - P29R	619660	24,652	\$47,995.00
2020		Honda	Odyssey	Red - L	Used Side Entry VMI 12 - 30R	60029	4,329	\$68,995.00
2022		Chevrolet	Traverse	White	New Side Entry ATC Conversion	107918	278	\$68,995.00
Other								
1997		Yamaha	VMX12		Motorcycle w/hand controls / Side Car			\$5,995.00
2016		Flagstaff			Travel Trailer w/ UVL Lift & Helping Hand			\$44,995.00





7350 Park Boulevard Pinellas Park, Fl. 33781  
 www.TripleSMobility.com



*Simple, Safe & Strong  
 Conversion*

*Over the years, we have listened to our client's wants and needs with the goal of evolving our product to help improve the quality of life and extend capabilities. We are the manufacturer and can customize your van to meet your specific needs and/or wants. We can convert on 2005 & newer Chrysler, Dodge, Toyota and Volkswagen minivans. Our vans are built and tested to meet federal safety standards and we are ADA compliant.*

- All modifications are rear loading – making parking easier
- Lightweight aluminum ramp with spring-loaded assembly (34" wide by 54") - powdered coated & slotted-giving traction
- Slim more durable ramp handles- making it easier to grip and making loading and unloading a breeze
- Q-straint retractable tie-downs included.- with easy release making it easy to load and unload the wheelchair user
- Industrial strength rubber flooring with a non- porous surface in the center channel- makes it easy to clean & skid resistant.
- New carpet throughout vehicle
- Removable footrest- for the ultimate comfort of your wheelchair user
- Reinforced and strengthened rear axle-
- Rubberized hinge seal with full length hinges-
- Double rubberized undercoating- to prevent corrosion and giving superior protection
- 3 chamber muffler system- for a quieter ride \* This excludes Chrysler Pacifica and Toyota models\*
- Padding for carpet and Rubber- for sound dampening and reduced noise
- Dual Monroe Sensatrack shock absorbers- for a smoother ride\* This excludes Chrysler Pacifica and Toyota models
- Height from floor to opening of rear hatch 56"

**Our standard conversion can accommodate one or two wheelchairs and four occupants. All new conversions include a 5 year/50,000 mile conversion warranty.**

Chrysler, Dodge and Volkswagen Conversion	\$ 15,000.00
Toyota Conversion	\$ 17,000.00
Chrysler Pacifica Conversion	\$ 17,000.00



Shawn Bayes  
 727-492-1630

Ben Buck  
 727-644-6101

Pam Plager  
 813-569-0729

# CUSTOM BUILT CONSTRUCTION



Interior prepared  
for production



Hand welded heavy duty  
tubular steel frame



Steel pan welded on the  
frame and fully sealed



Upgraded exhaust system  
High grade shock absorbers

Double rubberized  
undercoating



Completed conversion  
with light-weight  
aluminum ramp system



## Triple S Mobility

Where service IS BEST. But don't take our word  
for it, here is what our customers say:

"I am 80 years old and have no difficulty in wheeling my wife in and out of the van. It is a pleasure to prepare her and take her out for a drive, doctor appointments, shopping and what have you. The rear entry van can park in any normal parking space. No more searching for double wide handicap spaces."

—Joseph and Norma C. of Tampa, FL

"The system you offered (rear entry walk in) is the best we have ever seen. The system is the easiest to operate and one that is less expensive to add to a van, and maintain compared to those that have a multitude of electronic parts that need specialists to keep it operating."

—Cheryl and Matt L. of Brooksville, FL

"I appreciate how quick and professional the repair to my van was handled. I had a concern when I first bought the van about any repairs I might need since I was in another state. Now I am totally satisfied with your process."

—Scott S. from Wilson, NC



"Let me tell you, having the modified van is a Godsend. We would be miserable without it. I certainly made a wise choice when I bought that. At first Frank wasn't really thrilled with it but he loves it now."

—Linda & Frank K. of Palm Coast, FL



SCAN THIS CODE TO SEE  
OUR CURRENT INVENTORY!



**Toll Free: 866-869-0808**

Shawn Direct: 727-492-1630

7350 Park Blvd. • Pinellas Park, FL 33781



## Triple S Mobility

Simple, Safe & Strong Wheelchair Vans

# Save Thousands on a rear entry wheelchair accessible minivan!



# BUY DIRECT

FROM THE MANUFACTURER

New Wheelchair Conversion on a new  
or preowned minivan or YOUR minivan.



## WHY TRIPLE S MOBILITY?

Triple S Mobility is owned and operated by our family. We have been helping people who rely on wheelchairs and scooters for over 40 years by building the highest quality wheelchair accessible vans available today.

We take the time to understand your diagnosis and how you manage your daily activities with regards to transportation before we provide several solutions that give you the mobility and freedom you deserve.

## OUR MISSION

*The purpose and intent of Triple S Mobility is to improve the quality of life & extend the capabilities of our customers & staff.*

**Ask us about our rental, consignment and referral programs**

## SIMPLE, SAFE AND STRONG WHEELCHAIR VANS

Over the years, we have established a reputation for building simple, safe and strong rear entry wheelchair accessible vans designed to improve the quality of life and extend the capabilities of our customers.

### SIMPLE

Easy to use even for a 6 year old

### SAFE

Crash tested design and auto retracted tie downs

### STRONG

Tubular steel frame with a steel pan design  
MADE IN THE USA

Our family stands behind our conversion, because our goal is to provide the best product, with the highest value and world class customer service.

We can modify your Chrysler, Dodge, Toyota or Volkswagen 2005 and newer, or you can choose from our inventory of already built rear entry minivans.

### Standard Equipment:

- 10" lowered floor
- 34" wide folding ramp & channel
- New carpet & rubber flooring
- Upgraded exhaust system
- Dual Monroe coil over shock absorbers
- Q-Straint auto retracting tie down system
- 5 year/ 50,000 mile warranty

### Optional Mobility Equipment:

- Ez Lock • Driver/ Passenger Power Transfer Seats
- Power Ramp • Spinner Knobs • Hand controls
- Power Pull • 14" lowered floor

### Optional Vehicle Equipment:

- Alarms • Backup camera system
- Window tint • Leather options
- Remote start • Dual battery systems
- DVD & gaming entertainment systems
- Third row bench seat

**Many more CUSTOM options available!**



KAN-000118 VA

9-NORMAL, NB, 20011.8, KB072

7077

120190218 3044

U/LC CERT CERT CERT TRD RAMP BUMP CAMP BOOK EXCEL

1FTVE1CM0 KKA60019 NB

BU09

# TRANSIT

2019 150 MR CARGO VAN  
130" WHEELBASE  
3.7L TiVCT V6 ENGINE  
6-SPD AUTO SELECTSHIFT TR

# KK A60019

EXTERIOR  
OXFORD WHITE  
INTERIOR  
PEWTER VINYL

EPA Fuel Economy and Environment

## FUEL ECONOMY RATINGS NOT REQUIRED ON THIS VEHICLE

STANDARD EQUIPMENT INCLUDED AT NO EXTRA CHARGE

- EXTERIOR**
- BUMPERS - CARBON BLACK
  - GRILLE - CARBON BLACK
  - INTERVAL WIPERS
  - SINGLE SLIDING SIDE DOOR
  - SPARE TIRE AND WHEEL

- INTERIOR**
- AIR CONDITIONING - FRONT
  - CARGO TIE-DOWN HOOK(S)
  - CENTER CONSOLE
  - LOCKING GLOVE BOX
  - POWERPOINTS - 12V

- FUNCTIONAL**
- 25.0 GALLON FUEL TANK
  - POWER LOCKS AND WINDOWS
  - POWER STEERING
  - REAR VIEW CAMERA

- SAFETY/SECURITY**
- 3 POINT SAFETY BELTS
  - POWER WINDOW SWITCHES W/ABS
  - ADVANCED TRAC W/ESC
  - AIRBAGS - SIDE AIR CURTAINS
  - DRIVER/PASSENGER AIR BAGS
  - SOS POST CRASH ALERT SYS
  - TIRE PRESSURE MONITOR SYS

- WARRANTY**
- 3YR/36000 BUMPER TO BUMPER
  - 5YR/60,000 ROADSIDE ASSIST
  - 5YR/60,000 POWERTRAIN
  - 5YR/100,000 DIESEL ENGINE

INCLUDED ON THIS VEHICLE

- OPTIONAL EQUIPMENT/OTHER PREFERRED EQUIPMENT PKG. 01A
- 3.7L RATIO REGULAR AXLE X73
- FRONT LICENSE PLATE BRACKET
- FIXED REAR DOOR GLASS
- 8600# GVWR PACKAGE
- 50 STATE EMISSIONS
- CRUISE CONTROL
- 4X FRONT SPEAKERS FULL RANGE

(MSRP)

- NO CHARGE
- NO CHARGE
- 75.00
- NO CHARGE
- NO CHARGE
- 325.00
- NO CHARGE

PRICE INFORMATION

BASE PRICE \$33,590.00  
 TOTAL OPTIONS/OTHER 400.00  
 TOTAL VEHICLE & OPTIONS/OTHER 33,990.00  
 DESTINATION & DELIVERY 1,395.00

(MSRP)

\$33,590.00  
 400.00  
 33,990.00  
 1,395.00

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### GOVERNMENT 5-STAR SAFETY RATINGS

**Overall Vehicle Score** Not Rated  
Based on the combined ratings of frontal, side and rollover. Should ONLY be compared to other vehicles of similar size and weight.

**Frontal Crash** Driver Not Rated  
Passenger Not Rated

Based on the risk of injury in a frontal impact. Should ONLY be compared to other vehicles of similar size and weight.

**Side Crash** Front seat Not Rated  
Rear seat Not Rated

Based on the risk of injury in a side impact.

**Rollover** Not Rated  
Based on the risk of rollover in a single-vehicle crash.

Star ratings range from 1 to 5 stars (\*\*\*\*\*), with 5 being the highest. Source: National Highway Traffic Safety Administration (NHTSA).  
[www.safercar.gov](http://www.safercar.gov) or 1-888-327-4236



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1FTVE1CM0KKA60019



**WARNING:** Operating, servicing and maintaining a passenger vehicle, pickup truck, van, or off-road vehicle can expose you to chemicals including engine exhaust, carbon monoxide, phthalates, and lead, which are known to the State of California to cause cancer and birth defects or other reproductive harm. To minimize exposure, avoid breathing exhaust, do not idle the engine except as necessary, service your vehicle in a well-ventilated area and wear gloves or wash your hands frequently when servicing your vehicle. For more information go to [www.P65Warnings.ca.gov/passenger-vehicle](http://www.P65Warnings.ca.gov/passenger-vehicle).

**TOTAL MSRP \$35,385.00**

Whether you decide to lease or finance your vehicle, you'll find the choices that are right for you. See your dealer for details or visit [www.ford.com/finance](http://www.ford.com/finance).



FORD CREDIT

RAMP ONE	CM2G	CONVOY	TOTAL MSRP \$35,385.00
RAMP TWO		ITEM #: 72-A06H O/T 9Z	

This label is affixed pursuant to the Federal Automobile Information Disclosure Act. Gasoline, License, and Title Fees, State and Local taxes are not included. Dealer installed options or accessories are not included unless listed above.

### SPECIAL ORDER

KB072 N RB 2XX 915 000118 02 07 19

09/08/2022

1201902183044

This van is not converted. Add \$17,000 for rear entry conversion to accommodate wheelchairs.





**DYNAMIC.  
VISUAL.  
CREATIVE.**

12350 S. Belcher Road  
Unit 14B  
Largo, FL 33773  
(727) 524-8543

Dynamic. Visual. Creative.  
www.DVCSigns.com

# ESTIMATE

## EST-52225

Payment Terms: Cash Customer

Created Date: 3/20/2023

**DESCRIPTION:** Van Door Logos for new Van

**Bill To:** Disability Achievement Center  
12552 Belcher Rd South  
Largo, FL 33773  
US

**Pickup At:** DVC Signs  
12350 S. Belcher Road  
Unit 14B  
Largo, FL 33773  
US

**Requested By:** Jody Armstrong  
Email: JodyA@mydacil.org  
Work Phone: (727) 539-7550 x 238

**Salesperson:** Kris Kay  
Email: kris@dvcsigns.com

NO.	Product Summary	QTY	UNIT PRICE	UNIT PRICE	AMOUNT
1	Vinyl for new van doors	3		\$58.4533	\$175.36
2	Installation	1		\$156.25	\$156.25
				<b>Subtotal:</b>	\$331.61
				<b>Taxes:</b>	\$12.28
				<b>Grand Total:</b>	\$343.89
				<b>Deposit Required:</b>	\$171.95

**Notes:**

DVC Signs (seller) retains the right to all goods until invoice is paid in full by the buyer. DVC Signs reserves the right to collect fees associated with any action deemed necessary in order to obtain payment for services rendered. A finance charge of 1.5% per month will be added to all past due invoices until paid in full. Pricing valid for 30 days with the understanding that materials costs are subject to increasing volatility. Price is subject to change if the underlying materials cost increase by more than 3% following the date of this document.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CALCULATION OF FEES AND CHECK OFF LIST**

ITEMS TO BE COMPLETED BEFORE SUBMITTING (see Tax Collectors Mailing List) YOUR REQUEST:		
1.	Enter the license plate fee from page 1 or 2. <b>NOTE:</b> A biennial registration may be issued by doubling the annual tax. Add both amounts and insert the total in the first space provided. If transferring a valid Florida license plate, see number six (6) below. Add \$28.00 when new metal license plate is to be issued. Add \$225.00 Initial Registration Fee, if applicable (See page 3, III). Add \$.50 branch fee if processing through a county branch office.	\$ 45.60  \$ 28.00 \$ 225.00 \$ .50
2.	Title fee (if applicable), enter \$75.25 for new vehicles, \$85.25 for vehicles previously registered in another state. Titles are not issued on trailers through 1,999 lbs., mopeds, or motorized bicycles. If processing through a county branch office, add \$.50 branch fee.	\$ 85.25  \$ .50
3.	If recording a lien, enter \$2.00.	\$ _____
4.	If over 30 days from date of purchase, enter \$20.00 for a motor vehicle, \$10.00 for a vessel or off-highway vehicle.	\$ _____
5.	Enter a \$2.00 lemon law fee if application is for a new vehicle purchased or leased for one year or longer in Florida and is a passenger car or truck with a gross vehicle weight of 10,000 pounds or less (only applies to Florida Dealers and Leasing Companies).	\$ 2.00
6.	If transferring a valid Florida license plate to a replacement vehicle, enter \$4.10. If additional transfer fee required, enter \$4.50 (any license plate transferred to or from any vehicle other than a passenger automobile or truck under 5,000 lbs. will require a transfer fee in addition to the regular tax and fees indicated above).	\$ _____ \$ _____
7.	Enter mail fee (\$5.45 first class metal license plate; or for renewal decal \$.85).	\$ 5.45
8.	If sales tax is due, enter amount (refer to page 3, IV). If requesting a dealer license plate, enter annual use tax of \$27.00 per license plate.	\$ _____ \$ _____
9.	If requesting expedited title service: Add \$10.00 additional fee per application.	\$ _____
10.	If you are requesting the actual paper certificate of title to be mailed to you, add \$2.50. If you are requesting the title to be held electronically by the department, there is no fee. <b><u>This information must be specified in section 1 on your accurately completed form HSMV 82040, Application for Certificate of Title With/Without Registration.</u></b>	\$ 2.50
11.	If requesting a Personalized License Plate, enter the additional fee based on license plate type. * See below for more information.	\$ _____
12.	If requesting a Specialty License Plate, enter the additional fee based on license plate type as well as the \$5.00 processing fee. ** See below for more information.	\$ _____
13.	<b>Amount due: Enter total of above lines 1-12.</b>	\$ 394.80
<b><u>OWNER'S CHECK OFF LIST (CHECK EACH APPROPRIATE BOX. AFTER COMPLETION:)</u></b>		
14.	Enter the total from line 13 on your check/money order, made payable to your County Tax Collector.	<input type="checkbox"/>
15.	Proof of insurance enclosed (see attached Florida Insurance Affidavit and Military Insurance Exemption Information).	<input type="checkbox"/>
16.	Proof of ownership (documents will be retained by the Department):	<input type="checkbox"/>
a.)	New Cars: Manufacturer's certificate of origin from all states, except the State of Nevada, which also requires the dealer's report of sale form. Used Cars: (cars already titled/registered in another state): Certificate of title, if from a title state, or registration or other official document showing ownership must be submitted, if from a non-title state or foreign country.	
b.)		
17.	All required application forms must be accurately completed and signed.	<input type="checkbox"/>

**Additional fees are due for a personalized or specialty license plate.**

\* For Personalized License Plate fee information, see form HSMV 83043, Application for Personalized License Plate:  
<http://www.flhsmv.gov/dmv/forms/BTR/83043.pdf>.

\*\* For Specialty License Plate information, visit the following website: <http://www.flhsmv.gov/dmv/specialtytags/>.

**YOUR REQUEST WILL BE RETURNED UNPROCESSED, UNLESS YOU HAVE COMPLIED WITH ALL OF THE ABOVE INSTRUCTIONS.**

Check your local phone book government pages or visit the following website for current mailing addresses:  
<http://www.flhsmv.gov/offices/>



# Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

## AUTO-OWNERS INSURANCE COMPANY FLORIDA COMMERCIAL AUTO New Business Proposal

Date: 03/21/2023  
 Client: CARING & SHARING CENTER FOR INDEPENDENT  
 DISABILITY ACHIEVEMENT CENTER  
 Address: 12552 BELCHER RD S  
 LARGO, FL 33773-3014  
 Phone:

Agency Code: 12-0436-00  
 Contact/Producer: DANIEL B BELCHER  
 Agency: THE FESSLER AGENCY INC  
 Address: 3165 N MCMULLEN BOOTH RD STE G 2  
 CLEARWATER, FL 33761-2034  
 (727) 726-3377  
 E-Mail: pldivision@fessleragency.com

**Premiums quoted are subject to change based upon the actual coverages requested and completed underwriting information provided. All terms, conditions, coverages and premiums are subject to underwriting acceptance and approval.**

Proposal Effective Date: 04/01/2023		Proposal ID: CARING&SHARINGCENTERFORINDEPEND	
<b>Proposal Totals</b>			
Estimated Total Premium			\$4,457.02
Estimated Total Premium if Paid in Full			\$3,788.47
<b>Proposal Information</b>			
Company/Program is: Auto-Owners Insurance Company (Standard Program)			
Entity Type is Corporation			
Annual Premiums			
Policy Tier: 373			
<b>Coverages, Symbols and Limits</b>			
<b>Coverages</b>	<b>Symbols</b>	<b>Limits</b>	
Bodily Injury/Property Damage (CSL)	1	\$1,000,000 each accident	
Personal Injury Protection	7	Medical and Disability - \$10,000 each person Medical Limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	
Comprehensive	7	Refer to item for deductibles	
Collision	7	Refer to item for deductibles	
<b>Hired Autos</b>			
<b>Coverages</b>	<b>Limits</b>	<b>Premium</b>	
Bodily Injury/Property Damage (CSL)	\$1,000,000 each accident	\$80.24	
<b>Item Details:</b>			
Estimated Cost Of Hire - Liability \$ If Any			
<b>Non-Owned Autos Liability</b>			
<b>Coverages</b>	<b>Limits</b>	<b>Premium</b>	
Bodily Injury/Property Damage (CSL)	\$1,000,000 each accident	\$76.64	
<b>THIS PROPOSAL IS VALID FOR 90 DAYS</b>			

Zip Code: 33773-3014 County: 52 - Pinellas Territory: 004 - Pinellas Co  
Industry Code: 02001  
Weight: 6,001 thru 10,000  
Radius: 50 miles  
Body Style: VAN PASSENGER

Coverages	Limits	Premium
Bodily Injury/Property Damage (CSL)	\$1,000,000 each accident	\$3,680.71
Personal Injury Protection	Medical and Disability - \$10,000 each person Medical limited to \$2,500 non-emergency Death Benefits - \$5,000 each person	\$203.47
Comprehensive	ACV not to exceed \$46,495 (SA) - \$1,000 deductible	\$165.23
Collision	ACV not to exceed \$46,495 (SA) - \$1,000 deductible	\$250.73
<b>Item Total:</b>		<b>\$4,300.14</b>

**Item Details:**

Mid Size Van 6,001 - 10,000 GVW operated within a 100 mile radius.  
CLASS (01808): NOC - All Others.  
Vehicle Count Factor applies.  
This vehicle rated on a cost new of \$32,595.00.

**Premium Summary**

Coverages	Premium	
Bodily Injury/Property Damage (CSL)	\$3,837.59	
Personal Injury Protection	\$203.47	
Comprehensive	\$165.23	
Collision	\$250.73	
<b>Estimated Total Premium:</b>		<b>\$4,457.02</b>
<b>Paid in Full Discount:</b>		<b>\$668.55</b>
<b>Estimated Total Premium if Paid in Full:</b>		<b>\$3,788.47</b>

The Paid in Full Discount does not apply to Agency Bill business.

**Premiums quoted are subject to change based upon the actual coverages requested and completed underwriting information provided. All terms, conditions, coverages and premiums are subject to underwriting acceptance and approval.**

Premium based on rates effective: 12/08/2022 Commercial Auto

**Notice:** Incomplete underwriting information may result in a policy being issued at a lower or higher premium than what was quoted.

A Driver Tier of 744 has been applied. The driver tier is based on the following ages of the driver(s) provided: 51.

**The estimated Annual total premium is \$4,457.02.**  
Applicant may qualify for a group discount.

**THIS PROPOSAL IS VALID FOR 90 DAYS**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2023

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

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

<b>PRODUCER</b> The Fessler Agency, Inc. 3165 N McMullen Booth Road G-2 Clearwater FL 33761	<b>CONTACT NAME:</b> Sandra Bass <b>PHONE (A/C. No. Ext):</b> 727-451-6214 <b>E-MAIL ADDRESS:</b> sbass@fessleragency.com		<b>FAX (A/C. No.):</b> 727-725-4698
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Caring & Sharing Center for Independent Living Inc DBA Disability Achievement Center 12552 Belcher Road Largo FL 33773	<b>INSURER A:</b> Landmark American Insurance Company		<b>NAIC #</b> 33138
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		


**COVERAGES** **CERTIFICATE NUMBER:** 1471050545 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LHC796395	6/4/2022	6/4/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			LHC796395	6/4/2022	6/4/2023	Limit: \$1,000,000 Aggregate: \$3,000,000 Deductible: \$2,500

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

**CERTIFICATE HOLDER** **CANCELLATION**

Pinellas Community Foundaton 17755 US Highway 19 N Suite 150 Clearwater FL 33764	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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***Caring & Sharing Center for Independent Living, Inc.***  
***DBA Disability Achievement Center***  
***2022 - 2023 Budget (Consolidated)***

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

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

2022 Board of Directors with Occupation

Jack Humburg	President	Boley Centers, Inc. – COO Development and ADA Services, Florida Affiliate of the Southeast ADA Center
Ross Silvers	Vice President	Pinellas Suncoast Transit Authority (PSTA) – Mobility Manager, Transportation Disadvantaged Program Manager, DART service and Community Transportation Coordinator
Kimberly Leggett	Treasurer	Pinellas Suncoast Transit Authority (PSTA) –Mobility Analyst for Transportation Disadvantaged Program
Barbara Page	Secretary	Disability Rights Florida – Senior Advocate/Investigator
Mary Bucca		Retired, Disability Advocate
Jennifer French		Neurotech Network – Executive Director and Founder Career: 2012 Paralympic Games silver medalist in sailing, 2012 Yachtswoman of the Year
Laura McAndrew		Cancer Treatment Centers of America Global, Inc. – Empowerment/Patient Experience
Gloria Lepik Corrigan		Retired Disability Advocate Career: 25 year career in the pharmaceutical industry
Lynn DeCola		Lifelong Prosthetics – Advocate, Counselor

## Filing Instructions

### Caring and Sharing Center for Independent Living, Inc.

### Exempt Organization Tax Return

### Taxable Year Ended June 30, 2021

**Date Due:** May 16, 2022

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

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

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

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

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

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form **8879-EO**For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21**Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2020**Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

**CARING AND SHARING CENTER FOR  
INDEPENDENT LIVING, INC.**

Taxpayer identification number

**59-3102837**

Name and title of officer or person subject to tax

**JOSEPH DIDOMENICO  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

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

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

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

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

**PIN: check one box only**

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

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

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

Signature of officer or person subject to tax }

Date }

**01/13/22****Part III Certification and Authentication**

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

**59802712345****Do not enter all zeros**

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

ERO's signature } **W. ED MOSS JR.**

Date }

**01/13/22**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

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

**Open to Public Inspection**

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

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

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

**C** Name of organization: **CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.**  
 Doing business as: **DISABILITY ACHIEVEMENT CENTER**  
 Number and street (or P.O. box if mail is not delivered to street address): **12552 BELCHER ROAD SOUTH**  
 City or town, state or province, country, and ZIP or foreign postal code: **LARGO FL 33773-3014**

**D** Employer identification number: **59-3102837**  
**E** Telephone number: **727-539-7550**  
**G** Gross receipts \$: **1,015,737**

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

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

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

**J** Website: **WWW.DISABILITYACHIEVEMENTCENTER.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1991** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	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)	<b>10</b>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>10</b>	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>9</b>	
	6	Total number of volunteers (estimate if necessary)	<b>10</b>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0</b>		
<b>Revenue</b>			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	<b>874,930</b>	<b>1,010,337</b>
	9	Program service revenue (Part VIII, line 2g)	<b>1,600</b>	<b>2,400</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>605</b>	<b>2,134</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,554</b>	<b>866</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>878,689</b>	<b>1,015,737</b>
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>132,600</b>	<b>184,747</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>513,211</b>	<b>501,319</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>0</b>	<b>0</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>307,913</b>	<b>240,364</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>953,724</b>	<b>926,430</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>-75,035</b>	<b>89,307</b>	
<b>Net Assets or Fund Balances</b>			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	<b>502,843</b>	<b>506,781</b>
	21	Total liabilities (Part X, line 26)	<b>134,806</b>	<b>49,437</b>
22	Net assets or fund balances. Subtract line 21 from line 20	<b>368,037</b>	<b>457,344</b>	

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **JOSEPH DIDOMENICO** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **W. ED MOSS JR.** Preparer's signature: **W. ED MOSS JR.** Date: **01/13/22** Check  if self-employed if PTIN: **P00531414**  
 Firm's name: **MOSS, KRUSICK & ASSOCIATES, LLC** Firm's EIN: **59-3017072**  
 Firm's address: **501 S NEW YORK AVE STE 100 WINTER PARK, FL 32789-4241** Phone no.: **407-644-5811**

May the IRS discuss this return with the preparer shown above? See instructions  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:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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 \$ **881,746** including grants of \$ **184,747** ) (Revenue \$ **2,400** )

**SEE SCHEDULE O**

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

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

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

**N/A**

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

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

**4e** Total program service expenses **u 884,913**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 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):		
a	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
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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



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

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

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	<b>10</b>
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent .....	<b>1b</b>	<b>10</b>
<b>2</b>	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? .....	<b>2</b>	<b>X</b>
<b>3</b>	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? .....	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7a</b>	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? .....	<b>7a</b>	<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<b>9</b>	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 .....	<b>9</b>	<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	<b>X</b>
<b>b</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? .....	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	<b>X</b>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	<b>X</b>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<b>12c</b>	<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	<b>X</b>
<b>b</b>	Other officers or key employees of the organization .....	<b>15b</b>	<b>X</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	<b>X</b>
<b>b</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? .....	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **FL** .....
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**JOSEPH DIDOMENICO**  
**LARGO**

**12552 BELCHER ROAD SOUTH**

**FL 33773**

**727-539-7550**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

(A) Name and title	(B) Average hours per week 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) JACK HUMBURG	1.00									
PRESIDENT	0.00			X			0	0	0	
(2) ROSS SILVERS	1.00									
VICE PRESIDENT	0.00			X			0	0	0	
(3) KIMBERLY LEGGETT	1.00									
TREASURER	0.00			X			0	0	0	
(4) BARBARA PAGE	1.00									
SECRETARY	0.00			X			0	0	0	
(5) MARY BUCCA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) JENNIFER FRENCH	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) LAURA MCANDREW	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) GLORIA LEPIK CORRIGAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) DEBORAH MALONE	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) LYNN DECOLA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) JOSEPH DIDOMENICO	40.00									
EXECUTIVE DIRECTOR	0.00			X			101,576	0	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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	943,197				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	67,140				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 27,303				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	1,010,337				
<b>Program Service Revenue</b>	<b>2a FEES &amp; CONTRACTS VR EMPLOYMEN</b>	Business Code	2,400	2,400			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	2,400				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	2,134			2,134	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
<b>d</b> Net gain or (loss)	<b>u</b>						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
	<b>8b</b> Less: direct expenses	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>9b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>10b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a MISC REVENUE</b>	Business Code	866	866			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	866				
<b>12 Total revenue.</b> See instructions	<b>u</b>	1,015,737	3,266	0	2,134		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	184,747	184,747		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,575	97,132	4,443	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	318,413	304,484	13,929	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,406	2,283	123	
9 Other employee benefits	40,021	39,172	849	
10 Payroll taxes	38,904	37,244	1,660	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,551		12,551	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,767	14,006	761	
12 Advertising and promotion				
13 Office expenses	39,375	39,204	171	
14 Information technology				
15 Royalties				
16 Occupancy	87,672	85,170	2,502	
17 Travel	6,338	6,195	143	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30	28	2	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,662	8,103	559	
23 Insurance	11,201	9,630	1,571	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>IN KIND DONATIONS</b>	27,303	27,303		
b <b>TELEPHONE</b>	13,194	12,386	808	
c <b>MEMBERSHIP DUES</b>	7,151	6,690	461	
d <b>REPAIRS &amp; MAINTENANCE</b>	5,686	5,319	367	
e All other expenses	6,434	5,817	617	
25 Total functional expenses. Add lines 1 through 24e	926,430	884,913	41,517	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" 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	
<b>Assets</b>	1	Cash—non-interest-bearing	258,473	1	200,458
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	98,611	4	152,191
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,490	9	24,153
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	152,410		
		<b>10a</b>			
	b	Less: accumulated depreciation	32,518	10c	119,892
		<b>10b</b>			
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14		
15	Other assets. See Part IV, line 11	8,108	15	10,087	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	502,843	16	506,781	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	50,621	17	45,786
	18	Grants payable		18	
	19	Deferred revenue		19	3,651
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	84,185	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	134,806	26	49,437
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	329,446	27	447,195
	28	Net assets with donor restrictions	38,591	28	10,149
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	368,037	32	457,344	
33	<b>Total liabilities and net assets/fund balances</b>	502,843	33	506,781	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,015,737</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>926,430</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>89,307</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>368,037</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>457,344</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> 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?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	



12160 Caring and Sharing Center for

59-3102837

FYE: 6/30/2021

## Federal Statements

### Form 990 - Federal General Footnote

#### Description

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	856,479	858,335	831,010	874,930	1,010,337	4,431,091
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	856,479	858,335	831,010	874,930	1,010,337	4,431,091
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						4,431,091

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	856,479	858,335	831,010	874,930	1,010,337	4,431,091
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	645	283	935	605	2,134	4,602
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						4,435,693
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	100,003
<b>13</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.90 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	99.93 %
<b>16a</b> <b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b</b> <b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a</b> <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b</b> <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

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

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

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

**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 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in line 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
	<b>11a</b>		
	<b>11b</b>		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
	<b>1</b>		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

		Yes	No
<b>1</b>	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?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>1</b>		
	<b>2</b>		
	<b>3</b>		

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

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



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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i> ). 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 <b>Total</b> 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2021.</b> 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 .....			



**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)

 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**CARING AND SHARING CENTER FOR  
 INDEPENDENT LIVING, INC.**

Employer identification number

**59-3102837**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization

 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation

 4947(a)(1) nonexempt charitable trust treated as a private foundation

 501(c)(3) taxable private foundation
Check if your organization is covered by the **General Rule** or a **Special Rule**.
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

- 
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- 
- 
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- 
- 
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

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

Name of organization

CARING AND SHARING CENTER FOR

Employer identification number

59-3102837

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

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.

Employer identification number

59-3102837

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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, and two questions about donor informed consent.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 7/25/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 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)?, In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under 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. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** %
  - b** Permanent endowment **u** %
  - c** Term endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>130,834</b>	<b>26,732</b>	<b>104,102</b>
<b>d</b> Equipment .....		<b>21,576</b>	<b>5,786</b>	<b>15,790</b>
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **119,892**

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....	<b>u</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....	<b>u</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>1,031,748</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>16,011</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>16,011</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>1,015,737</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>1,015,737</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>919,685</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>16,011</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>16,011</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>903,674</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	<b>22,756</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	<b>22,756</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>926,430</b>

**Part XIII Supplemental Information.**

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

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

**RCC NET INCOME** **\$ 22,756**

**Part XIII** Supplemental Information *(continued)*

[Dotted lines for supplemental information entry]



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**u Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Employer identification number  
**59-3102837**

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

**Schedule I (Form 990) (2020)**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1 ADAPT HOUSING</b>	<b>97</b>	<b>130,817</b>			
<b>2 ASSISTIVE TECHNOLOGY DEVI</b>	<b>154</b>	<b>42,746</b>			
<b>3 DEAF ALERTING EQUIPMENT</b>	<b>51</b>	<b>11,184</b>			
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**CARING AND SHARING CENTER FOR  
INDEPENDENT LIVING, INC.**

Employer identification number

**59-3102837**

**Part I Types of Property**

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

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

<b>29</b>	
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
<b>b</b> If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
<b>b</b> If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

⤵ Attach to Form 990 or 990-EZ.

⤵ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization	<b>CARING AND SHARING CENTER FOR INDEPENDENT LIVING, INC.</b>	Employer identification number <b>59-3102837</b>
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**FORM 990 - ORGANIZATION'S MISSION**

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

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

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

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

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



Name of the organization

Employer identification number

CARING AND SHARING CENTER FOR

59-3102837

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

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

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

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

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

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

Name of the organization

CARING AND SHARING CENTER FOR

Employer identification number

59-3102837

COMMUNITY.

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ONCE THE DRAFT OF FORM 990 IS COMPLETE, THE DRAFT WILL BE ELECTRONICALLY SENT AND REVIEWED BY THE ACCOUNTING MANAGER AND THE EXECUTIVE DIRECTOR FOR ACCURACY AND CONTENT. AFTER CORRECTIONS ARE MADE (IF ANY), THE DRAFT WILL BE ELECTRONICALLY DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW. AFTER THE REVIEW PERIOD HAS PASSED AND IF NO QUESTIONS ARE RAISED, THE EXECUTIVE DIRECTOR WILL SIGN THE RETURN, AND IT WILL BE MAILED BY THE CENTER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AT EVERY BOARD MEETING. BOARD MEMBERS ARE ALSO REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST STATEMENT. A BOARD MEMBER SHALL ABSTAIN FROM VOTING ON ANY MATTER WHICH PLACES THEM IN A CONFLICT OF INTEREST, AND SHALL NOT PARTICIPATE IN THE DISCUSSION OF ANY SUCH MATTER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE DIRECTOR'S SALARY AND COMPENSATION CHANGES ARE APPROVED BY OUR BOARD OF DIRECTORS. AT THE TIME OF CONTRACT RENEWAL FOR THE ED,

Name of the organization

Employer identification number

CARING AND SHARING CENTER FOR

59-3102837

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

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
DISABILITY ACHIEVEMENT CENTER REVIEWS COMPENSATION AND FRINGE BENEFITS OFFERED TO PERSONNEL PERFORMING COMPARABLE WORK IN THE SAME LABOR MARKET AREA. IN ADDITION, DISABILITY ACHIEVEMENT CENTER PERIODICALLY REVIEWS SALARY AND BENEFIT DATA FOR OTHER CENTERS FOR INDEPENDENT LIVING THROUGHOUT THE STATE OF FLORIDA

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS, ANNUAL FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND TAX RETURNS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

u Attach to Form 990.

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

Name of the organization

**CARING AND SHARING CENTER FOR  
INDEPENDENT LIVING, INC.**

Employer identification number

**59-3102837**

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(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) .....												
(4) .....												

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

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



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>	X	
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

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

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

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

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

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



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

**Financial Statements and  
Supplemental Information**

**June 30, 2021 and 2020**

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**Partners**

W. Ed Moss, Jr.  
Joe M. Krusick  
Cori G. Cameron  
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American Institute of  
Certified Public  
Accountants

Florida Institute of  
Certified Public  
Accountants

**INDEPENDENT AUDITORS' REPORT**

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

**Report on the Financial Statements**

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

**Management's Responsibility for the Financial Statements**

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

**Auditors' Responsibility**

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

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

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

**Opinion**

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



## **Other Matters**

### *Other Information*

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

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

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

*Moss, Krusick & Associates, LLC*

Winter Park, Florida  
December 9, 2021

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

**STATEMENTS OF FINANCIAL POSITION**

**June 30, 2021 and 2020**

<b>ASSETS</b>		
	<b>2021</b>	<b>2020</b>
<b>CURRENT ASSETS</b>		
Cash and equivalents	\$ 214,052	\$ 268,489
Accounts receivable	115,771	121,164
Prepaid expenses	24,153	22,490
Total current assets	353,976	412,143
Property and equipment, net	378,242	382,564
Deposits	1,505	1,505
Beneficial interest in assets held by others	8,582	6,603
Total assets	\$ 742,305	\$ 802,815
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 1,095	\$ 3,029
Accrued expenses	44,691	47,592
Deferred revenue	3,651	-
Current portion of notes payable	-	44,505
Total current liabilities	49,437	95,126
Notes payable, net of current portion	-	126,884
Total liabilities	49,437	222,010
<b>NET ASSETS</b>		
Without donor restrictions	682,719	542,214
With donor restrictions	10,149	38,591
Total net assets	692,868	580,805
Total liabilities and net assets	\$ 742,305	\$ 802,815

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

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

**STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS**

**Year Ended June 30, 2021**

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

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

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

**STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS**

**Year Ended June 30, 2020**

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

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

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

**STATEMENTS OF CASH FLOWS**

**Years Ended June 30, 2021 and 2020**

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

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

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

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

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



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

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

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

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

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**

**NOTE A - SUMMARY OF ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES**

1. Organization

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

2. Basis of Accounting and Financial Statement Presentation

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

*Net Assets Without Donor Restrictions*

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

*Net Assets With Donor Restrictions*

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

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

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

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

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

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**

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

3. Use of Estimates

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

4. Cash and Equivalents

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

5. Accounts Receivable

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

6. Income Taxes

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

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

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

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**

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

7. Property and Equipment

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

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

8. Concentration of Credit Risk and Revenue Concentration

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

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

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

9. Fair Value of Financial Instruments

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

10. Revenues and Support

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

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

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

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**

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

10. Revenues and Support (continued)

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

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

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

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

11. Deferred Revenue

Deferred income represents income received but not yet earned.

12. Functional Allocation of Expenses

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

13. In-Kind Contributions

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

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

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**

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

14. Recent Accounting Pronouncements

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

15. Subsequent Events

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

**NOTE B - 401K PLAN**

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

**NOTE C - PROPERTY AND EQUIPMENT**

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

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



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

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**

**NOTE D - BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS**

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

**NOTE E - NET ASSETS WITH DONOR RESTRICTIONS**

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

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

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

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**

**NOTE F - NET ASSETS RELEASED FROM DONOR RESTRICTIONS**

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

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

**NOTE G - FUNCTIONAL EXPENSES**

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

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

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**

**NOTE H - NOTE PAYABLE**

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

**NOTE I - PAYROLL PROTECTION PROGRAM ("PPP") LOAN**

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

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

**NOTE J – RISKS AND UNCERTAINTIES**

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

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

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

**NOTES TO FINANCIAL STATEMENTS**

**June 30, 2021 and 2020**

**NOTE K - LIQUIDITY AND AVAILABILITY OF RESOURCES**

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

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

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

## **SUPPLEMENTAL INFORMATION**



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Cori G. Cameron  
Bob P. Marchewka  
Ric Perez  
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American Institute of  
Certified Public  
Accountants

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

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

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

**Internal Control Over Financial Reporting**

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

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

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

**Compliance and Other Matters**

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



**Purpose of this Report**

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

*Moss, Krusick & Associates, LLC*

Winter Park, Florida  
December 9, 2021



**Partners**

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Joe M. Krusick  
Cori G. Cameron  
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Ric Perez  
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American Institute of  
Certified Public  
Accountants

Florida Institute of  
Certified Public  
Accountants

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

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

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

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

**Management's Responsibility**

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

**Auditors' Responsibility**

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

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

**Opinion on Each Major Federal Program**

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

**Report on Internal Control Over Compliance**

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

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

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

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

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

*Moss, Krusick & Associates, LLC*

December 9, 2021  
Winter Park, Florida

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

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**

**June 30, 2021**

**Section I – Summary of Auditors’ Results**

Financial Statements

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

Federal Awards

Internal control over major programs:	
-Material weaknesses identified?	No
-Significant deficiencies identified that are not considered to be material weaknesses?	None Reported

Types of auditors’ reports issued on noncompliance for major programs:	Unmodified
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Audit findings disclosed that are required to be reported in accordance with Uniform Guidance?	No
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Identifications of major programs:

<u>Name of Federal Programs</u>	<u>CFDA Number</u>
ACL Centers for Independent Living	93.432

Dollar threshold used to distinguish between Type A and Type B programs:	\$750,000
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Auditee qualified as low-risk auditee?	No
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**Section II – Financial Statement Findings**

None (no corrective action plan required)

**Section III – Federal Award Findings and Questioned Costs**

None (no corrective action plan required)

**Section IV – Status of Prior Year Audit Findings**

None

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

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

NOTES:

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

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

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

See independent auditors' report